What’s special about ‘specialist’ advice?

A summary of the key findings from an in-depth study of provision

Jan Wright Consulting
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Context

The Advice NI Membership comprises a broad spectrum of organisations delivering advice services throughout Northern Ireland. These include generalists (where the advice provided is universal in terms of subject/topic and is open to all) and ‘specialists’ – subject/topic specific providers (again open to all provided the query, or a substantive part thereof, relates to the relevant subject or topic) and client focussed (where advice is user group specific and often a core element of wrap around service provision to, for and on behalf of a definable group of people sharing distinctive characteristics/needs etc). The range of advice interventions delivered is equally comprehensive, from basic advice and information through to legal representation.

This briefing paper summaries the findings of an in-depth study initiated, and funded, by Advice NI as part of the organisation’s commitment to progress further concerns expressed by ‘specialist’ members in relation to the DSD Strategy ‘Opening Doors’1. Because members generally perceived that the Strategy took a one dimensional approach to advice, especially in relation to specialist provision (i.e. focussing on advice as an 'output' of engagement, rather than advice as the ‘reason’ for user engagement the study sought to facilitate member ‘self definition’ and exploration of how they believed their work should be defined.

Methodology

The potential pool of study participants was identified on the basis of the definition used by Advice NI in the Annual Member Profile report2, and employed both quantitative and qualitative methods to ensure the feedback obtained was as comprehensive and detailed as possible. Drawing on and further developing definitions produced by Williamson (2005)3 respondents were invited to complete an online survey focusing on, inter alia, definitions of specialist advice, the reasons why such services had evolved and developed, who used them and why. The survey findings were then discussed in both a focus group and in one to one telephone interviews with a purposive sample of respondents unable to attend the group event. Thereafter

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1 Advice NI response to DSD consultation document ‘A Strategy for Supporting Delivery of Voluntary Advice Services to the Community’
2 Specialist advice providers tend to focus their service on a specific issue or target their service towards a specific group of clients – covering the nine dimensions of equality under Section 75 of the Northern Ireland Act 1998. These organisations may be locally based or provide services right across Northern Ireland. [Advice NI Membership Profile, 2008]
3 “Generalist, Specialist (case based), Specialist (client based)”, N.I. Advice and Information Strategy, July 2005
all the feedback obtained was analysed and presented as preliminary findings on which respondents were again invited to comment, prior to report sign off.

For readability purposes, and to facilitate meaningful comparison with the study findings, the Williamson definitions of Specialists Case Based [hereinafter termed ‘case based’] and Specialist Client Based [‘client based’] have been used as a reference point.

**Why is specialist advice ‘special’?**

The findings below are drawn from feedback obtained from case based and client based respondents on what they felt characterised specialist advice provision.

**Terminology**

- For client based respondents, it was the recipient of advice or the advice audience that was ‘special’, rather than the advice provided.
- For case based respondents, the advice subject or field of expertise was the distinguishing or ‘special’ factor
- Respondents felt applying the term specialist to both case based and client based advice work failed to adequately distinguish between the two ‘approaches’ to advice provision [see below Advice approach]
- As such a strong preference was expressed for the term ‘targeted’ implying services provided to a specific ‘target group’ as a more accurate description of client based specialists work.
- While client based advice generally encompasses a wide range of subject/topics, it is ‘bespoke’ and ‘authoritative’ in application due to familiarity with and expertise in understanding and addressing the problems, queries or ‘barriers’ experienced by the client group.
- There was support for the term specialist to be retained for case based advice where comprehensive, in depth expert knowledge of a specific subject or topic defined the service provided
- For both case and client based respondents, the level of complexity addressed and range of advice interventions available [e.g. advice, negotiation, advocacy or tribunal and/or legal representation etc] depended on their respective organisations’ service delivery response.
Value base

- The service provided is committed to peer advice/advocacy: citizen or self advocacy approach to enabling users/clients’ views and wishes to be heard.
- Advice is used as a community development tool, and the advice provider is committed to user empowerment.
- Advisers are empathic of the user/client’s ‘world’ and factors potentially contributing to the presenting problem(s).
- The advice intervention seeks to identify both advice and non advice issues ‘hidden’ by the presenting ‘crisis’ or problem.
- Built on ‘insider’ knowledge’ i.e. frequency of contact, proficiency based on familiarity and understanding of the user/client group’s needs and life circumstances, contributing to expertise in identifying potential issues, problems or barriers and how these can be addressed/resolved.
- Both reactive and proactive – diagnosing existing and identifying foreseeable problems i.e. client may be unaware that other issues exist for which assistance can be provided.

Advice approach

- For case based respondents advice was generally their organisation’s primary client user service although they also provided related training and information services on issues or topics within the subject/field of expertise.
- For the majority of client based respondents advice was a core service within an overall package or menu of support services triggered by, and specifically designed to address, identified user need in ‘one stop’. (E.g. holistic in nature, frequently offering and linking users into a range of internal personalised ‘wraparound’ provision in addition to advice.)

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In the literature, two fundamental advocacy models have been identified: citizen advocacy and self-advocacy. Citizen advocacy is where relatively powerful individuals seek to understand the views and wishes of less powerful people and represent them to a third party, such as a policy-maker, as if they were their own (O’Brien, 1987). Self-advocacy seeks to involve individuals who share common experiences in self-advocacy support groups in order to empower them to engage with, and change, the structures that oppress them (Hodgson, 1995). In principle, peer advocacy can be based on either the citizen or self-advocacy model but has a distinct character in that the advocate(s) have ‘insider’ knowledge and experience of the individual or group on whose behalf they are advocating (Atkinson, 1999). In other words, peer advocacy involves people who share similar circumstances, such as age or type of disability. In this respect it is similar to types of peer support such as peer mentoring (Hartley-Brewer, 2003). Peer advocacy, as opposed to more dominant types of peer support, is concerned with representing people’s views with the intention of influencing change [Harnet, R, Models of peer advocacy developed by selected projects: evaluation report by the National Children's Bureau, (2004)]
**Conclusions**

Based on analysis of overall feedback it would appear that the adjective ‘specialist’ is best suited to describing the subject or field on which advice is provided - in much the same way as it is used in private practice e.g. specialist matrimonial advice, specialist financial and taxation advice etc, or to use the medical analogy where a GP in the community refers a patient to a consultant specialising solely in a given field or area of medicine.

Conversely the term ‘targeted’ advice was viewed as having less to do with subjects or fields but rather implied provision dedicated to the interests, needs and demands of a specific definable ‘target group’ - analogous in some ways to the concept of **target audience or market segment in business**. Rather like the latter because the group share common characteristics and circumstances, have distinct needs/demands, and experience similar barriers etc the service delivery response necessitates expert understanding and matching of these factors with the range of support provided.

**Why use specialist advice?**

Respondents then reflected on why they felt individuals and organisations, including government and its agencies, used their services. Whilst ‘user choice’ was overwhelmingly the principal reason, others identified included the following:

- track record of successfully engaging difficult to reach, excluded or disaffected groups
- whilst mainstream provision may be available, because of the client’s needs/circumstances s/he may feel unable [in terms of actual or perceived barriers], or simply be unwilling, to access generalist or mainstream provision.
- bespoke service unavailable elsewhere e.g. in the voluntary/community or statutory sectors
- statutory agencies ‘buy in’ or work in partnership arrangements because they do not have the skills, experience and expertise necessary to engage, address and meet the needs of the particular client groups
- experience of and expertise in working with groups recognised by the state as ‘vulnerable’ (e.g. afforded specific legal or policy protection etc)
because of ‘insider’ knowledge of such groups (most of whom are defined within s.75 of the NI Act 1998), government routinely seeks to engage with client based providers in the discharge of ‘equality’ obligations/duties [e.g. Equality Schemes/ EQIAs etc]

Conclusions

Government rarely has the resources to compile data on the needs, demands, and barriers experienced by specific groups within the overall population. Because client based specialists deliver services dedicated to particular groups (i.e. older people, children and young people, women, people with disabilities, those with learning disabilities or difficulties, prisoners/families, students etc) they perform a critical function for not only service users but also government. As all such service users will be drawn from a particular client group, client based specialists are able to provide representative feedback for and on their behalf: this is especially significant in the Northern Ireland context where there is often a formal requirement/statutory duty to consult specific groups in relation to policy or legislative proposals to avoid or mitigate potential adverse impacts.

Recommendations

On the basis of the evidenced obtained through this in-depth study Advice NI would recommend the use of the following definitions:

1. The adjective ‘specialist’ to describe case based advice: where comprehensive, in depth expert knowledge of a specific subject or topic defines the service provided.

2. The term ‘targeted’ to describe what has been previously known as client based advice: which is ‘bespoke’ and ‘authoritative’ in application due to familiarity with and expertise in understanding and addressing the problems, queries or ‘barriers’ experienced by the particular client groups.

There would also appear to be a number of issues worthy of further investigation, namely:

3. Because of the spectrum of provision there will always be organisations/services that do not fit neatly within either the targeted or specialist definitions. As such Advice NI members may in the first instance wish to review their advice provision and its ‘fit’ in the context of the definitions outlined in this paper.

4. The factors influencing user/client ‘choice’ in selecting ‘specialist’ and ‘targeted’ advice are worthy of further and more detailed exploration.
The nature of the relationships between ‘specialist’ and ‘targeted’ advice providers requires further examination.

The nature of the relationships between ‘specialist’ / ‘targeted’ advice providers and government requires further examination.

The nature of the relationships between ‘specialist’ / ‘targeted’ advice providers and other advice providers requires further examination.

LIST OF RESPONDENTS

Age Concern Help the Aged NI
Causeway Women’s Aid
Disability Action
EGSA
Employers for Childcare
Falls Women’s Centre
First Housing Aid & Advice Services
Gingerbread NI
Housing Rights Service
MENCAP
NEA NI
NIACRO
NUS/USI
Parents Advice Centre
Women’s Support Network