

Developing the OPAN workforce: Exploring the skills, attributes, knowledge, professional development, and training requirements for effective aged care advocacy

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Glossary

ACT	Australian Capital Territory
ADA Australia	Aged and Disability Advocacy Australia
ADACAS	ACT Disability, Aged and Carer Advocacy Service
ARAS	Aged Rights Advocacy Service
NSW	New South Wales
NT	Northern Territory
OPAN	Older Persons Advocacy Network
QLD	Queensland
SA	South Australia
SDO	Service Delivery Organisation
TAS	Tasmania
VIC	Victoria
WA	Western Australia

**Developing the OPAN workforce:
Exploring the skills, attributes, knowledge, professional development,
and training requirements for effective aged care advocacy
Final report**

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Executive summary

This research project was conducted by Curtin University and commissioned by the Older Persons Advocacy Network (OPAN) to explore professional development opportunities for aged care advocates, as well as the skills, competencies and training required to work effectively in the role.

Skills

The findings of this research project indicate that advocates require a broad range of skills to work effectively in their role. Interpersonal communication skills were perceived by survey participants as critical in enabling aged care advocacy. Some of the skills originally identified in the scoping review of the literature were re-classified as values, attitudes, and personality traits.

Suggested direction

The final list of skills identified in this project provide a starting point for OPAN to consider during recruitment and when developing training and professional development.

Values and attitudes

Throughout the research process, the importance of values, attitudes, and personality traits in supporting effective advocacy emerged. Focus groups participants expressed how the values and attitudes of an advocate were more important than the skills and knowledge they brought to the role. Many of the skills identified early in the project were later re-classified as values, attitudes, and personality traits. In the online survey, these were ranked higher in importance than many of the skills identified as necessary for effective advocacy. Findings from the survey highlighted that respondents perceived professional integrity to be the most important value for an aged care advocate to possess.

Suggested direction

This research highlighted the crucial role of values and attitudes in advocacy, indicating that these, along with advocacy skills and knowledge, should be considered in acknowledging the necessary qualities of effective advocacy. These qualities could prove a focus for staff recruitment and selection as well as be supported through targeted professional development opportunities

Knowledge

Advocates require an extensive understanding of both theoretical and contextual advocacy knowledge to fulfil their role, and this knowledge is likely to change over time as systems, policies, and legislation continue to evolve. Participants considered a nuanced understanding of the unique facets of the advocacy role, including differences between advocacy and other forms of practice (e.g. mediation, case management, counselling etc.), to be the most important knowledge requirement of advocates. It is also important that advocates have access to the most current and accurate knowledge relevant to their areas of practice as providing accurate information is among the key duties of an advocate.

Suggested direction

The information obtained about advocacy knowledge may inform the content of future professional development aimed at enhancing the knowledge of aged care advocates. Advocates may benefit from undergoing professional development that defines and explores the advocacy role, and should stay informed of updates to policies, procedures and legislation impacting on their work.

Competencies

The scoping literature review identified 37 advocacy competencies necessary for client or systemic advocacy, or both. A further 20 competencies were identified via the focus groups and online survey. The findings of this research project in relation to advocacy competencies suggest that advocacy competencies are broad and multi-faceted, and advocates may find it helpful to refer to a set of overarching competencies defining and exploring their role. Such competencies may provide further clarity regarding the scope of the advocacy role, as well as aid human resources processes surrounding future recruitment, training, and professional development needs.

Suggested direction

A national competency framework could potentially underpin a national Australian Advocacy Association, providing a mechanism for networking, training, and continued professionalization of advocacy. As the national peak body, OPAN is well positioned to deliver and oversee formal mentoring and support programs for advocates, taking a leadership role in professionalising advocacy.

Professional development and training

Overall, advocates expressed an interest in professional development. While some participants reported accessing professional development and training opportunities, others did not. Although there are conferences that advocates can attend for related fields such as aged care or disability, there are currently no specific conferences focussed solely on advocacy. While the scoping review identified 13 different training programs, none of these programs were specifically designed to target the training needs of advocates working with older people. This stands in contrast to the finding of the survey which identified that the majority of advocates agreed that training is necessary for working in an advocacy role, indicating they would be interested in undertaking an advocacy training program. Overall, the findings from all three phases of this project indicate a lack of professional development opportunities, including training, specifically aimed at enhancing the skills and knowledge of aged care advocates.

Suggested direction

The findings of this project may aid development of a nationally agreed framework for advocate training and professional development. There is further an opportunity to convene an advocacy conference, providing advocates with further learning and networking opportunities. OPAN may also consider introducing a minimum training requirement across the individual organisations within the network to ensure consistent induction/orientation processes within and across organisations.

Advocacy workforce

The findings of this project suggest a lack of cultural diversity in the current aged care advocacy workforce which may have implications for the special needs group that advocates work with. Many advocates have a background in social work, which appears to provide advocates with skills and knowledge relevant for working in the advocacy sector. Despite participants reporting high levels of job satisfaction, many participants had worked in their role for two years or less, with evidence of declining staff numbers beyond this time.

Suggested direction

Encouraging mentoring or buddy programs that pair less experienced advocates with those who have worked in the field for an extensive period of time may be a useful way for advocates to network with others and continue to develop their advocacy skills and knowledge. A focus on increasing the diversity of the advocacy workforce may be beneficial for workforce planning, and further investigation of staff retention beyond two years is warranted.

Introduction and background

This research project was conducted by Curtin University and commissioned by the Older Persons Advocacy Network (OPAN) to explore professional development opportunities for aged care advocates, as well as the skills, competencies and training required to work effectively as an advocate. The project was designed and implemented in collaboration with Jennie Burrows (Senior Project Officer, OPAN) and Diedre Timms (Chief Executive Officer, Advocare).

The Older Persons Advocacy Network (OPAN)

OPAN is comprised of nine state-and territory-based service delivery organisations (SDOs) who support older people and their representatives to effectively access and interact with Commonwealth-funded aged care services, as well as protect the rights of older people (OPAN, 2020). There is currently one OPAN SDO in each state and in the Australian Capital Territory (ACT), and two SDOs in the Northern Territory (NT). Each SDO has its own name and slightly different funding and service arrangements.

State / Territory	Service Delivery Organisation
Australian Capital Territory	ACT Disability, Aged & Carer Advocacy Service (ADACAS)
New South Wales	Seniors Rights Service
Northern Territory	Seniors and Disability Rights Service of Darwin Community Legal Service Catholic Care NT
Queensland	Aged and Disability Advocates (ADA) Australia
South Australia	Aged Rights Advocacy Service Inc.
Tasmania	Advocacy Tasmania
Victoria	Elder Rights Advocacy
Western Australia	Advocare

OPAN provides free services and is fully funded by the Commonwealth government to deliver the National Aged Care Advocacy Program (NACAP). OPAN aims to provide a national voice for aged care advocacy and promote national consistency in the delivery of advocacy services under NACAP (OPAN, 2020). The National Aged Care Advocacy Framework (Department of Health, 2018) outlines the objectives, principles, activities and target groups of this program.

Within OPAN service delivery organisations, the advocate role under NACAP includes three main facets:

1. The provision of relevant and appropriate information to older people to assist in raising awareness of their rights and entitlements and to assist them to self-advocate, or referring them on to other services.
2. Providing advocacy to support older people's rights and uphold entitlements, which may include: identifying the person's issue and concern, identifying what their desired outcome is or what they would like to achieve, providing the person with a variety of options or choices and explaining the potential outcome

of each of these, acknowledging and recording the selected option, and taking direction from the older person to support them in resolving their concern via their chosen method;

3. Providing effective education to a broad range of recipients, ranging from older people (recipients of aged care), and professionals associated with services for older people, and the general community.

It is important to acknowledge that advocates work with potentially vulnerable older people, including those at risk of, or experiencing, abuse (Kurrle & Naughtin, 2008). Advocates also work with other groups defined by the Aged Care Act 1997 (Australian Government, 2020), including Aboriginal or Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, those living in rural or remote areas, individuals experiencing financial or social disadvantage, veterans, those at risk of homelessness, care-leavers, parents separated from their children by forced adoption or removal, and people identifying as lesbian, gay, bi-sexual, transgender, or intersex.

Research methodology

There is currently limited research focussing on the skills and knowledge underpinning effective aged care advocacy, or the efficacy of professional development and training opportunities available to advocates. To date, no research has surveyed professional aged care advocates in relation to the competencies underpinning their role, nor aimed to understand how they can best be supported in effectively performing their advocacy role.

The study triangulated multiple research methodologies (Schoonenboom & Johnson, 2017), including a scoping literature review, a focus group study and an online survey with OPAN advocates, in developing an understanding of the advocacy role. All data collection for this project was undertaken in 2019, prior to the COVID-19 pandemic, and as such, the results do not reflect any impact that COVID-19 may have on the advocacy role.

Research aim and objectives

Aiming to explore the area of advocacy professional development and the skills, competencies, and training required to work as an effective advocate for OPAN, the objective of this research objectives included:

- Identifying effective advocacy skills, core competencies/capabilities, available training, and professional development opportunities; and
- Collecting information about advocate workforce demographics, including job satisfaction, job role structure, emerging changes/challenges for the role, changing client needs, pre- and post-workplace advocacy training, professional development available and undertaken, and self-identified professional development needs.

Project phases

The study was undertaken in three phases, incorporating both qualitative and quantitative research methods. The voices of advocates were included to ensure multiple perspectives were captured.

Phase one: Scoping literature review

A scoping literature review focussing on identifying advocacy skills, core competencies/capabilities, available training and professional development opportunities was conducted between January and May 2019, and methodology and findings were reported in Warren, Blundell, Milbourn, Dalao, and Mahoney (2019).

Phase two: Focus groups

All OPAN SDOs were invited to participate in the focus group data collection, with six sites volunteering to participate – the ACT, New South Wales (NSW), Queensland (QLD), South Australia (SA), Victoria (VIC), and Western Australia (WA). Six focus groups were conducted with 41 advocates and 3 students during June and July of 2019. In conducting the focus groups, it was important to ensure diverse service delivery models were represented. Preliminary focus group findings were reported in Warren, Blundell, and Milbourn (2019).

Phase three: Online survey

An online workforce survey was designed and implemented to understand advocacy demographics, job satisfaction, job role structure, emerging changes/challenges of the role, changing client needs, pre- and post-workplace advocacy training, professional development available and undertaken, and self-identified professional development needs of OPAN advocates. The survey was open online between October and November of 2019, and completed by 67 participants from nine OPAN SDOs across Australia, including NSW, VIC, the NT, SA, WA, Tasmania (TAS), ACT and QLD. Survey findings were reported in Hayden-Evans, Blundell, and Milbourn (2020).

The specific methodologies for each project phase have been described in each related report (Hayden-Evans et al., 2020; Warren, Blundell, & Milbourn, 2019; Warren, Blundell, Milbourn, et al., 2019). This report summarises and synthesises the findings from all three project phases.

Ethical approval

Human Research Ethics Approval was granted by the Curtin University Human Research Ethics Committee (approval number HRE2019-0098).

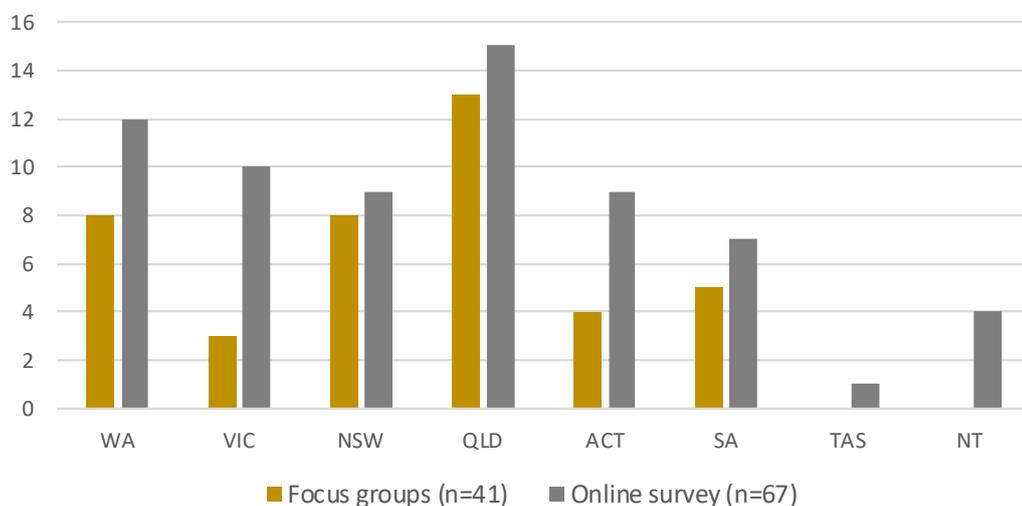
Participant demographics

Advocates from across Australia contributed to the research project via the focus groups (n=41) and the online survey (n=67). The data from three students who were involved in the focus group discussions in NSW (n=2) and QLD (n=1) has not been included in this report, as requested by OPAN. Some advocates participated in both phases two and three of the project.

Location

Advocates from all eight jurisdictions participated in the research. The breakdown of participants by location is included below in Figure 1.

Figure 1. Participants by location

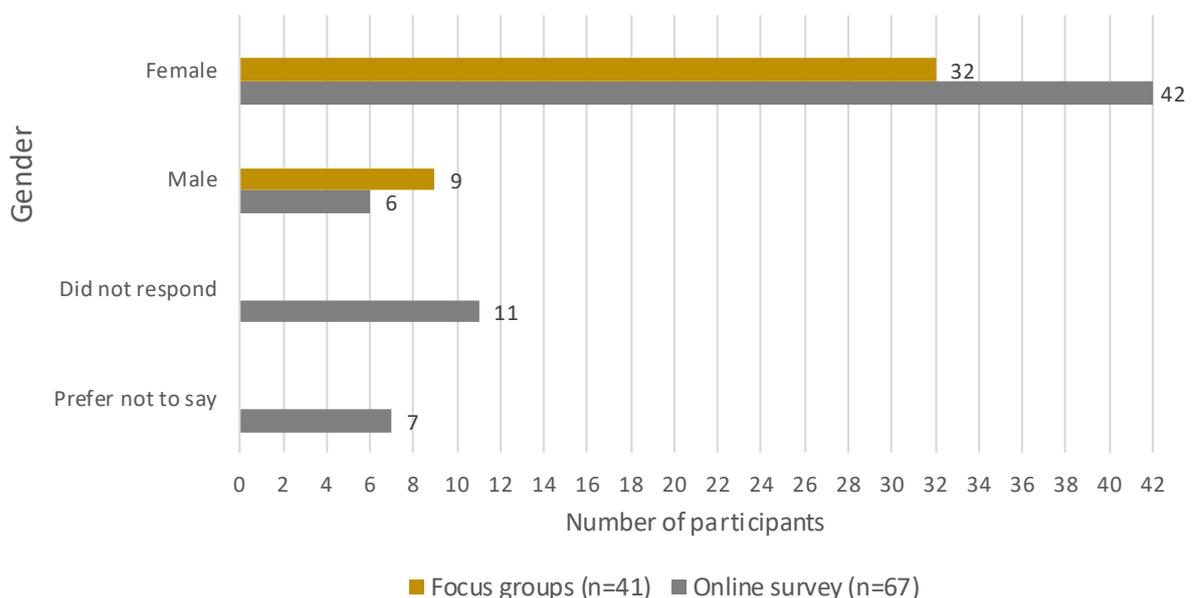


Gender

Participant gender was recorded in order to capture workforce characteristics. Gender of focus group participants was assumed and recorded by focus group facilitators based on participants' visual appearance. In order to capture diverse gender categories, online survey participants were given these response options when asked about gender: a) woman; b) man; c) a woman who was assigned as male; d) a man who was assigned as female; e) a person who has lived in a different gender than the one you identify as now; f) a person who does not identify as a woman or a man; g) a person with physical characteristics that are not considered strictly 'female' or 'male'; h) prefer not to say.

Reflecting the occupational demographics in the non-profit community services sector in Australia where it has been reported that around 87% of staff are female (Australian Institute of Health and Welfare, 2019), participants were predominantly female, with 78% (n=32) female in the focus groups and 62.6% (n=42) in the online survey, though 10.4% (n=7) of online survey participants selected 'prefer not to say' when asked about their gender, and 16.4% (n=11) did not respond to this question. It is unknown if the 26.8% who did not respond or specify a gender did not feel comfortable answering the question in relation to their identified gender, or did not feel that it was relevant for them. Participant gender is reported in Figure 2 below.

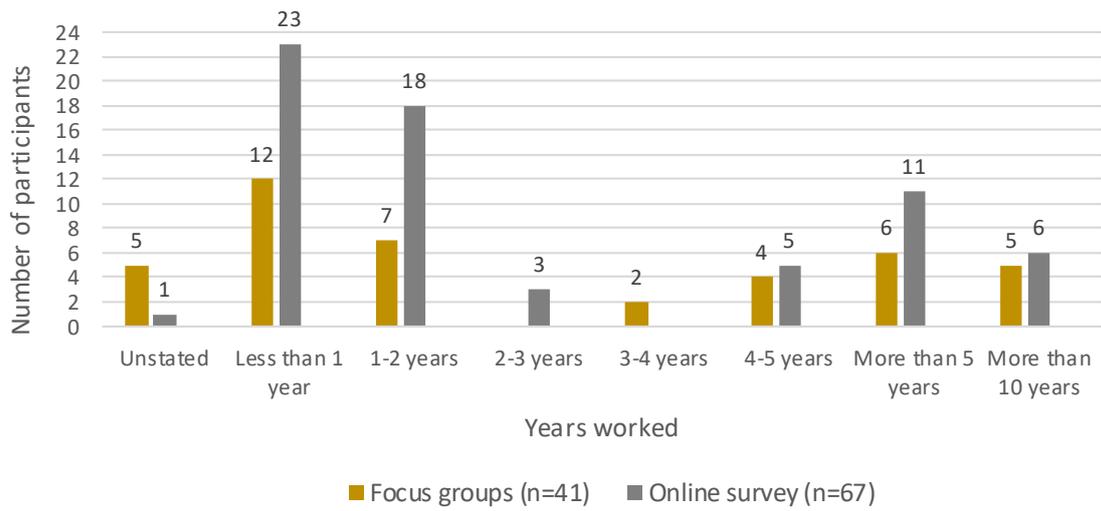
Figure 2. Participants' gender experience



Time spent working in current position

Participants had worked in their current advocacy position for varied lengths of time, ranging from less than one year to more than ten years (reported in Figure 3), with over half of participants (56%) having worked with their current employer for less than two years.

Figure 3. Time spent working in current position reported by focus group and online survey participants



Further information obtained about staff and workforce demographics via the online survey is reported later in this document (see 'Advocacy workforce information' section).

Advocacy and the advocate role

Advocacy

Increasing recognition of the inequities experienced by certain groups in exercising their human rights and that some groups are at greater risk of abuse has resulted in a greater demand for advocates and advocacy services (Sorensen & Black, 2001). Those experiencing marginalisation in society often depend on other people to act on their behalf, making them vulnerable to abuse and exploitation of their human rights (Black, 2009). Advocacy is strongly linked with the human rights movement and the concept of empowerment, given empowerment is associated with relationships of unequal power and powerlessness (Craig, 1998).

Advocacy is defined as a process of standing up for the rights of another person, or yourself, with the goal of improving their rights and maintaining dignity (ADACAS, 2020). Advocacy involves representing and working with a person or group, and supporting and encouraging them in exercising their rights, ensuring their rights are upheld. Advocacy may involve speaking, acting, or writing on behalf of another person or group. Advocacy has no prescribed or clearly determined method, with the specific tasks differing depending on the circumstances, according to the skills and needs of the individual or group (Blundell, 2012).

Advocacy aims to increase control over goods and services, overcome barriers that restrict opportunities, ensure appropriate societal and service delivery responses, protect human rights, ensure a better quality of life, emphasise individual needs and wishes, challenge stereotypes and stigma, and empower disadvantaged individuals and groups. Potentially improving lives by giving a voice to individuals or groups and empowering others in helping themselves (Bateman, 2000; Ivers, 1998), advocacy may also reduce the need for service intervention, building the capacity of individuals and communities in solving their own problems (Kitchen, 2010).

Types of advocacy

While several different types of advocacy have been identified, including self-advocacy, individual advocacy, personal or professional advocacy, group or collective advocacy, public interest advocacy, peer advocacy, citizen advocacy, systemic advocacy, social support advocacy, interpersonal advocacy, patient advocacy, public policy advocacy, and community advocacy (Westhorp & Sebastian, 1997; Ivers, 1998, Pearson & Hill, 2009, in Blundell, 2012, pp. 15-16), Barnes (1998) more simply categorises advocacy as either self, voluntary, or professional. In many cases, advocates work with individual clients and their concerns (individual advocacy), while simultaneously working toward addressing broader systemic issues (systemic advocacy) contributing to the problem (Cripps, 2001).

While under the NACAP framework, OPAN advocates primarily undertake individual advocacy¹ (though in line with theoretical definitions, this would be more accurately classified as professional advocacy²) enabling self-advocacy, OPAN plays a key role in systemic advocacy³, acting more broadly

¹ Advocacy on behalf of an individual

² Trained workers employed to work with people around specific issues until that problem is resolved (adapted from Pearson & Hill, 2009).

³ Advocacy designed to change the system or laws, policies, procedures or practices which cause or perpetrate injustice or inequality (Blundell, 2012).

in identifying emerging trends across advocacy data working to inform systemic reforms (Older Persons Advocacy Network, 2020b).

Key principles

It has been proposed that effective advocacy is underpinned by several key principles, including:

- The participation and inclusion of those being advocated for
- Advocacy should be vigorous, as this often correlates with the strength and effectiveness of the advocacy effort
- Commitment (fidelity) to the advocacy effort
- Advocacy strives to avoid and minimise conflict of interest (situations in which the advocate has competing interests where there is potential for a clash)
- Advocacy should take the side of the vulnerable or disadvantaged individual or group, be client directed, and concerned with genuine life needs
- Advocacy must be independent and support the person, regardless of demands and concerns of other individuals or entities

(adapted from Cocks & Duffy, 1993; Margiotta, Raynes, Pagidas, Lawson, & Temple, 2003; Westhop & Sebastian, 1997)

These principles have been further discussed in an earlier report compiled for *Advocare - Older People's Advocacy: exploring ties to Wellness, new developments, and alternative models* (Blundell, 2012).

Advocacy for older people

Older people lacking a strong support network of family and friends experience greater risk of having their rights exploited due to discrepancies between their own wishes and those of others around them (Ivers, 1998). It has been proposed that effective advocacy may play a role in redressing the imbalance of power that exists in situations where older people are dependent on others for their care and support (Sorensen & Black, 2001). Advocacy can be beneficial for older people by ensuring decisions made in their best interests are aligned with their wishes and needs (Kitchen, 2010). Professional aged care advocates work to improve the quality of life of older people by promoting autonomy and empowering older people (Lothian & Philp, 2001). Advocacy for older people commonly aims to:

- Increase the older person's control over goods and services
- Overcome barriers that restrict opportunities
- Ensure appropriate societal and service delivery responses
- Protect human rights
- Ensure a better quality of life
- Be responsive to and emphasise individual needs and wishes
- Be oriented towards outcomes for older people
- Aim for empowerment of disadvantaged individuals and groups
- Challenge stereotypes and stigma

(Ivers, 1998)

Advocacy has also been proposed to benefit older people through helping those who have difficulty representing their own interests; increasing independence from service provision; helping to exercise

their rights, express views and make informed choices; prioritising their interests, and by challenging injustice, abuse and oppression (Kitchen, 2010).

The advocate role

As mentioned above, professional advocacy is a form of advocacy where trained workers are employed to work with people around specific issues until that problem is resolved (Pearson & Hill, 2009). Also, many professions may act as advocates in the course of their work, including lawyers, nurses, human service workers, and union officials. Advocates perform a wide variety of tasks in their role and work with a diverse range of people, including vulnerable and marginalised populations.

OPAN advocates are employed through their respective SDOs to provide high quality, nationally consistent aged care advocacy services, as guided by the National Aged Care Advocacy Framework (Department of Health, 2018). The Framework specifies the delivery of individually focussed advocacy support for older people (including their families and representatives), as well as provision of information and education sessions promoting consumer rights and aged care provider responsibilities to both older people (including families and representatives) as well as aged care service providers and staff members (Department of Health, 2018).

Professional advocacy is complex work, and draws on a diverse skill set and knowledge base. OPAN advocates who participated in the focus groups spoke about their work and how it can encompass diverse issues that intersect with the support they are providing to individuals, for example, one advocate spoke about having to assist someone with hoarding issues that impacted on services being provided to them. This links with the very diverse nature of knowledge and information many felt were important to support them in their work, and highlights the importance of a diverse skill set and knowledge base.

Another advocate spoke about the challenges in dealing with complex situations and the people and issues involved:

I would say that's probably been one of my biggest challenges as a new advocate, is dealing with people. And I've dealt with complex situations before. But trying to unpack them in an elder abuse situation can be really difficult. Because just – there's so much going on that you have to 'Okay, well, who is this person and what are they...?' And trying to really just separate everything out so you can clearly give people the options that they need to take.

Advocate attributes

It has been proposed that, while anyone can act as an advocate, the effectiveness of advocacy can be influenced by a combination of the advocate's personality traits, knowledge, and skills (Bateman, 2000). At the outset of this project, the focus was on exploration of advocacy skills, core competencies/capabilities, available training, and professional development opportunities. Through the research process, values and attitudes also emerged as a focus. The following sections will explore our findings across these research areas:

- Advocacy skills
- Advocacy values and attitudes
- Advocacy knowledge

- Advocacy competencies and capabilities
- Professional development and training opportunities
- Advocacy workforce information

Advocacy skills

This project sought to identify and explore the necessary skills required for an advocate to be able to effectively perform their advocacy duties, in order to provide OPAN with an enhanced understanding of the specific skills required for effective aged care advocacy. It is expected that this information may then be used to guide future professional development opportunities for advocates.

Scoping literature review findings

A scoping literature review was conducted by Curtin University between January and May 2019. In undertaking the scoping review, it was found that the terms ‘skill’ and ‘competency’ were often used interchangeably, and there was significant overlap between the standard definitions of each. For the purposes of this project, it was necessary to distinguish between the two terms, and so the research team generated distinct definitions for each of these, as commonly used definitions tended to overlap and lack clarity. Throughout the project, ‘skill’ was defined as an ability or capacity that may be intrinsically possessed, learned, or further developed through experience and training (Warren, Blundell, Milbourn, Dalao & Mahoney, 2019). Advocacy skills are also discussed as being “techniques for becoming competent in an area” (Brainline, 2018).

The scoping review found that many articles that referred to advocacy skills, particularly in relation to training, were often vague, with little to no detail given as to the definition of what constitutes specific skills. Of these that mentioned specific skills, researchers identified 26 advocacy skills⁴ that were considered necessary for either individual or systemic advocacy⁵, or both. These skills were categorised by the researchers as *cognitive*⁶, *interpersonal*⁷, or *professional*⁸ and are displayed below in Table 1.

Table 1. Effective advocacy skills identified in the scoping literature review and focus groups

Advocacy skills	Scoping literature review	Focus groups
Cognitive skills		
Analytical skills	I, S	√
Research skills, or the ability to gather and present information about an issue	I, S	√
Assessment skills	I, S	-
Critical reflection	I, S	-

⁴ NB. An additional 14 ‘skills’ were identified during the scoping review and related report (Warren, Blundell, Milbourn, Dalao & Mahoney, 2019), however, these have now been reclassified as ‘values and attitudes’ and moved to that section of this report.

⁵ Systemic advocacy (also known as political, legislative, or public policy advocacy) attempts to influence change within systems, such as government policies and regulations, provider systems, and broader public attitudes and discourses. Systemic advocacy generally addresses issues, needs or concerns of particular groups or populations rather than individuals (Australian Healthcare Associates, 2015).

⁶ Skills relating to the mental action or process of acquiring knowledge and understanding through thought, experience and the senses (Cognitive., 2019).

⁷ Skills that enable effective communication (Interpersonal skills, 2019).

⁸ Skills relating or belonging to a profession or professional person (Professional., 2019).

Interpersonal skills		
Networking and relationship building skills	I, S	√
Persuasiveness	I, S	√
Written and verbal communication skills	I, S	√
Active listening	I, S	-
Assertiveness	I, S	-
Liaison skills	I	-
Negotiation skills	I, S	-
Reflective listening	I	-
Transparency	I	-
Understanding of non-verbal body language and cues	I	-
Professional skills		
Coping and stress management skills, including the ability to practice self-care	I, S	√
Counselling skills	I	√
Group facilitation skills	I, S	√
Lobbying, including organising petitions	I, S	√
Management skills, including the ability to manage people and to understand management's impact on advocacy work with clients	I, S	√
Organisation skills	S	√
Presentation skills, present to a range of audiences	I, S	√
Problem solving skills	I, S	√
Time management skills	I, S	√
Computer literacy	I	-
Interviewing skills	I	-
Leadership skills	S	-
Mediation skills	I, S	-
Social media skills	-	√
Decision-making skills, i.e. knowing how far to go with issues, knowing when to follow up and report back to a client	-	√
Driving skills (those advocates working in regional areas, including adhering to occupational health and safety requirements and staying safe on the road during long drives)	-	√

Note: I=Individual advocacy; S=Systemic advocacy

Focus group findings

Focus group discussions also highlighted the importance of having a diverse range of skills and knowing how to apply those skills in an advocacy setting:

There's, obviously, counselling and, what I'd like to do, which I haven't done, is mediation. But those two are not advocacy, but elements of the skills you're taught when you do those things that can help advocacy.

Another advocate talked about skills needed to build rapport and show empathy to clients over the phone, "You're building rapport and empathy over the phone, and there are skills around that". Another advocate emphasised the importance of listening skills and patience:

I think that gives you a particular set of skills to use – that you have to use when you’re talking to older vulnerable people over the phone and they’ve got a problem or an issue or something they’re not happy about. Yeah. Because you know sometimes you might have to listen to—like I did one day - a lady, a Polish lady who was in aged care and her husband had died and her daughter was in America and all she wanted to talk to me about was her war experiences and so I sat through all of that and listened to all of that before she actually got to the little problem that she had at the aged care home. So you don’t cut older people off. You – I think you listen and let them express themselves.

Other advocates said that there were specific skills needed in educating people about what advocacy is and their rights and information about services and options.

Online survey findings

The combined skills identified in phases one and two of the project were then used to guide the development of skills-specific questions in the phase three online survey. Survey participants were asked to rank a final list of 27 advocacy skills according to how important they considered them in enabling someone to be an effective advocate. The scale ranged from one (not at all important) to seven (very important).

Table 2. Advocacy skills ranked in order of importance, as perceived by survey participants

Rank	Skill	Range	Mean	SD*
1	Demonstrating social justice principles, including respect for the self-determination and agency of older people#	5-7	6.83	0.42
2	Strong professional identity and integrity#	4-7	6.80	0.54
3	Interpersonal communication skills (both verbal and non-verbal, including active listening, liaison, awareness of non-verbal cues, and written communication)	5-7	6.78	0.45
4	Approachability#	5-7	6.67	0.56
5	Cultural awareness and sensitivity#	5-7	6.64	0.65
6	Coping, stress management and mindfulness	4-7	6.61	0.70
7	Critical reflection, emotional intelligence# and self-awareness	4-7	6.59	0.72
8	Conflict resolution and problem-solving	4-7	6.55	0.64
9	Organisation and time management	5-7	6.47	0.73
10	Perseverance and long-term commitment to addressing the advocacy issue#	5-7	6.47	0.75
11	Being flexible#	5-7	6.47	0.75
12	Resourcefulness#	4-7	6.36	0.76
13	Confidence#	4-7	6.34	0.79
14	Networking, relationship building, and collaborative working	4-7	6.27	0.91
15	Negotiation and persuasion	2-7	6.09	1.00
16	Presentation and public speaking	3-7	5.94	1.07
17	Assertiveness	4-7	5.92	0.83
18	Being able to drive	2-7	5.89	1.39
19	Meeting facilitation	2-7	5.75	1.06
20	Assessment	3-7	5.72	1.05
21	Analytical, interpreting and research skills	2-7	5.58	1.23
22	Counselling and interviewing	3-7	5.55	1.10
23	Group facilitation	2-7	5.38	1.14

24	Leadership and management	3-7	5.02	0.93
25	Computer literacy and social media	2-7	4.81	1.06
26	Mediation	1-7	4.77	1.45
27	Lobbying and campaigning	1-7	4.59	1.20

NB. *SD = Standard deviation; #=reclassified as a value, attitude, or personality trait after reanalysis (as displayed in Table 3 in next section).

Conclusion

In combining the data from all phases of this project, the ‘skills’ categorisation of some of those listed in the table above has been re-examined, and some of these have now been re-categorised as values, attitudes, and personality traits, rather than skills. As the two highest ranked ‘skills’ identified in the survey were subsequently reclassified, the highest ranking skill was interpersonal communication. We have left the table above as it is, as these were the options presented to advocates under the skills category in the online survey. As indicated, those marked with # have been reclassified as values, attitudes and personality traits and extracted for further examination in the next section of this report. However, the positioning of the values, attitudes, and personality traits among the skills suggest that it is important to acknowledge the impact of these on the advocacy role, as many were ranked higher in importance than the necessary ‘professional’ and ‘cognitive’ skills. The results of all three phases of the project exploring advocacy skills indicate that advocates require a broad range of skills to work effectively in their role. A final list of 19 skills was identified in the table above (when those reclassified are removed), however, while this list cannot be deemed exhaustive, as there may be others that we not captured in the research process, it may be a good starting point to consider the skills OPAN may wish to target for advocate recruitment as well as support through training and professional development opportunities.

Suggested direction

OPAN to consider the list of skills identified in the project as a guide for staff recruitment and selection, as well as the development of targeted training and professional development opportunities to support staff development in these areas.

The impact of values, attitudes and personality traits on the advocacy role

As discussed in the previous section, the advocacy role is complex and work in this area draws on a diverse range of skills, however, values, attitudes and personality traits were also identified as important by advocates in the focus groups and online survey. While 'values and attitudes' were identified specifically in the focus groups, and later integrated into the online survey, upon closer scrutiny of some of the named categories in a broader analysis of the data, it has become apparent that some of the qualities originally subsumed under values and attitudes are in fact personality traits.

Values have been defined as enduring beliefs about what is good or desirable and also described as preferences or principles, with values as preferences indicating attitudes individuals have for various environments, while values as principles are more regarded as guiding principles around individual behaviour (Patterson, Zibarras, & Edwards, 2014). It has been proposed that personal values have an impact on behaviour in general, and may impact motivation, attitudes, decision-making, and interpersonal relations (Patterson et al., 2014). While there is debate about whether values are more related to beliefs, needs, goals, or attitudes, it is generally agreed that values are "standards or criteria for choosing goals or guiding action" that are relatively stable over time (Dose, 1997p. 220).

Similar to the above discussion around values, attitudes have been defined in many ways. The field of psychology links a verbal expression of an attitude with behaviour or an intention to act in a certain way, while in sociology there is more of an emphasis on the mental position, feeling, or emotion in relation to a fact or state of being (Chaiklin, 2011). Links have also been made between attitudes and behaviours (Chaiklin, 2011).

Personality traits are explained as "enduring dispositions in behaviour that show differences across individuals, and which tend to characterise the person across varying types of situations" (Diener & Lucas, 2020, para. 14). They are also seen as being indicative of people's patterns of thoughts, feelings, and behaviours and thought to influence job performance (American Psychological Association, 2019)

As can be seen from the discussion above, there are overlaps between the concepts of values, attitudes and personality traits. The commonalities lie in the way they have been proposed to impact on behaviour. In relation to this research project, it has emerged as important that these aspects, and their effect on the advocacy role, be considered.

Scoping literature review findings

The scoping literature review originally only looked at the areas of advocacy skills, professional development and training, core competencies, and capability statements, and not values, attitudes or personality traits. However, after values and attitudes emerged as a separate category in the focus groups and online survey, the category of 'other skills and/or traits needed for advocacy' (Warren, Blundell, Milbourn, Dalao & Mahoney, 2019), was re-examined and has been reclassified as values, attitudes and personality traits, and are represented in Table 3 below.

Table 3. Values, attitudes and personality traits important for advocacy (originally classified as ‘other skills and/or traits needed for advocacy’ in scoping literature review)

Concept	Scoping literature review	Focus groups
Values		
Integrity	I	√
Social justice principles	I, S	√
Attitudes		
Empathy and compassion	I, S	√
Non-judgemental	I	√
Long-term commitment to addressing the advocacy issue	S	-
Passion for advocacy and/or the broader issue being addressed	I, S	-
Strong professional identity	S	-
Respect for older people (including their self-determination and agency)	-	√
Patience	-	√
Cultural competence	-	√
Personality traits		
Reliability	I	√
Flexibility	I, S	√
Self-awareness, including an awareness of one's own personal biases	I, S	√
Approachability	I	-
Perseverance	I, S	-
Resourcefulness	I, S	-
Having a sense of humour	-	√
Confidence	-	√
Emotional intelligence	-	√

Note: I=Individual advocacy; S=Systemic advocacy

Focus group findings

While not originally considered as an area of focus for this project, the importance of values and attitudes for effective advocacy practice emerged during focus group discussions. Some participants in the focus groups expressed that the values and attitudes of an advocate were more important than the skills and knowledge they brought with them to the role. Skills and knowledge were perceived as able to be acquired or developed, whereas values and attitudes were described as ‘fixed’, and therefore less likely to change. Focus group participants provided specific examples of values, attitudes, and personality traits needed for effective advocacy, and these have been included in Table 3 above.

Empathy was discussed in greater detail than the other values and attitudes during the focus groups and was perceived by participants as ‘key’ for advocacy. One participant commented:

...if there's no empathy there – if there's no feelings about right and wrong and justice and things like that, then I hope you're not going to work in the aged care industry in the future. Because you know that will be bad for them. It would be bad for people.

Similarly, another participant expressed the importance of values and attitudes relating to the recruitment process and student placements:

Yeah and I think our recruitment process – our interview process actually helps to identify who we think is going to be a ‘fit’ with the role. And obviously things like you know, student placements – I have failed more than one student a placement because I’ve just gone, ‘You do not belong in this sector! I would hate to have you actually going in and working with this particular group of people! Because you’ve got no connection and no empathy and no passion and no interest. You’re doing this course because you want a rubber-stamped certificate.

Online survey findings

Survey participants in phase three were asked to rank a list of values and attitudes for advocacy from one (most important) to seven (least important), and this list was generated from the findings of the previous research phases and consultation with OPAN representatives

Table 4. Values, attitudes and personality traits needed for effective advocacy ranked in order of importance, as perceived by survey participants

Rank	Concept	Identified in focus groups	Range	Mean	SD*
1	Professional integrity ⁹ (V)	√	6-7	6.95	0.21
2	Person-centred practice (A)	-	4-7	6.92	0.41
3	Being non-judgemental (A)	√	6-7	6.90	0.29
4	Reliability (P)	√	5-7	6.81	0.73
5	Transparency (A)	-	5-7	6.81	0.50
6	Empathy and compassion (A)	√	5-7	6.79	0.48
7	Having a sense of humour (P)	√	1-7	5.89	1.20

Note: V=value; A=attitude; P=personality trait; *SD = Standard deviation

The survey results indicate that participants perceived professional integrity to be the most important value for an aged care advocate to possess. The difference in averages between the first and last ranked categories was only 1.06 points, suggesting that all listed concepts were considered relevant for OPAN advocates.

As outlined in the previous section, on a re-examination of the list of advocacy skills that online survey participants were asked to rank in order of importance, it has been identified that several of these can actually also be classified as values, attitudes and personality traits. Table 5 below has been extracted from Table 2 in the previous section, with the categories previously classified as ‘skills’ disaggregated into values, attitudes and personality traits.

⁹ Professional integrity can be defined as the practice of maintaining appropriate ethical behaviour, of adhering to moral and ethical principles and values, such as honesty, dependability and trustworthiness (Indeed, 2019).

Table 5. Advocacy values, attitudes and personality traits formerly categorised as skills, ranked in order of importance, as perceived by survey participants

Importance	Concept	Range	Mean	SD*
1	Demonstrating social justice principles, including respect for the self-determination and agency of older people (A)	5-7	6.83	0.42
2	Strong professional identity and integrity (V)	4-7	6.80	0.54
3	Approachability (P)	5-7	6.67	0.56
4	Cultural awareness and sensitivity (A)	5-7	6.64	0.65
5	Critical reflection (S)#, emotional intelligence (P) and self-awareness(S)#	4-7	6.59	0.72
6	Perseverance and long-term commitment to addressing the advocacy issue (A)	5-7	6.47	0.75
7	Being flexible (P)	5-7	6.47	0.75
8	Resourcefulness (P)	4-7	6.36	0.76
9	Confidence (P)	4-7	6.34	0.79

Note: V=value; A=attitude; P=personality trait; S=skill; #=from Table 2 – these qualities were presented together in the survey, as informed by the focus groups, but have since been disaggregated; *SD = Standard deviation

Conclusion

These findings suggest that, although there are certain skills considered important for advocacy, the values, attitudes and intrinsic personality traits that a person brings to the role may be equally important in their impact on effective advocacy performance. Values, attitudes and personality traits were often spoken about together in the focus groups discussions. The strong overlap in these variables must also be acknowledged. For example, in Table 5, strong professional identity and integrity may be interpreted as both a value and a personality trait. When mentioned in the focus groups, concepts were often paired, e.g. ‘empathy and compassion’ and ‘strong professional identity and integrity’. In hindsight, some of the categories from the survey would have benefited from delineation and disaggregation. However, the difficulties in defining and separating these different qualities and mapping their impact on advocacy skills and competencies must be noted, as even professional definitions of values, attitudes and personality traits overlap.

Suggested direction

OPAN to consider the impact of advocate values, attitudes and personality traits on performance of the advocate role. These qualities could prove a focus for staff recruitment and selection as well as be supported through targeted professional development opportunities.

Advocacy knowledge

Providing information, raising awareness of individuals’ rights and entitlements, listening and supporting choice available to older people, and educating others are among the main duties of an advocate. Therefore, all phases of the research explored and identified relevant knowledge required for OPAN advocates to effectively perform these duties.

Scoping literature review findings

The scoping review findings identified knowledge for individual or systemic advocacy or both, and was classified as either *theoretical* or *contextual*¹⁰ (see Table 6).

Table 6: Advocacy knowledge identified in the scoping literature review and focus groups

Knowledge	Scoping literature review	Focus groups
Theoretical knowledge		
Differences between advocacy and other types of practice such as mediation, case management, and counselling	I	√
Human rights	I,S	√
Intersectionality	I,S	√
Understanding of practice boundaries	I	√
Advocacy models	I,S	-
Advocacy principles and processes	I	-
Individual and group interventions	I,S	-
Intergenerational trauma	S	-
Power systems	I,S	-
Systems change principles	I,S	-
Types of advocacy	I	-
Understanding of systemic oppression	S	-
Person-centred practice	-	√
Dementia	-	√
Psychology	-	√
Contextual knowledge		
Government processes and priorities	S	√
Relevant sectors/services systems, such as aged care, disability, housing, mental health, income support and legal	I	√
The advocate’s own organisational mandate and processes	I	√
Advocacy issues (e.g. ageism, disability, elder abuse, special education)	I,S	-
Available local resources	I,S	-
Client/client group	I,S	-
Client/consumer rights	I	-
Communication technologies	S	-
Current socio-political environment	I,S	-

¹⁰ For the purpose of this report, the authors classified theoretical knowledge as the underlying knowledge required to understand and carry out advocacy, while contextual knowledge refers to an understanding of the relevant factors that may have an impact on advocacy.

Advocacy issues (e.g. ageism, disability, elder abuse, special education)	I,S	-
Relevant government acts and legislation (e.g. Aged Care Act 1997)	-	√

Focus group findings

In addition to the advocacy knowledge identified in the table above, focus group participants discussed the importance of understanding the advocacy role, specifically, the difference between advocating and mediating:

It's important to differentiate because mediation means you are neutral, whereas advocacy, you have a partisan approach; you're on the side of the person. So it's really important that you don't send people off to do this, and then they think they're mediators.

Other participants spoke about how advocacy is different from mediation or negotiation, in that these processes aim to reach a mutually acceptable outcome between parties, whereas advocacy is firmly on the side of the person being advocated for. However, one advocate spoke about how different skill and knowledge bases from different professions can be useful for advocacy in some situations:

Just to highlight how different professions have different skill bases. So I was in this mediation, in this meeting on Friday where the siblings were all in disagreement about how their mum, who was dying, should be looked after. And it was quite explosive 'cause there was a lot of anger. The relationships had broken down. So I'd been asked to get involved in it. So I'm in the situation realizing that they just want to rip each other's throats out. And I remember thinking to myself, gosh, I wish I'd attended a mediation course so I would-- you know, the basic things like-- I started making it up as I went along, but it's stuff like, "We're going to set some ground rules; this is what we're going to focus on". So I was kind of trying to do that and thinking "Gosh, I wish I'd attended a mediation course, 'cause really, if I get this wrong, it's going to get actually violent". And then that made me question myself, and say, "Hang on. What is your role here? Your role is not to be the mediator between people who hate each other, and bring them into a better relationship". So I actually said to them, 'cause this woman could no longer verbalize at all, I said to them, "I am appointing myself as an advocate of the older person. I'm on her side. I'm not on anyone's side here, including the age care manager". So I [inaudible] in my head, the role of an advocate, but I was kind of praying for those mediation skills which would have really helped in that particular [situation] and it worked out really well, I believe. But that's just an example where having a particular set of skills from a particular profession would have helped the advocacy.

Online survey findings

The different kinds of knowledge identified in phases one and two of the project informed the development of knowledge-specific questions in the phase three online survey. Participants were asked to rank types of advocacy knowledge according to how important they considered them in

enabling someone to be an effective advocate. The scale ranged from one (not at all important) to seven (very important).

Table 7. Knowledge needed for effective advocacy ranked in order of importance, as perceived by survey participants

Rank	Knowledge	Range	Mean	SD*	Knowledge Area
1	Clear understanding of advocacy role, including differences between advocacy and other forms of practice (e.g. mediation, case management, counselling etc.)	5-7	6.79	0.48	T
2	Your service's operational role, policies, and processes	5-7	6.71	0.55	C
3	Rights-based advocacy principles and processes	3-7	6.67	0.82	T
4	Human rights	4-7	6.57	0.73	T
5	Elder abuse	4-7	6.56	0.73	T, C
6	The client group	4-7	6.44	0.75	C
7	Relevant sectors/services systems (e.g. aged care, disability, housing, mental health, income support, legal etc.)	4-7	6.40	0.77	C
8	Legislation, standards and conventions related to your sector	4-7	6.37	0.85	C
9	Local resources available	4-7	6.35	0.78	C
10	Intersectionality (the ways in which dimensions such as age, ability, race, class, gender, and sexuality intersect and increase vulnerability/marginalisation)	3-7	6.31	0.94	T
11	Legal documents (e.g. Advance Health Directives, Power of Attorney and Power of Guardianship)	3-7	6.10	0.95	C
12	Types and models of advocacy	1-7	6.03	1.17	T
13	Societal oppression and intergenerational trauma	4-7	6.00	0.96	T
14	Disability	2-7	5.76	1.11	T, C
15	Government processes and priorities	4-7	5.65	1.05	C
16	Systems change principles	3-7	5.63	1.02	T
17	The current socio-political environment	3-7	5.59	1.11	C
18	Individual and group interventions	3-7	5.58	1.01	T

Note: *SD = Standard deviation; T=theoretical knowledge; C=contextual knowledge

Table 7 above indicates that the survey respondents believe that a range of theoretical and contextual knowledge is important for effective advocacy practice. The results show that respondents considered a clear understanding of the advocacy role, including differences between advocacy and other forms of practice (e.g. mediation, case management, counselling etc.), to be the most important knowledge for an advocate. The scaling was aligned with focus groups discussions regarding the importance of understanding one's role as an aged care advocate, including having a clear understanding of practice boundaries and what the role encompassed.

Conclusion

The findings from all three phases of the research suggest advocates draw on both theoretical and contextual knowledge to fulfil their role. It is apparent that the knowledge required to be an effective

aged care advocate is extensive and likely to change over time as systems, policies, and legislation continue to evolve. Providing information to individuals is a key aspect of the advocacy role, it is therefore essential that advocates have access to the most current and accurate knowledge relevant to their areas of practice.

Suggested directions

The information obtained about advocacy knowledge from this project may be used to inform the content of future professional development aimed at enhancing the knowledge of aged care advocates. Advocates may benefit from undergoing professional development that defines and explores the advocacy role, as well being privy to regular sector updates, where changes in policies, procedures and legislation will impact on their work.

Advocacy competencies and capabilities

Competency frameworks have been developed over recent years as a basis for recruitment and for workplace learning initiatives. Human resources departments have sought to create competencies that target employee qualities that may be selected for or further developed to enable employees to better meet the needs of their organisations (Garavan & McGuire, 2001). Competencies have been defined as “the set of behaviour patterns that the incumbent needs to bring to a position in order to perform it’s tasks and functions with competence” (Woodruffe, 1997, in Finch-Lees, Mabey, & Liefoghe, 2005, p. 1186). Capabilities and capability frameworks are often talked about in similar terms, though have their own body of literature. Though discussion of both areas often overlaps, and sometimes they are used interchangeably, Bolton et al. (1999, in Finch-Lees et al., 2005) claims that they may be distinguished by competency referring to “the ability to demonstrate now what has already been acquired”, and capability being “concerned as much with future potential” as with the organisations immediate needs (p. 1186).

As part of this project, one of the deliverables was to develop a capability statement for OPAN advocates. As such, the area of advocacy competencies and capability frameworks was an area of exploration for the project. Though ‘capability statements’ were one of the search terms for the scoping literature review, none were identified, so the language used for the remainder of the research process was ‘competencies’ rather than ‘capabilities’. In the scoping literature review, ‘competencies’ were defined as the activities that an advocate must be able to carry out successfully to be effective in their role (Warren et al., 2019). As discussed earlier in this report in the *Advocacy knowledge* section, a clear understanding of the advocacy role and associated expectations was among the most important knowledge required for effective advocacy.

Findings

The scoping review identified 37 advocacy competencies that were noted as necessary for client or systemic advocacy, or both. Eleven of these were also mentioned during focus group discussions. An additional 20 competencies were identified via the online survey or during the focus groups. All are listed below in Table 8.

Table 8. Advocacy competencies identified in the scoping literature review, online survey, and focus groups

Competency	Scoping literature review	Online survey	Focus groups
The confidence and ability to speak out and challenge injustices	I, S	-	√
The ability to communicate effectively with a range of people, including those with different needs	I, S	-	√
The ability to build capacity and empower clients	I, S	-	√
The ability to set appropriate professional boundaries with both clients and other partners (e.g. collaborating organisations)	I, S	-	√
The ability to gather, describe, and share many viewpoints	I, S	-	√

The ability to work independently	I, S	-	√
The ability to work sensitively and respectfully with people from other cultures (i.e. cultural sensitivity/competence)	I, S	-	-
The ability to develop and implement action plans and/or to help clients to develop and implement action plans	I, S	-	-
The ability to think critically	I, S	-	-
The ability to think systemically, recognising the impact of social, political, economic, and cultural factors on a situation	I, S	-	-
The ability to work collaboratively with clients, other practitioners, and communities	I, S	-	-
The ability to engage the public, particularly by bringing attention to an issue through education and awareness raising campaigns	I, S	-	-
The ability to resolve conflict	I, S	-	-
The ability to represent clients' interests and wants, and act on their behalf, regardless of one's own opinions	I, S	-	-
Strengths-focused	I, S	-	-
The ability to help clients gain access to the necessary services and resources	I, S	-	-
Client-centred	I, S	-	-
The ability to act ethically, including minimising conflicts of interest	I, S	-	-
The ability to be open to feedback	I	-	√
The ability to support clients in making their own decisions	I	-	√
The ability to prioritise	I	-	√
The ability to work sensitively and respectfully with people of diverse ages and socioeconomic, educational and professional backgrounds	I	-	-
The ability to think and work creatively	I	-	-
The ability to think positively	I	-	-
The ability to work with challenging behaviours	I	-	-
The ability to identify and manage risks	I	-	-
The ability to devise and deliver community education sessions	I	-	-
The ability to meet duty of care and other legal responsibilities	I	-	-
The ability to identify and address specific client needs	I	-	-
The ability to discern between presenting and underlying issues	I	-	-

The ability to multitask	I	-	-
The ability to create a safe space for both the client and other partners	I	-	-
The ability to synthesise large amounts of information	I	-	
The ability to empower and develop communities	S	-	√
The ability to draw themes out and demonstrate links between different people's stories	S	-	√
The ability to set and achieve goals	S	-	-
The ability to negotiate and, when necessary, compromise	S	-	-
The ability to work in a team	-	√	-
The ability to understand referral processes	-	√	-
The ability to work in an inclusive and respectful manner	-	√	-
The ability and willingness to develop or enhance existing skills and knowledge	-	√	-
The ability to draw on roles from other professions without taking on that role or crossing professional boundaries (i.e. using mediation skills without taking on a mediator role)	-	-	√
The ability to document cases appropriately	-	-	√
The ability to follow up on cases, including investigating or researching and reporting back to the client	-	-	√
The ability to establish and maintain effective networks	-	-	√
The ability to write a strong letter	-	-	√
The ability to be comfortable with not necessarily being liked by everyone	-	-	√
The ability to develop rational arguments	-	-	√
The ability to stay up-to-date on legislation, changes in the sector, best practice and new research	-	-	√
The ability to interpret complex information	-	-	√
The ability to manage complex situations	-	-	√
The ability to ask key questions to elicit information from others and unpack issues	-	-	√
The ability to adapt to different situations and apply different sets of skills as necessary	-	-	√
The ability to practice self-care	-	-	√
The ability to reflect on practice	-	-	√
The ability to demonstrate resilience	-	-	√
The ability to ability to adapt to change	-	-	√

Note: I=Individual advocacy; S=Systemic advocacy

Online survey respondents were also asked about which competencies they considered essential to have on day one of an advocacy job. Responses are listed in Table 9 below.

Table 9. Competencies identified by online survey respondents as essential for ‘day one’ of an advocacy job

The ones listed [referring to skills/knowledge/values and attitudes listed in the survey]
Professional integrity (n=2)
It is essential to have an academic qualification in a field that informs around the peculiarities of humans, including mental illnesses, personality
Disorder, stress and anxiety, depression, grief and loss, and how these circumstances can affect communication
Interpersonal and communication skills (n=2)
Local specific services to refer people with complex issues, and role of those services.
Empathy and compassion
Ability to work in a team
Respectfulness
Knowledge of the sector
Being able to translate and summarize information into a way that the client will understand
Listening skills
Valuing each client
How to use resources
Empathy, reliability, non judgemental, person centred, professional integrity
Understanding and commitment to Human Rights and Social and Legal Justice for vulnerable and marginalized people in Australian Society
Purpose driven practice that enables the team to feel a sense of shared accountability and become self organising
Understanding what is (models of advocacy) and is not Advocacy e.g. mediation, counselling case work are not Advocacy.

While there are many overlaps with the list of competencies above, there are also skills, values, attitudes and personality traits identified in this list. The qualities in this table are those that advocates feel are essential for new advocates to be able to demonstrate from ‘day one’ on the job.

Conclusion

When combining the findings from the scoping literature review, focus groups, and online survey, the range of competencies considered essential for advocacy are broad and multifaceted, with 57 different competencies identified. As with the different lists of skills, values, attitudes and personality traits that were identified in this research project and discussed in previous sections, it must be assumed that this list is not comprehensive and other competencies and capabilities potentially relevant.

Suggested directions

The findings of this research project in relation to advocacy competencies suggest that the advocate role could benefit from work that defines a set of general advocacy competencies. While some of that work is being done as part of this project in the development of an OPAN advocacy capability statement, it is suggested that OPAN could work with other advocacy organisations on the development of generic advocacy competencies. Other more established professions, including occupational therapy, optometry and nursing, are governed by national boards and required to meet a set of competency standards ensuring professional and ethical behaviour (Occupational Therapy Board, 2020). At present, there is no standardised set of competencies that describes the characteristics of advocacy work. These could then be used by advocacy organisations to identify

employee qualities that may be selected for in recruitment. These competencies may also be beneficial in providing advocates with clarity regarding the scope of their role. In addition, a guiding set of competencies may also help develop processes for human resource management for future recruitment, education and training needs.

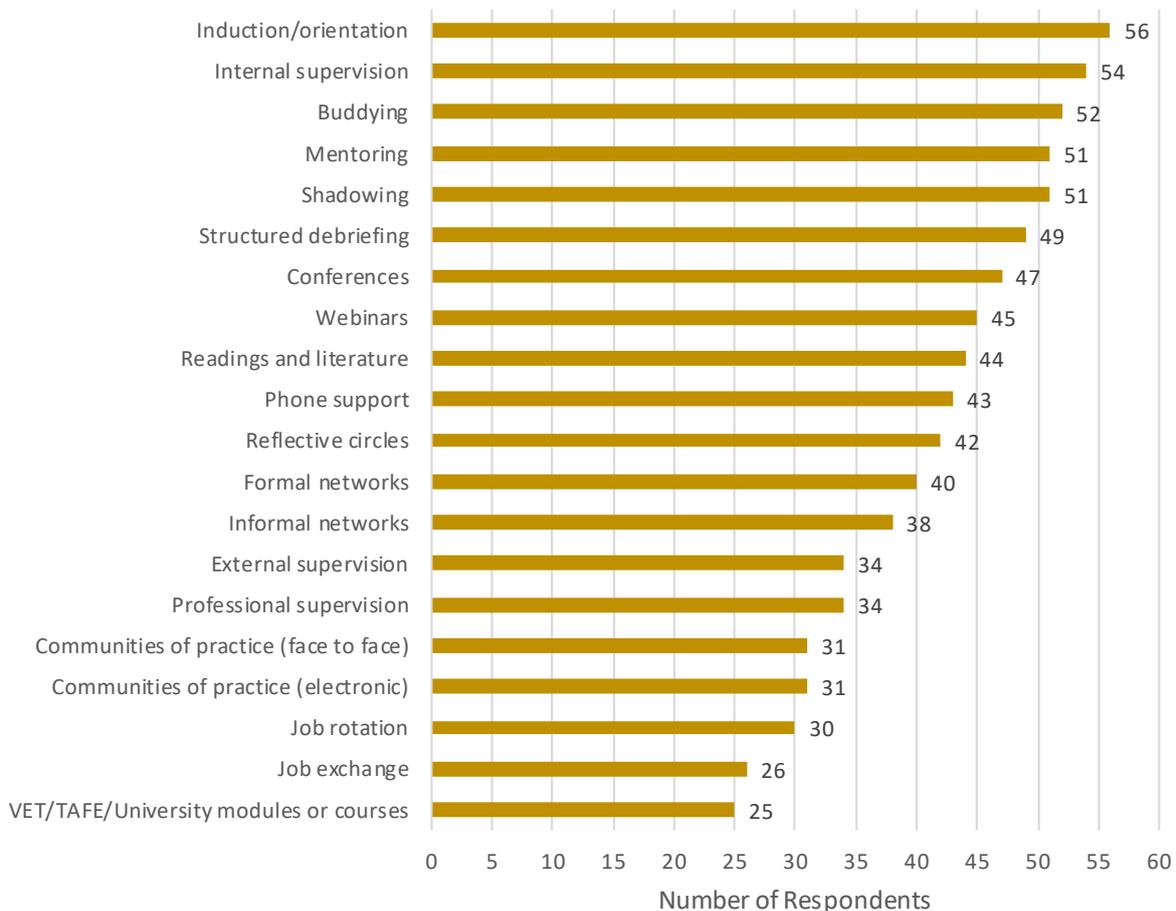
Professional development opportunities and training for advocates

One of the primary aims of this research was to identify current professional development opportunities available to and undertaken by OPAN advocates, including training programs. The focus groups and online survey focused specifically on professional development opportunities and training for advocates working with older people, while the scoping review looked more broadly at general advocacy training. Professional development opportunities have been discussed first, followed by available advocacy training.

Findings: Professional development opportunities

Professional development opportunities were explored during the focus group discussions and in the online survey. Focus group participants were asked about the professional development activities they had been part of since they started working as an advocate, as well as whether they had any suggestions about further professional development opportunities that could assist them in their role. A list of professional development opportunities was compiled from focus group data and survey respondents were asked to indicate the professional development opportunities they had available to them in their current role (displayed in Figure 4 below).

Figure 4. Professional development opportunities available in current role



The most commonly reported professional development opportunity was an induction (or orientation) process. Although many participants (n=56) reported having had access to induction in their current role, the qualitative data obtained during the focus groups suggests that the process differs between and even within organisations.

But at the time we had a very good induction process in the organisation, which unfortunately has sort of fallen by the wayside a bit and it was more of – it was a combination of ‘get in there and do it’, but also going and seeing how other people are going, going to the Public Trustee and going out with the other advocates and that type of thing. So I was given a far better grounding than some of the other advocates that have come through since.

Focus group participants also highlighted the difficulties of developing an appropriate induction process to meet the needs of all new employees within an organisation, stating that “it needs to be flexible and cater to different levels of skills and experience”:

So, I think it’s a bit of a tricky one, not a ‘one-size-fits-all’. Because when you get someone who’s hugely experienced walking through the door, there’s almost that recognition of prior learning that needs to happen. So, it’s appropriate to the level that they arrive with, I think in terms of that.

Further opportunities for formal supervision¹¹ and learning from other advocates via observation, conferences, and peer support were most common among the suggestions for additional professional development and ongoing support in the advocacy role.

Table 10. Professional development opportunities for advocates identified by focus group participants

Networking opportunities, such as consortiums, network meetings, utilising contacts from previous roles
OPAN communities of practice, and opportunities to meet advocates from other organisations
Regional outreach trips (opportunity to learn more about a particular area and understand experiences and perspectives from people in that area so that you can advocate more effectively for them)
Forums, workshops/seminars, and consultations, such as the upcoming sexual assault in aged care forum, Aged and Community Services Australia (ACSA) seminars
Yarning sessions
Better Practice events (yearly events hosted by quality agency, focussing on changes in aged care sector)
Readings, including international literature, lived experience perspectives, and information from the Commonwealth Department of Health

¹¹ Professional supervision has been defined as “a forum for reflection and learning...an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners. Supervision is a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures” (Davys & Beddoe, 2010, p. 21).

Focus group participants also identified that debriefing and reflection were valuable opportunities for professional development, though opportunities for this varied by organisation. Although many online survey participants (n=54) reported having access to internal supervision, fewer participants had access to external or professional supervision (n=34) in their current role. Focus group participants reported that some organisations offered advocates formal, regular supervision monthly or more frequently as needed, but supervision was not available to all advocates. Some participants from those organisations that did not provide supervision reported seeking out and paying for their own external supervision.

Several participants noted conferences as an important opportunity for professional development, though others noted that they have had few opportunities to go to conferences due to lack of funding. It was also mentioned by participants that there are no conferences specifically focussed on advocacy or aged care advocacy.

Findings: Training for advocacy

Thirteen different training programs for professional advocates, including seven different vocational education and training (VET) modules, were identified in the scoping review literature, along with a number of programs for family members and students. However, none of the professional advocate training identified was specifically aimed at aged care and older person advocacy. A complete list of the training programs summarised in Table 11 is included as Appendix A.

Table 11. Advocacy training identified in the scoping review

	Name / type of training	Training provider	Location
1	To stand beside: The advocacy for inclusion training manual: Empowering people who support, assist or represent people with intellectual disability	Author: Kevin Stone	Australia
2	Workbook for disability advocates	The Advocacy Development Network QLD	Australia
3	Workshops / training sessions for disability advocates	Disability Advocacy Resource Unit (DARU)	Australia
4	Free online training program for disability advocates	DARU	Australia
5	Assisting veterans in accessing community services	Department of Veteran Affairs Advocacy Training and Development Program	Australia
6	Assisting veterans to lodge claims for financial reimbursement and support	Department of Veteran Affairs Advocacy Training and Development Program	Australia
7	Continuing professional development modules for advocates	Department of Veteran Affairs Advocacy Training and Development Program	Australia
8	Demonstrate knowledge of advocacy and self-advocacy in a health or wellbeing setting' module	Careerforce	New Zealand
9	Advocacy in Action: Open online training course on systemic advocacy	Society for Public Health Education	United States
10	Special Education Advocacy Training	Volunteer Advocacy Project	United States

11	E-mentoring program for advocates involved in client and/or systemic advocacy	Public Health Advocacy Institute of Western Australia	Australia
12	Training for independent advocates and wider workforce	Age Cymru	United Kingdom
13	Training guide on the purpose and role of an independent advocate	City and Guilds	United Kingdom

In addition to the advocacy training and resources identified in the scoping review, the following resources have since been identified by the research team.

Table 12. Additional advocacy resources

	Name / type of resource	Provider / source	Location
1	Advocacy Toolkit: Skills and Strategies for Effective and Peer Advocacy	Brainline	Online: http://www.brainline.org/content/2008/10/advocacy-tool-kit-skills-and-strategies-effective-and-peer-advocacy.html
2	Self-advocacy program for individuals with intellectual disability	Minda	Australia
3	Information on National Disability Advocacy Program (NDAP) and formal advocacy organisations in each state	Australian Government	Online https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/for-people-with-disability/national-disability-advocacy-program-ndap
4	Disability Advocacy Finder web-based application	Australian Government: Department of Social Services	Online http://finder.dss.gov.au/disability/ndap/
5	Disability advocacy information	National Disability Insurance Agency	Online https://www.ndis.gov.au/participants/making-decisions-about-support/ndap
6	'To Stand Beside' two-day workshop for disability advocacy	Victorian Advocacy League for Individuals with Disability	Australia

The scoping review also identified seven different vocational education and training (VET) modules, although none of them were aimed specifically at professional aged care advocates.

Table 13. VET modules identified in the scoping review

Number of modules	Associated certificate/s	Developed by
2	Certificate IVs in Disability and Community Service	Tertiary and Further Education
1	Diploma of Community Services Certificate IVs in Mental Health and Mental Health Peer Work	Aspire Training and Consulting
4	Certificate IV in Disability Advocacy	DARU and People With Disability Australia

The survey explored whether participants had received any advocacy training either prior to, or since, commencing in their current role. Only 17% (n=11) of participants reported that they had completed any advocacy training prior to commencing in their current role. None of the focus group participants had received any specific advocacy training prior to commencing in their role as an advocate. However, most participants noted that particular units or modules of their tertiary education contained elements of advocacy. Education included Certificates III & IV in Aged Care, Aged Care and Home and Community Care, Community Development, Community Services, and Dementia, and degrees in social work, social sciences, nursing, psychology, and law. Several participants noted that, while they did not have any specific training in advocacy prior to commencing in their role as an advocate, they were able to bring with them the experience, training and skills that they had gained in previous roles, whether they included elements of advocacy or not.

We got some kind of training around it. But it was advocacy, but they didn't name it that. They called it the famous person-centred stuff - which I hate. But it was dressed up as that totally. But you were still absolutely defending and explaining to the person that we supported 'This is how you do it. This is what you say. This is what it means and how it goes. If you can't do it, you come back to us'. So same same, just different.

Focus group discussions also highlighted the importance of training and previous education in relation to the skills that people brought with them to their advocacy role.

But whilst there's not many, I guess, specific to advocacy before this job, I took on mental health first aid, challenging behaviours, conflict resolution. So I think all of those do apply in an advocacy role. So whilst they're not specifically titled advocacy training, there's a lot of skills and knowledge you need to have in this job. So all of those that I had in my youth role definitely help in this role now as an actual advocate. So, yeah, whilst there's no specific advocacy, I think most of us would have taken training in those other types of areas that helps in our role now.

41% (n=25) of survey participants had completed training external to the service since commencing in their role. 40% (n=23) of participants reported that the organisation they worked for provided specific training to the advocates they employed, although almost as many (37%; n=21) were unsure whether the organisation did or did not provide such training.

The majority of participants had completed an induction/orientation process, and many also had access to mentoring, buddying, or shadowing. The duration, content and structure of this differed by organisation, as well as location (metro or regional).

The majority of participants agreed that training is necessary for working in an advocacy role, and indicated that they would be interested in undertaking an advocacy training program. However, they also expressed that there shouldn't be a formal advocacy qualification.

But there can't ever be a qualification in advocacy as such. Because that would prohibit other people from advocating for another person. So everyone should be able to advocate and if you said, if there's a qualification and you don't have it, then other people might say to 'Well, what's your qualifications to advocate?' So that is why there isn't an advocacy qualification.

The following table includes a list of training opportunities identified by focus group participants that they believed would be helpful for enhancing their own advocacy knowledge and skills.

Table 14. Desired advocacy training reported by focus group participants

Knowledge training	
<ul style="list-style-type: none"> • Aged Care Quality Standards • Social Role Valorisation (delivered by Foundations Forum NSW www.foundationsforum.info) • Aged Care Act 1997 and related legislation 	<ul style="list-style-type: none"> • OPAN My Aged Care webinars • Advance Care Directives • Psychology
Skills training	
<ul style="list-style-type: none"> • Supporting someone contemplating suicide (may be out of scope of advocacy but training around this was desired by advocates who have been in situations where they felt this was important) • Domestic and Family Violence Response Training (DV-alert, delivered by Lifeline) • Self-advocacy training (delivered by Mental Health Network) • Training offered by Carer's WA that included content on walking beside someone and not becoming entangled in their story • Constructive problem-solving • Defensive driving training (for regional advocates) • Motivational interviewing • Conflict resolution • Communication, including both general communication skills and communicating with people with disabilities 	<ul style="list-style-type: none"> • Presentation and group facilitation, including ways of engaging participants, gauging the room, and being flexible in delivery • Consensus decision-making • Train-the-trainer (part of Cert IV in Assessment and Training) for delivering education sessions • Dealing with difficult customers • Phone counselling (delivered by Lifeline) • Accidental Counsellor • Mental Health First Aid • Mediation, conciliation and dispute resolution • Managing clients with complex needs • Sales training, particularly overcoming objections • Negotiation
Knowledge and skills training	

<ul style="list-style-type: none"> • Working with people with personality disorders • Systemic advocacy (delivered by the United Nations overseas) • Cultural awareness and safety • Dementia training (delivered by Alzheimer’s Australia), including Dementia Change Champion, communicating with people with dementia, and dementia and sexuality • Attending and speaking at Tribunal hearings 	<ul style="list-style-type: none"> • Accessibility and inclusion training • Disability advocacy (online-based, delivered by DARU) • Applied Suicide Intervention Skills Training (ASIST) • Mental health • Practical strategies for working with special needs groups (beyond just identifying people from those groups) • Grief and loss
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Conclusion

The findings from all three project phases indicate a lack of professional development and training specifically tailored for aged care advocates (outside of that provided by OPAN SDOs for their staff). There are a number of training programs available to advocates for developing skills and knowledge that are relevant to aspects of advocacy, including aged care, mental health, counselling, violence, and conflict resolution (Warren, Blundell, Milbourn, et al., 2019). Although advocates are interested in professional development opportunities, they can be difficult to for them to source, finance, and attend. There are currently no formal training requirements for employment as an aged care advocate and advocates receive varying degrees of support from their organisations to engage in professional development and training. Some participants noted that their organisations are very supportive of them attending and completing training, while others explained that they had been discouraged from attending and completing relevant training during work time. It is likely that advocate access to available professional development training is dependent on the individual SDO’s training culture.

Suggested direction

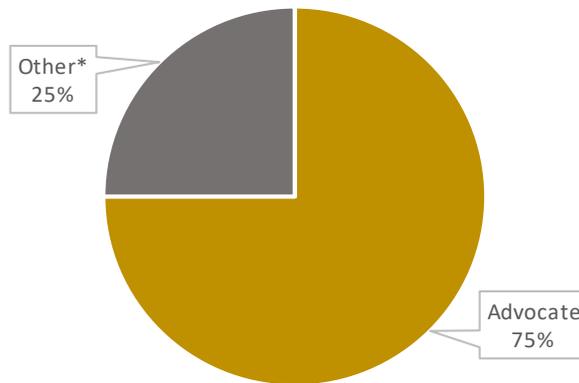
It is suggested that OPAN SDOs to consider the findings of this project in collaboration and work to develop a nationally agreed framework for advocate training and professional development.

Advocacy workforce information

In addition to exploring the necessary skills, knowledge, and competencies for effective advocacy, the phase three online survey identified information about the advocacy workforce in Australia, including age, experience, education qualifications, and the professional and cultural backgrounds of aged care advocates.

The majority of participants were employed as advocates, and worked 35 hours or more per week in a permanent role. Participants had varied levels of experience working as an advocate, and came from diverse professional backgrounds including aged care, community services, and the disability sector. Participant job satisfaction was generally high, although this varied between individuals, and is discussed in more detail later in this section (see *Job Satisfaction*). Participants were predominantly female, ranging in age from 25-67 years old, with a mean age of 51 years. Additional information including length of time in the job (Figures 8-9), level of education (Figure 10), sexuality (Figure 11), cultural background (Figure 12), and participants' pay rate classification (Figure 14) is included below.

Figure 5. Participant job titles



*Manager, elder abuse specialist, system navigator, regional manager, deputy CEO, regional coordinator educator, social worker, specialist advocate, systemic advocacy team leader, advocacy team leader, intake coordinator, disability and mental health, specialist navigator, aged care navigator, HR manager.

Figure 6. Hours worked per week

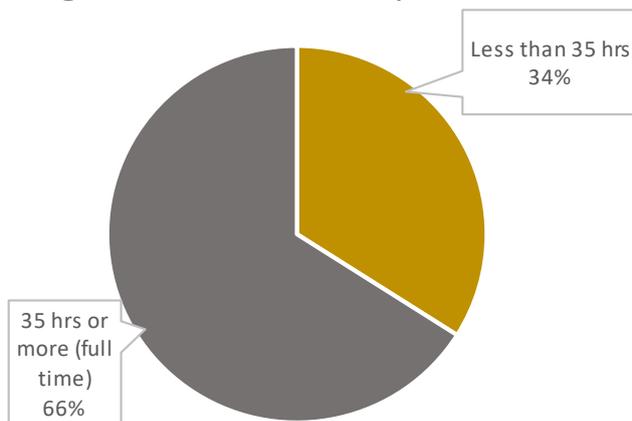
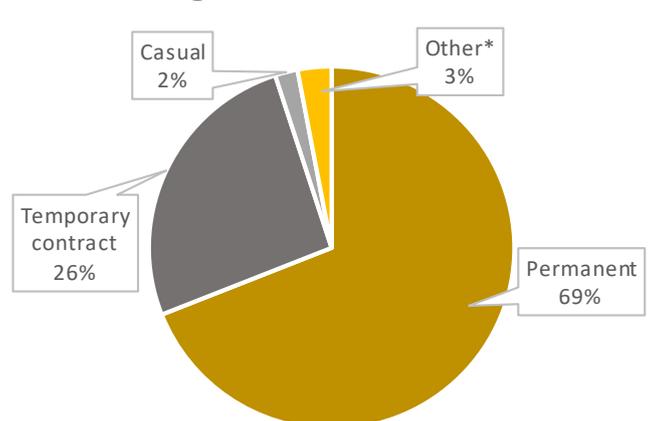


Figure 7. Position held



*Dependent on ongoing funding; 1 day per week

Figure 8. Time spent working in current position

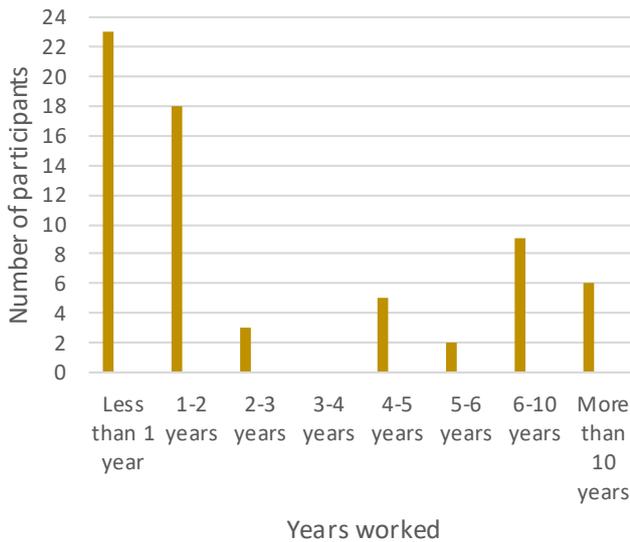
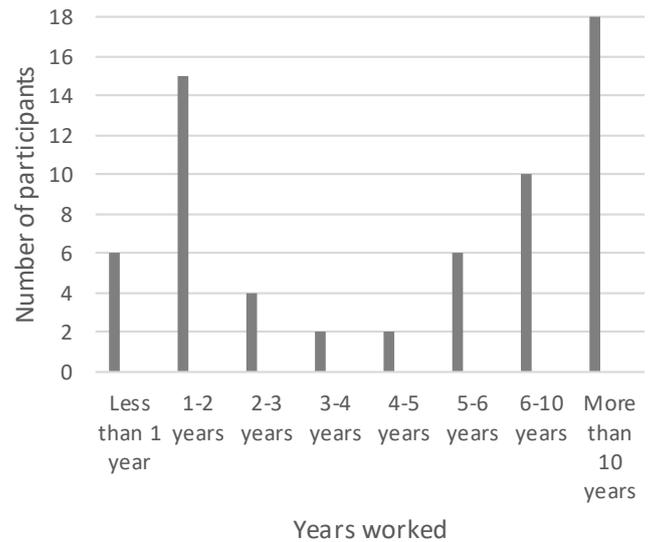
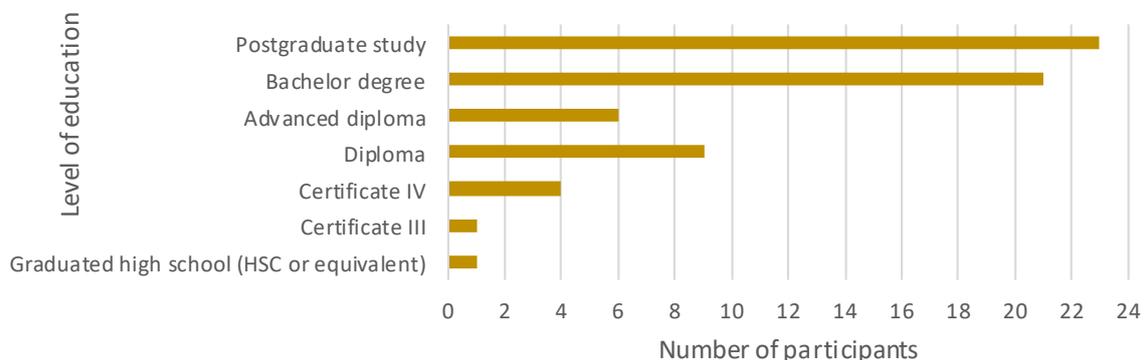


Figure 9. Total time spent working in advocacy



The length of time spent working in advocacy varied from less than one year to more than ten years, with the findings reported in Figure 8 indicating a relatively high turnover of staff in their current position around the two to four year mark. These findings indicate many advocates in the current workforce are relatively new to advocacy, and may therefore benefit from ongoing professional development and training opportunities in their role as they continue to develop experience in the sector. However, Figure 9 indicates that a number of participants are on the other end of the scale, having worked in advocacy for more than ten years. The skills and expertise of these advocates may be utilised in mentoring or buddy programs with less experienced advocates.

Figure 10. Highest level of education



Of note, a significant number of participants indicated they had previously studied social work when asked to comment on the highest level of education. Social work has a strong history of advocacy and social work students are taught knowledge, skills, and confidence necessary to advocate for their clients (Nowakowski-Sims & Kumar, 2020). These skills are transferable and equip students so they can articulate core social work values and skills (Beddoe, Hay, Maidment, Ballantyne, & Walker, 2018). This finding has merit in future consideration of workforce planning and that a pool of future advocates may be available within university social work graduates.

Table 15. Main subject area of highest level of education

Subject area	Number of participants	Subject area	Number of participants
Social work	13	Anthropology and political science	1
Community service	7	Applied science	1
Law	6	Art therapy	1
Gerontology	4	Fine arts	1
Psychology	4	Health research	1
Social science	4	Housing	1
Aged care	2	Leadership and management	1
Business	2	Music	1
Information and education	2	Occupational therapy	1
Nursing	2	Policing	1
Welfare	2	Public sector management	1
Administrative management	1	Social ecology	1

Figure 11. Participants' sexuality

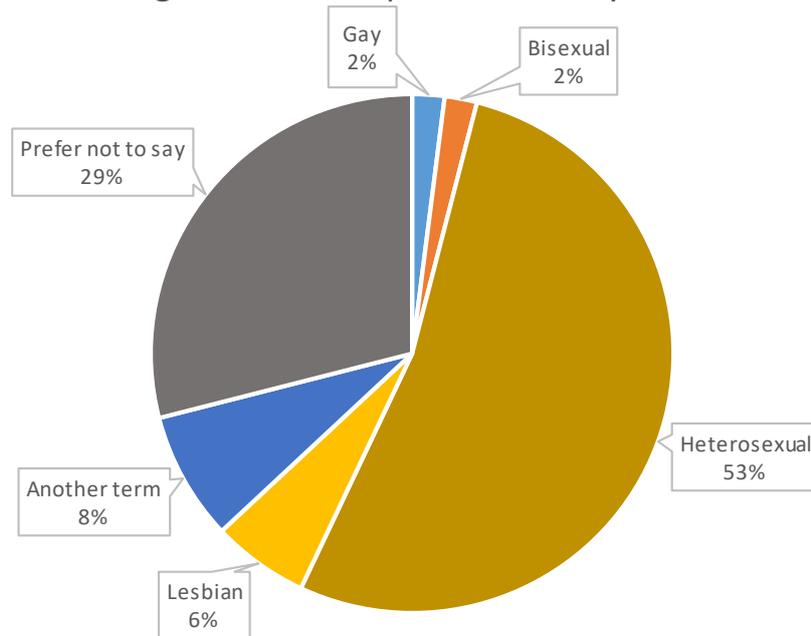
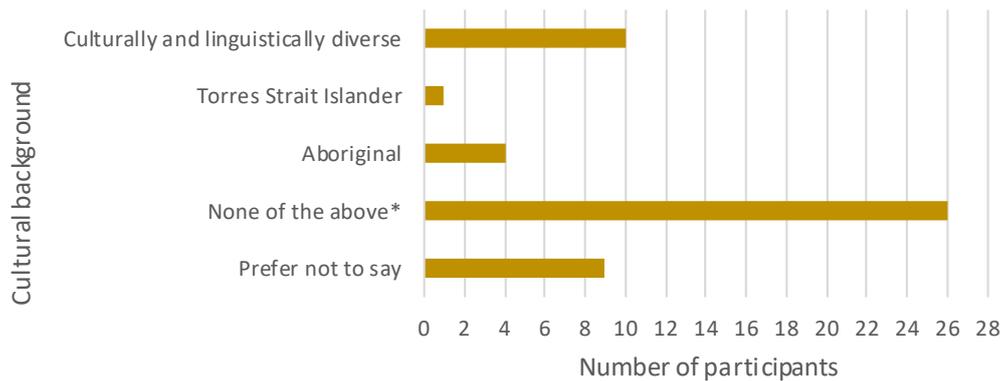


Figure 12. Participants' cultural background



*Australian, Anglo Celtic, Anglo Australian, Kiwi, Jewish heritage, Irish, Australian born South Sea Islander.

The majority of participants identified themselves as heterosexual (Figure 11, 53%) and Anglo Celtic, Anglo Australian (Figure 12, 26 participants). Consideration is warranted on the impact of this on the diversity in the advocacy workforce. This is prescient in relation to Australia’s diverse population, with over 100,000 older people from Aboriginal and Torres Strait Islander communities’ living in Australia (Department of Health, 2017). Focus group participants acknowledged the need to work with diverse groups:

Certainly, the legislation in the Aged Care Act that kind of underpins what we do in terms of aged care advocacy means that we are required to focus on what are defined as ‘special needs groups’ there. So, it’s a good guide I think for us to sort of go and say ‘Well okay. If we need to be more proactive and engaged in helping elderly people who are linguistically and culturally diverse or Aboriginal and Torres Strait Islander people then how do we do that?’ And I think the more we can find– but as [name] said, it’s really hard.

Languages spoken by participants

Participants were asked if they spoke any language(s) other than English. Eighty-four percent of participants (n=44) responded NO. Again, this has the potential to impact on future long term work planning as currently over 36 per cent of older Australians were born outside of Australia, and one in three older people were born in a non-English speaking country (Department of Health, 2017).

Of those who responded YES (n=8), four did not speak the language(s) at work, two spoke the language(s) at work with clients, and two spoke the language(s) at work with both clients and other staff. Languages other than English spoken by the participants included French, Greek, Spanish, German, Italian, Arabic, Hungarian, Welsh, Swahili, Filipino, Aboriginal Kriol/English and Torres Strait Kriol.

Job satisfaction

Participants were asked to rate how satisfied they were with their current work on a scale of zero (not satisfied at all) to 10 (extremely satisfied). Satisfaction ratings ranged between four and 10, with a mean of eight. Ninety-five percent (n=60) of participants who responded to this question would recommend the advocacy sector as a career to others. Those who would not recommend it (n=3) cited low pay in comparison to the workload and personal uncertainty regarding advocacy as a career path.

Participants were also asked to comment on how long they intended to remain in their current job. Responses varied from “an additional 12 months” right through to “retirement”, with many participants stating they planned to continue in their current job long-term. Six participants were unsure how long they would continue and one participant stated that they would not remain in their current job much longer. While the mean satisfaction rating of 8 was relatively high, and 95% of respondents would recommend the advocacy sector as a career to others, when combined with information represented in Figure 3. Time spent working in current position (on page 8), there appears to be a disjunction as 56% of staff had worked in their positions for two years or less. The reasons for this need to be further considered from an organisational perspective and explanations for declining staff retention over the two year mark need to be further explored.

Figure 13. How current job was found

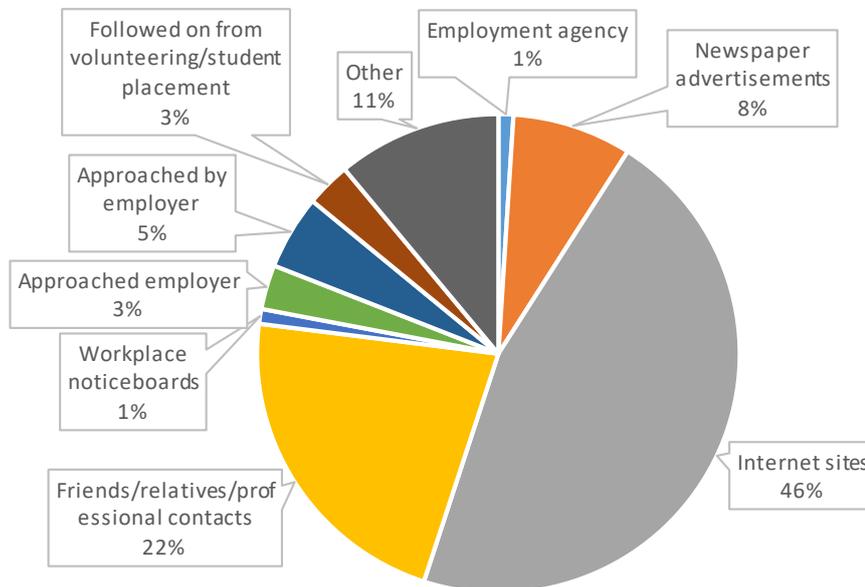


Figure 14. Participants' pay classification

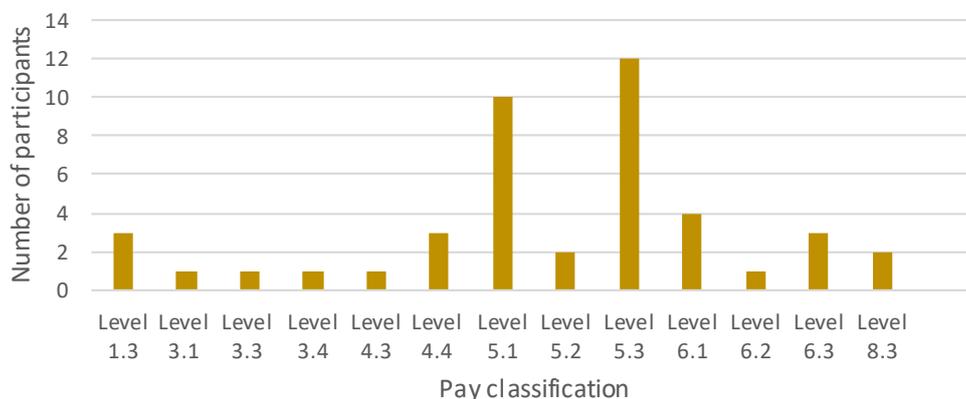


Figure 13 and 14 reflect how participants found their current advocacy role with over 46% of participants describing how they found their job via the internet. E-recruitment and marketing may provide opportunities for employer branding which might enhance employer's knowledge and organisational development (Mishra & Kumar, 2019). Similarly, Figure 14 describes participants pay rates. The figure provokes debate between the association of pay rate and career opportunities which OPAN may wish to further investigate.

Conclusion

The findings from the online survey relating to the current advocacy workforce in Australia suggest a lack of diversity which may have implications for those individuals seeking out advocacy services. Australia has a diverse, multi-cultural population, which may be underrepresented in the advocacy workforce. This is of particular significance when considered in relation to the special needs groups advocates work with. Also of note in this section is the finding that advocates have varied levels of experience working in the advocacy sector, with many having worked in advocacy for less than two years.

Suggested directions

A mentoring or buddy program pairing less experienced advocates with those who have worked in the field for an extensive period of time may be a useful way for advocates to network with others and continue to develop their advocacy skills and knowledge. A background in social work appears to equip advocates with some of the necessary skills and knowledge to advocate effectively for older people, and should therefore be considered during recruitment of new advocates. Considering advocates work with special needs group and elderly people from diverse cultural backgrounds, an increase in the diversity of the advocacy workforce and employment of individuals who speak languages other than English may be beneficial for workforce planning. Professional development opportunities focused on building skills and knowledge around working with diverse groups may also be beneficial for advocates. The reasons for low staff retention after two years need to be further considered from an organisational perspective, as well as the pay rate and career opportunities for OPAN advocates.

Discussion and implications

The aim of this research project was to explore the advocacy skills, knowledge, competencies, and professional development options, including training, for OPAN advocates. The research findings have indicated that the role of an aged care advocate requires several different components, including a broad range of skills, and theoretical and contextual knowledge; these combined with specific values, attitudes, and personality traits support effective advocacy in this sector.

Nineteen cognitive, interpersonal and professional skills that support effective advocacy were identified in the project. While this list cannot be deemed exhaustive, as there may be others that were not captured in the research process, it may be a good starting point to consider the skills OPAN may wish to target for advocate recruitment as well as support through training and professional development opportunities. An interesting finding of this project was that, although certain skills were considered essential for advocacy, the values, attitudes and intrinsic personality traits that a person brings to the role also emerged as important factors to consider. When participants were asked about skills in the focus groups and online survey, the qualities they spoke about were actually better classified as values, attitudes and personality traits and linked in discussions. It is noted that even the psychological literature has difficulty disaggregating these concepts, as there is often overlap.

The research findings highlighted the critical role of values, attitudes and personality traits in advocacy, indicating that these qualities may be equally as important for advocates as skills and knowledge. Bentea (2015) has proposed that efficient employee behaviour is influenced by the specific professional skills and competencies of the job, the personality traits significant for that job, as well as the individual's values, attitudes and needs around different aspects of the organisation and professional activity; these components are then also affected by the organisational context. It has been suggested that knowledge, skills, attitudes and values are developed interdependently and are interrelated concepts, and attitudes and values are able to be learned and incorporated into curricula (Organisation for Economic Co-operation and Development, 2019). Given this, OPAN may wish to consider supporting training and professional development opportunities that foster the personal qualities identified in this project.

These findings also raise the question of whether values-based recruitment, whereby employees are selected for roles based on the values they share with a service or agency (Harrison, 2015), could be relevant. Though the values specified in this project were those that participants considered important for effective work with older people, given the nature of the advocacy work being conducted, many of these values may overlap with OPAN organisational values. Values identified by the project could be mapped against those of the broader organisation, and values-based recruitment considered. Values-based recruitment in healthcare settings has been associated with reduced recruitment costs, increased job satisfaction, and improved quality of care (Foster, 2017), suggesting that it may also have positive impacts for the advocacy workforce, where job satisfaction is already high, but staff retention appears to be an issue beyond the first couple of years.

The variable nature of the advocacy role can make it challenging and unpredictable, and advocates draw on a very diverse pool of knowledge. Training and professional development opportunities therefore need to equip them to deal with the complex work that they do. It is apparent that the knowledge required to be an effective aged care advocate is extensive and likely to change over time as systems, policies, and legislation continue to evolve. Providing information to individuals is a key

aspect of the advocacy role, it is therefore essential that advocates have access to the most current and accurate knowledge relevant to their areas of practice. It is proposed that information obtained about advocacy knowledge from this project may be used to inform the content of future professional development programs aimed at enhancing the knowledge of aged care advocates. Advocates may benefit from undergoing professional development that defines and explores the advocacy role, as well being privy to regular sector updates, where changes in policies, procedures and legislation will impact on their work.

Several of the training opportunities specified by participants, for example, supporting someone contemplating suicide, defensive driving, and working with people with personality disorders, may appear 'out of scope' of the work done by aged care advocates, however, reflect the complexity of multi-layered issues dealt with in the role. This complexity may make it difficult to develop a one-size-fits-all approach to training and professional development, as advocates come to the role with very different skills, knowledge and experience, and they will have different support needs depending on their locations. It is therefore important that advocates are adequately prepared for complex situations by having access to a diverse range of training and professional development opportunities, helping to facilitate development of transferable skills and knowledge for a variety of situations.

The project identified 57 different advocacy competencies for the role – a lengthy list. As with the different lists of skills, values, attitudes and personality traits that were identified in this research project, it must be assumed that this list is not comprehensive and other competencies and capabilities potentially relevant. It is proposed that competencies incorporate facets of skills, abilities and knowledge (The Peak Performance Centre, 2020). At present, there is no standardised set of competencies that describes the characteristics of advocacy work. However, the competencies identified in this project will now be used to guide the development of a capability statement specific to older person advocacy that can be used by OPAN to succinctly outline the advocacy work of the organisation. This could then be used to identify employee qualities that may be selected for in recruitment. Such a statement may also be beneficial in providing advocates with clarity regarding the scope of their role. In addition to this capability statement, a guiding set of competencies may also be useful in developing processes for human resource management to establish future recruitment, education and training needs. Other more established professions, including occupational therapy, optometry and nursing, are governed by national boards and required to meet a set of competency standards ensuring professional and ethical behaviour (Occupational Therapy Board, 2020). Potentially, further work on the development of standardised generic advocacy competencies could take place in collaboration with other advocacy agencies/bodies across Australia as a step towards developing a discrete professional identity for the role.

Professional development, including training, was considered by participants to be necessary for continuous improvement in the advocacy role. None of the available training for professional advocates identified in the scoping review was aimed specifically at aged care advocates, and current professional development and training opportunities for advocates appear to vary within and across individual organisations. Less than half of the OPAN participants reported having completed any advocacy training, either before or during their employment as an advocate. Reasons for this varied and included lack of opportunities, being discouraged to attend training during work time, and lack of awareness of available opportunities. Many advocates were unsure if their organisation provides internal training they can attend, suggesting that organisations need to be more proactive about highlighting these opportunities in order to improve awareness and increase uptake by advocates. The advocates who participated in this study expressed a desire for more professional development

opportunities aimed specifically at enhancing their skills and knowledge. Although there are conferences that advocates can attend for related fields such as aged care or disability, there are currently no specific advocacy conferences for them to get support, network, and learn from others in their particular field. This may be something OPAN could consider fostering in conjunction with other advocacy organisations.

Finally, this project explored the demographic characteristics of the current aged care advocacy workforce in Australia. Although it is unclear how well this sample represents the entire population of advocates working in the aged care sector, the findings suggest that there is a lack of diversity in the current workforce, which may have implications for the diverse and specific groups advocates work with. OPAN may wish to reflect on their current recruitment processes to ensure they are appealing to individuals from diverse backgrounds in advertising and organisational materials by projecting a diversity-friendly image (Avery, 2011). In addition, OPAN may also consider ways in which they can assess potential employees' attitudes and behaviours in support of diversity, to ensure advocates entering the workforce possess the desired qualities for working in a role that requires championing the rights of vulnerable populations. Also of note in this section is the finding that advocates have varied levels of experience working in the advocacy sector, and a large proportion of the workforce has been employed for two years or less. The reasons for low staff retention after two years need to be further considered from an organisational perspective, as well as the pay rate and career opportunities for OPAN advocates.

It is expected that the findings of this research project provide OPAN with an overview of the skills, competencies, and values and attitudes needed for effective advocacy work, and professional development and training options available to OPAN advocates.

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Appendix A

Complete list of advocacy training programs

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Appendix B

1. Please introduce yourself and explain your role as an advocate and how long you have worked in this role.
2. Please explain briefly the kinds of work you do as an advocate:
Prompt:
 - Individual advocacy
 - Systemic advocacy
3. Did you participate in any advocacy training prior to commencing your job?
Prompts:
 - If yes, please describe what training this was.
 - What kinds of training have you participated since you started working here?
4. What were helpful and important features of the training you have participated in and why?
Prompts:
 - In terms of individual and/or systemic advocacy
 - Were there any areas of the training you feel could be improved or that you have found to be irrelevant or unnecessary?
5. What other kinds of information, support and professional development have you found helpful in your advocacy work?/What other kinds of advocacy professional development activities have you been part of since you started working as an advocate?
Prompts:
 - Induction process
 - Professional supervision
 - Communities of practice/networking/networks
 - Conferences
 - VET/TAFE courses or online modules
 - Readings
 - Anything else?
6. Do you have any suggestions about further training, support, or professional development opportunities that could assist you in:
 - your role as a professional advocate?
 - the organisation
 - clients to help them to self-advocate
7. What skills, knowledge, and capabilities do you think are necessary to advocate effectively?
Prompts:
 - Skills, knowledge, capabilities

Appendix C

- Q1. Which organisation do you work for?
- Q2. What is the postcode of the location that you work from?
- Q3. What is your current job title?
- Q4. On average, how many hours do you work per week?
- Q5. What type of position do you hold?
- Q6. How long have you worked in your current position?
- Q7. Job satisfaction - How satisfied are you with your current work on a scale of 0 (not satisfied at all) to 10 (extremely satisfied)?
- Q8. How long would you wish to stay in your current job?
- Q9. Would you recommend the advocacy sector as a career to others?
- Q10. How many years (in total) have you worked in an advocacy role?
- Q11. Previous Education and Employment: What is your highest level of education?
- Q12. What was the main subject area of your highest qualification (e.g. nursing, social work, anthropology, etc.)?
- Q13. Have you completed short courses or certificates that are unaccredited?
- Q14. If yes, would you be interested in having these skills recognised through a Recognition of Prior Learning process?
- Q15. What sector/profession did you work in prior to commencing your current advocacy role? (Please select all that apply)
- Q16. How did you find out about your current job?
- Q17. Advocacy Skills: Please rank how important the following skills are in enabling someone to be an effective advocate on a scale of 1 (not at all important) to 7 (very important)
- Analytical, interpreting and research skills
 - Approachability
 - Assertiveness
 - Assessment
 - Computer literacy and social media
 - Confidence
 - Conflict resolution and problem-solving
 - Coping, stress management and mindfulness
 - Counselling and interviewing
 - Critical reflection, emotional intelligence and self-awareness
 - Cultural awareness and sensitivity
 - Being able to drive
 - Being flexible
 - Group facilitation

- Presentation and public speaking
- Interpersonal communication skills (both verbal and non-verbal, including active listening, liaison, awareness of non-verbal cues, and written communication)
- Leadership and management
- Lobbying and campaigning
- Mediation
- Negotiation and persuasion
- Meeting facilitation
- Networking, relationship building, and collaborative working
- Organisation and time management
- Perseverance and long-term commitment to addressing the advocacy issue
- Resourcefulness
- Demonstrating social justice principles, including respect for the self-determination and agency of older people
- Strong professional identity and integrity
- Other (please specify)

Q18. Knowledge for advocacy: Please rank how important the following types of knowledge are in enabling someone to be an effective advocate on a scale of 1 (not at all important) to 7 (very important), and add any others you think of.

- Clear understanding of advocacy role, including differences
- between advocacy and other forms of practice (e.g. mediation, case management, counselling etc.)
- Your service's operational role, policies, and processes
- Rights-based advocacy principles and processes
- Human rights
- Elder abuse
- The client group
- Relevant sectors/services systems (e.g. aged care, disability, housing, mental health, income support, legal etc.)
- Legislation, standards and conventions related to your sector
- Local resources available
- Intersectionality (the ways in which dimensions such as age, ability, race, class, gender, and sexuality intersect and increase vulnerability/marginalisation)
- Legal documents (e.g. Advanced Health Directives, Power of Attorney and Power of Guardianship)
- Types and models of advocacy
- Societal oppression and intergenerational trauma
- Disability
- Government processes and priorities
- Systems change principles
- The current socio-political environment
- Individual and group interventions
- Other

Q19. Values and Attitudes: Please rank how important the following values and attitudes are in enabling someone to be an effective advocate on a scale of 1 (not at all important) to 7 (very important), and add any others you think of.

- Professional integrity
- Person-centred practice
- Being non-judgmental
- Reliability
- Transparency
- Empathy and compassion
- Having a sense of humour
- Other

Q20. Competencies: these have been defined as the activities that an advocate must be able to carry out successfully to be effective in their role. What types of competencies not already listed above do you think are necessary to advocate effectively?

Q21. If you answered the question above, which of these competencies are essential to have on day one of an advocacy job?

Q22. Had you completed any advocacy training (to enhance your advocacy skills, knowledge and attitudes) prior to commencing in your current role?

Q23. Please describe the training (name, type, content, duration, training provider, how long ago).

Q24. Effectiveness of advocacy training: On a scale of 0 (not effective at all) to 10 (extremely effective), please rate how effective you found this training in enhancing your advocacy skills, knowledge and/or attitudes.

Q25. Relevance: On a scale of 0 (not relevant at all) to 10 (extremely relevant), please rate how relevant you found this training to be to your current role. - Group

Q26. How could the training have been improved to increase its relevance and effectiveness?

Q27. Have you completed any advocacy training (to enhance your advocacy skills, knowledge and attitudes) external to the service since commencing in your current position?

Q28. Please describe the training (type, content, duration, training provider, how long ago).

Q29. On a scale of 0 (not effective at all) to 10 (extremely effective), please rate how effective you found this training in enhancing your advocacy skills, knowledge, and attitudes.

Q30. On a scale of 0 (not relevant at all) to 10 (extremely relevant), please rate how relevant you found this training to be to your current role. -

Q31. How could the training have been improved to increase its relevance and effectiveness?

Q32. Does your organisation provide any specific advocacy training (not including professional development options such as mentoring, supervision, etc.) to enhance your skills, knowledge and attitudes?

Q33. Would you be interested in participating in an advocacy training program?

Q34. Please provide an explanation for your answer:

Q35. Do you believe that advocacy training is necessary for your role?

Q36. Why or why not? Please provide an explanation for your answer:

Q37. What impact do you think an advocacy training package could have on staff, your service and people that you advocate for? Please rank from 0 (no impact) to 7 (extremely positive impact). – Staff; Please rank from 0 (no impact) to 7 (extremely positive impact). - Your service; Please rank from 0 (no impact) to 7 (extremely positive impact). - People that you advocate for

Q38. Please explain why you think this is:

Q39. If an advocacy training package was made available to you, what suggestions would you give and what would you want to be included in the package to assist you as a professional advocate?

Q40. Which of the following professional development opportunities have you had access to in your current role? Please select all that apply and rate how useful you have found these opportunities on a scale of 0 (not useful at all) to 7 (extremely useful).

- Induction/orientation
- Internal supervision
- Buddying
- Mentoring
- Shadowing
- Structured debriefing
- Conferences
- Webinars
- Readings and literature
- Phone support
- Reflective circles
- Formal networks
- Informal networks
- External supervision
- Professional supervision
- Communities of practice (face to face)
- Communities of practice (electronic)
- Job rotation
- Job exchange
- VET/TAFE/University modules or courses
- Other

Q41. Are there any other professional development opportunities you are aware of that you do not currently have access to, but feel would be useful for your advocacy role?

Q42. Is there anything else you would like us to know about how you could be supported in your role?

Q43. What are the most common issues you are contacted about?

Q44. Have these issues changed much over the last 5 years? If yes, what has changed?

Q45. Has your client population changed over the last 5 years? If yes, in what way?

Q46. Has there been any change in client needs over the last few years? If yes, what has changed?

Q47. Has the role of an advocate changed much over the last 5 years? If yes, what has changed?

Q48. What would you expect an advocate might need to consider to be ready for the future?

Q49. What was your age (in years) on your last birthday?

Q50. Which term(s) best describe(s) your experience of your gender? (Please select all that apply):

Q51. Which term(s) best describe(s) your attractions, experiences, sexuality, and/or relationships? (Please select all that apply)

Q52. Do you identify culturally as (please select all that apply): Aboriginal, Torres Strait Islander, CALD, other, prefer not to say

Q53. Do you speak one or more language(s) other than English?

Q54. If you answered 'Yes', please specify the other language(s) that you speak:

Q55. Please indicate your pay classification rate (rates have been specified with reference to the Social, Community, Home Care and Disability Services Industry Award. If you are not covered by this, please choose the most similar figure to your current classification/pay rate)