Advocacy skills, core competencies, and training opportunities: A scoping review

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Abstract

Advocates play an important role in supporting vulnerable individuals or groups who are marginalised in the society, including older people, to have their voices heard and uphold their rights. The aim of this scoping review was to identify the skills, core competencies, and training required to work effectively as a professional aged care advocate. The review identified a range of skills, competencies, professional development and training opportunities, and areas of knowledge required for effective advocacy. The findings revealed that no universally accepted set of competencies currently exists to guide advocacy practice, and there is limited training targeted specifically at advocates working with older people. This is particularly relevant considering the continuing growth of the world's ageing population. In addition, the review identified 37 advocacy competencies, which may provide a starting point for developing a set of competencies to inform the practices of professional advocates.

Keywords: Advocacy; older people; advocacy competencies; professional development.

Introduction

The demand for professional advocates and advocacy services has risen with the increasing awareness that inequities exist for certain groups within society when it comes to exercising their human rights (Sorensen & Black, 2001). Societal groups who are marginalised or disadvantaged, including older people, are vulnerable to abuse and exploitation as they often depend on others to speak and act on their behalf (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).

By definition, advocacy is the act of pleading in support of another, but the means of doing this may differ depending on the context (Bateman, 2000a). For example, in the Australian aged care and disability sector, advocates usually promote the interests of individuals who may be seen as vulnerable and require support and guidance to access systems and services. Many

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different types of advocacy have been identified in the literature, including self-advocacy, individual advocacy, group advocacy, public interest advocacy, citizen advocacy, and systemic advocacy (Westhorp & Sebastian, 1997). Advocacy may also be categorised as either self, voluntary, or professional (Barnes, 1998). 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).

According to data from the United Nations (2019), globally, one in six people will be over the age of 65 (16%) by 2050, an increase of 7% from 2019. Older people without a strong support network are at greater risk of having their rights exploited due to power imbalances and inconsistencies between their own wishes and those of others around them (Ivers, 1998). Advocates can assist older people who are experiencing, or at risk of experiencing, abuse to feel empowered by supporting them to make decisions within their capacity and involving support networks to act in accordance with the wishes and best interests of the older person where they may lack decision-making capacity (Cripps, 2001).

This scoping literature review aimed to explore existing literature to identify the skills, core competencies, and training required to work effectively as a professional advocate.

Methods

The scoping literature review used Arksey and O'Malley (2005) framework to allow broad exploration of the available academic and grey literature relating to the topic. This approach consists of six stages: 1) identifying the research question; 2) identifying relevant studies; 3) selecting studies; 4) charting the data; 5) collating, summarising and reporting the results; and 6) consulting with stakeholders. In this study, stakeholder consultations took place during stage two rather than at the end of the process because we saw the need to get stakeholders involved from early stages, giving them the opportunity to inform this work and creating a sense of ownership from the start.

Stage 1: Identifying the research question

The main aspects of the research question for this review were identified as 'advocacy', 'professional development' and 'education'. These were determined key concepts for answering the question: *What training and continuing professional development opportunities are currently available to advocates?*

Stage 2: Identifying relevant studies and consulting with stakeholders

Identified literature was subject to a process of title, abstract, and full text screening, using EndNote (Clarivate Analytics, 2020) and Covidence (Covidence, 2020). Seven electronic databases (Global Health, CINAHL, PsycInfo, Informit, Scopus, ProQuest, and Medline), as well as search engines, Google and Google Scholar, were used to search for relevant literature. The search strategy (depicted in Table 1) included terms related to professional development, advocacy, and education. Representatives from Australian advocacy agencies and several international researchers with expertise around advocacy (stakeholders) were also asked to provide any key literature supporting their advocacy practices. Stakeholder consultations took place via email over a period of three months.

Table 1. Search strategy.

Professional development OR Skill* OR Training OR Core competenc* OR Capability statement* OR Career development OR Professional development OR Workforce development OR Professional competenc* OR Competenc* AND	Advocacy AND	Education OR Information provision OR Representation

Stage 3: Selecting studies

Database searches, hand searches, and stakeholder consultations identified a total of 17,102 articles. Following title screening, 1,415 articles were imported into Covidence for abstract screening and 429 duplicates were removed. As depicted in Figure 1, two hundred and forty-nine articles were allocated for full text screening, and 63 articles were included in the review.
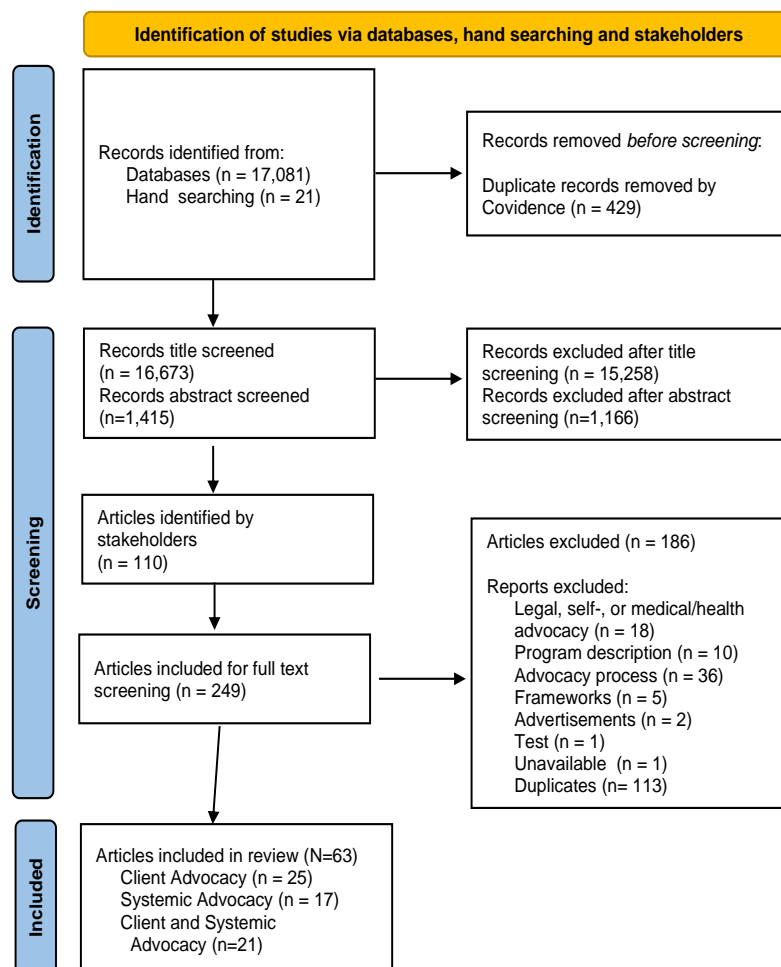

Figure 1. PRISMA diagram (Page et al., 2021).

The inclusion and exclusion criteria decided upon by the research team are outlined in Table 2. No date limit was initially specified for inclusion of relevant literature. However, due to the large number of articles identified during abstract screening, a date limit of 10 years was introduced to limit articles for full text screening to those most current and relevant. The researchers decided that all literature provided by stakeholders, regardless of when it was published, would undergo title, abstract, and full text screening to determine whether it met the inclusion criteria of the review. This was decided to ensure that any older literature, programs, or other materials that were still being used by stakeholders at the time of the review were included.

Table 2. Scoping review inclusion and exclusion criteria for full text screening.

Inclusion	Exclusion
- Last 10 years - English language - Professional advocacy (trained workers are employed, usually on a short-term basis, to deal with specific problems and to work with an individual until that problem is resolved. Also sometimes described as 'crisis advocacy') - Peer advocacy (including family and friends; advocacy provided by one person for another who is regarded a member of their peer group) - Interpersonal advocacy (direct interactions by family members, professionals or others on behalf of a person) - Professional development and training, skills, core competencies, and capability statements - Provided by stakeholders and currently used in practice	- Full text not available - Legal advocacy (advocacy by a lawyer/legal professional in a legal/justice setting) - Self-advocacy (advocacy on one's own behalf) - Citizen advocacy (advocacy by a citizen who is not paid to provide it, who is independent of human services, and who creates a long-term relationship with the person they are advocating for and represents their interests as if they were the advocate's own) Editorials or opinion pieces

Stage 4: Charting the data

Title screening was completed individually by two of the researchers. Following this, articles allocated for full text screening were uploaded to Covidence for abstract screening. Data was extracted from 63 eligible articles using a uniform data extraction process.

Stage 5: Collating, summarising, and reporting the results

The data were thematically analysed by individual members of the research team with a focus on identifying the types of advocacy represented, the individual components required for effective advocacy, and available professional development and training. Findings were sorted into major categories according to the type of advocacy and then further categorised into the three themes of 1) skills, 2) competencies, and 3) professional development, based on the core components of the research question. Through the data analysis process, two additional themes emerged; 4) knowledge, and 5) values and attitudes. Researcher triangulation was used to confirm themes and sub-themes, and increase the credibility of the study (Mays, Pope, & Popay, 2005). Initial review findings were presented to a national older person's advocacy peak body for feedback which included a request to clarify information about competencies

and consistency of definitions in the literature search strategies.

Results

Of the 63 articles that met the inclusion criteria; 25 articles focused on individual advocacy, 17 focussed on systemic advocacy, and 21 discussed both. Beyond these categories, findings were grouped into four themes: 1) *skills, including values, attitudes and personality traits;* 2) *competencies;* 3) *professional development and training options; and* 4) *knowledge.*

Skills

The terms 'skill' and 'competency' are often used interchangeably. 'Skill' was defined as an ability or capacity that may be intrinsically possessed, learned or further developed through experience and training.
Articles that referred to advocacy skills, particularly in relation to training, were vague and provided limited detail about what constituted specific skills. From those articles that did mention specific skills, researchers identified 40 advocacy skills that were considered necessary for either individual or systemic advocacy, or both. The researchers categorised these skills as cognitive, interpersonal, professional, and other. Thirteen skills, initially categorised as 'other' skills, were later re-classified as values (2), attitudes (5), and personality traits (6), following further analysis of the data. These are listed in Table 3 alongside the type of advocacy they were deemed necessary for.

Table 3. Effective advocacy skills, values, attitudes, and personality traits.

Advocacy skills	Individual	Systemic
Cognitive skills		
Analytical skills (Advocacy Tasmania Inc., n.d.; Dean, 2009; Jason, Beasley, & Hunter, 2015; Ware, Bruckenthal, Davis, & O'Conner-Von, 2011)	√	√
Research skills, or the ability to gather and present information about an issue (ACT Disability Aged Carer Advocacy Service, 2014c; Bateman, 2000a, 2000b; Buchar, 2011; Careerforce, 2017; Jason et al., 2015; Kelland et al., 2014; Rubin, 2018; Toporek, Lewis, & Crethar, 2009; Ware et al., 2011; Waterston, 2009; Wilks, 2012; Wright & Jaffe, 2014)	√	√
Assessment skills (Jason et al., 2015; Ramírez Stege, Brockberg, & Hoyt, 2017; Wilks, 2012)	√	√
Critical reflection (ACT Disability Aged Carer Advocacy Service, 2014a, 2014c; Advocacy Tasmania Inc., n.d.; Hunter & Martin, 2015; Wright & Jaffe, 2014)	√	√
Interpersonal skills		
Networking and relationship building skills (Advocacy Tasmania Inc., n.d.; Bell & Buelow, 2014; Buchar, 2011; Dadzie, Aziato, & de-Graft Aikins, 2017; Dean, 2009; Goodman, 2010; Hunter & Martin, 2015; Jason et al., 2015; White, 2010)	√	√
Persuasiveness (Ezell, 2001)	√	√
Written and verbal communication skills (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Development Network QLD, 1999;	√	√

Advocacy skills	Individual	Systemic
Advocacy Tasmania Inc., n.d.; Bateman, 2000a, 2000b; Beck, Rausch, & Wood, 2014; Burke, Mello, & Goldman, 2016; Careerforce, 2017; City & Guilds, 2013; Cocks & Duffy, 1993; Harrison, 2014; Hart, 2010; Hunter & Martin, 2015; Jason et al., 2015; Kelland et al., 2014; National Aged Care Advocacy Program, 2007; Queensland Aged and Disability Advocacy, 2014; Seniors Rights Service, 2017; Toporek et al., 2009; Walrath, Immelt, Ray, van Graafeiland, & Dennison Himmelfarb, 2015; Waterston, 2009; Wennerstrom, 2015; Wright & Jaffe, 2014)		
Active listening (ACT Disability Aged Carer Advocacy Service, 2014c; Bateman, 2000a, 2000b; City & Guilds, 2013; Dean, 2009; Hunter & Martin, 2015; Toporek et al., 2009; Waterston, 2009)	√	√
Assertiveness (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Tasmania Inc., n.d.; Bateman, 2000a, 2000b; Dadzie et al., 2017; Ezell, 2001; Wilks, 2012)	√	√
Liaison skills (ACT Disability Aged Carer Advocacy Service, 2014c)	√	-
Negotiation skills (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Tasmania Inc., n.d.; Bateman, 2000a, 2000b; Careerforce, 2017; Ezell, 2001; Hunter & Martin, 2015; Jason et al., 2015; Queensland Aged and Disability Advocacy, 2014; Seniors Rights Service, 2017)	√	√
Reflective listening (Seniors Rights Service, 2017)	√	-
Transparency (ACT Disability Aged Carer Advocacy Service, 2014c)	√	-
Understanding of non-verbal body language and cues (ACT Disability Aged Carer Advocacy Service, 2014c; Bateman, 2000a, 2000b)	√	-
Professional skills		
Coping and stress management skills, including the ability to practice self-care (ACT Disability Aged Carer Advocacy Service, 2014c; Bateman, 2000a, 2000b; Jason et al., 2015; Wright & Jaffe, 2014)	√	√
Counselling skills (Queensland Aged and Disability Advocacy, 2014)	√	-
Group facilitation skills (Seniors Rights Service, 2017; Wilks, 2012)	√	√
Lobbying, including organising petitions (Buchar, 2011; Ezeonwu, 2015; Goodman, 2010; Jason et al., 2015; Wright & Jaffe, 2014)	√	√
Management skills, including the ability to manage people and to understand management's impact on advocacy work with clients (Jason et al., 2015; Kelland et al., 2014; National Aged Care Advocacy Program, 2007; Seniors Rights Service, 2017)	√	√
Organisation skills (Jason et al., 2015)	-	√
Presentation skills, present to a range of audiences (National Aged Care Advocacy Program, 2007)	√	√

Advocacy skills	Individual	Systemic
Problem solving skills (Buchar, 2011; Careerforce, 2017; Hunter & Martin, 2015; Jason et al., 2015; Seniors Rights Service, 2017)	√	√
Time management (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Tasmania Inc., n.d.; Bateman, 2000a, 2000b; Ezell, 2001)	√	√
Computer literacy (National Aged Care Advocacy Program, 2007; Seniors Rights Service, 2017)	√	-
Interviewing skills (Bateman, 2000a, 2000b)	√	-
Leadership skills (Dahir & Stone, 2012, as cited in Beck et al., 2014; Decker, Manis, & Paylo, 2016; National Aged Care Advocacy Program, 2007; Wennerstrom, 2015)	-	√
Mediation skills (ACT Disability Aged Carer Advocacy Service, 2014c; Hunter & Martin, 2015)	√	√
Values		
Integrity (ACT Disability Aged Carer Advocacy Service, 2014a; Advocacy Tasmania Inc., n.d.; Disability Advocacy Resource Unit, 2018)	√	-
Social justice principles (ACT Disability Aged Carer Advocacy Service, 2014a; Hunter & Martin, 2015)	√	√
Attitudes		
Empathy and compassion (ACT Disability Aged Carer Advocacy Service, 2014a; Dadzie et al., 2017; Kiselica & Robinson, 2001, as cited in Dean, 2009; Harrison, 2014; Hunter & Martin, 2015; Kiselica & Robinson, 2001, as cited in Jason et al., 2015; Waterston, 2009)	√	√
Non-judgemental (City & Guilds, 2013; National Aged Care Advocacy Program, 2007)	√	-
Long-term commitment to addressing the advocacy issue (Hunter & Martin, 2015)	-	√
Passion for advocacy and/or the broader issue being addressed (Jason et al., 2015; Kelland et al., 2014; Seniors Rights Service, 2017)	√	√
Strong professional identity (Hunter & Martin, 2015)	-	√
Personality traits		
Reliability (City & Guilds, 2013)	√	-
Flexibility (Advocacy Tasmania Inc., n.d.; Ezell, 2001)	√	√
Self-awareness, including an awareness of one's own personal biases (ACT Disability Aged Carer Advocacy Service, 2014c; Chen-Hayes, Miller, Bailey, Getch & Erford, 2011, as cited in Beck et al., 2014; Jason et al., 2015; Toporek et al., 2009)	√	√
Approachability (City & Guilds, 2013)	√	-

Advocacy skills	Individual	Systemic
Perseverance (Advocacy Development Network QLD, 1999; City & Guilds, 2013; Dadzie et al., 2017; Ezell, 2001; Jason et al., 2015; Kelland et al., 2014; Waterston, 2009; Wright & Jaffe, 2014)	√	√
Resourcefulness (Ezell, 2001)	√	√

Competencies

'Competencies' were defined by the research team as activities that an advocate must be able to carry out successfully in order to perform their role effectively. The review identified three existing sets of advocacy competencies. The first set of competencies were developed by Advocacy Tasmania for recruitment and staff development purposes (Advocacy Tasmania Inc., n.d.; Australian Healthcare Associates, 2015). A set of core competencies developed for the National Aged Care Advocacy Program (NACAP) in 2008 were mentioned in a 2015 review of Commonwealth Aged Care Advocacy Services, but had not been updated since publication (Australian Healthcare Associates, 2015). A version of these competencies was supplied by a stakeholder (National Aged Care Advocacy Program, 2007).

The third set of competencies identified in the literature were the American Counsellors Association (ACA) Advocacy Competencies, which were compiled in 2002 and republished in a social justice counselling textbook in 2010 (J. A. Lewis, Smith Arnold, House, & Toporek, 2010). These competencies were referred to repeatedly throughout the literature (Dean, 2009; Decker et al., 2016; Hill, Harrawood, Vereen, & Doughty, 2012; Jason et al., 2015; J. A. Lewis, Ratts, Paladino, & Toporek, 2011; Liu & Toporek, 2012; Ramírez Stege et al., 2017; Ratts & Hutchins, 2009; Rubin, 2018; Toporek et al., 2009; West-Olatunji, 2010). These competencies sit alongside the Advocacy Competencies Self-Assessment Survey © (Ratts & Ford, 2010), which was designed to help counsellors determine their areas of strength and growth in relation to advocacy. Although aimed at counsellors, many of the activities outlined in these competencies may also be applicable to advocacy in other settings and, as such, were included in the review.

A list of 37 competencies (depicted in Table 4) was compiled using the above sets of competencies, as well as any additional competencies identified in other articles. These have been presented according to the type of advocacy they were deemed necessary for—individual, systemic, or both.

Table 4. Advocacy competencies.

Competency	Individual	Systemic
The confidence and ability to speak out and challenge injustices (Chen-Hayes et al., 2011, as cited in Beck et al., 2014; Soodak & Erwin, 2010, as cited in Burke, Goldman, Hart, & Hodapp, 2016; Toporek & Liu, 2001, as cited in Dean, 2009; Trusty, 2005, as cited in Jason et al., 2015)	√	√
The ability to communicate effectively with a range of people, including those with different needs (Burke, Goldman, et al., 2016; Burke, Mello, et al., 2016; Dean, 2009; Disability Advocacy Resource Unit, 2018; National Aged Care Advocacy Program, 2007)	√	√
The ability to build capacity and empower clients (ACT Disability Aged Carer Advocacy Service, 2014c; Bell & Buelow, 2014; Dean,	√	√

Competency	Individual	Systemic
2009; Goodman, 2010; Hunter & Martin, 2015; C. W. Lewis, Barone, Quinonez, Boulter, & Mouradian, 2013; J. A. Lewis et al., 2010; Ramírez Stege et al., 2017; Rubin, 2018; Toporek et al., 2009; West-Olatunji, 2010)		
The ability to set appropriate professional boundaries with both clients and other partners (e.g. collaborating organisations) (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Tasmania Inc., n.d.; Queensland Aged and Disability Advocacy, 2014; Scottish Independent Advocacy Alliance, 2014)	√	√
The ability to gather, describe, and share many viewpoints (Hart, 2010)	√	√
The ability to work independently (ACT Disability Aged Carer Advocacy Service, 2014c; Community Services and Health Industry Skills Council, 2019a)	√	√
The ability to work sensitively and respectfully with people from other cultures (i.e. cultural sensitivity/competence) (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Tasmania Inc., n.d.; Bateman, 2000a, 2000b; Bell & Buelow, 2014; Decker et al., 2016; Jason et al., 2015; J. A. Lewis et al., 2011; National Aged Care Advocacy Program, 2007; Queensland Aged and Disability Advocacy, 2014; Seniors Rights Service, 2017; Toporek et al., 2009)	√	√
The ability to develop and implement action plans and/or to help clients to develop and implement action plans (Chen-Hayes et al., 2011, as cited in Beck et al., 2014; Lewis et al., 2002, as cited in Dean, 2009; Ratts, Toporek & Lewis, 2010, as cited in Rubin, 2018; Toporek et al., 2009; Wright & Jaffe, 2014)	√	√
The ability to think critically (ACT Disability Aged Carer Advocacy Service, 2014c; Chen-Hayes, 2001, as cited in Dean, 2009; Jason et al., 2015)	√	√
The ability to think systemically, recognising the impact of social, political, economic, and cultural factors on a situation (ACT Disability Aged Carer Advocacy Service, 2014c; Dean, 2009; Hunter & Martin, 2015; Jason et al., 2015; J. A. Lewis et al., 2010; Ludwig, 2014; Rubin, 2018; Toporek et al., 2009)	√	√
The ability to work collaboratively with clients, other practitioners, and communities (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Tasmania Inc., n.d.; Bell & Buelow, 2014; Burke, Goldman, et al., 2016; Dean, 2009; Ezell, 2001; Ezeonwu, 2015; Goodman, 2010; Hart, 2010; Health Consumers Queensland, 2010; Jason et al., 2015; Kelland et al., 2014; J. A. Lewis et al., 2010; Seniors Rights Service, 2017; Toporek et al., 2009; Ware et al., 2011)	√	√
The ability to engage the public, particularly by bringing attention to an issue through education and awareness raising campaigns (Buchar, 2011; Dean, 2009; Ezeonwu, 2015; Jason et al., 2015; Ramírez Stege et al., 2017)	√	√

Competency	Individual	Systemic
The ability to resolve conflict (Careerforce, 2017; Dean, 2009; Ezell, 2001; Jason et al., 2015; Seniors Rights Service, 2017)	√	√
The ability to represent clients' interests and wants, and act on their behalf, regardless of one's own opinions (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Development Network QLD, 1999; Cocks & Duffy, 1993; Dean, 2009; Ezeonwu, 2015; Kelland et al., 2014; Scottish Independent Advocacy Alliance, 2014)	√	√
Strengths-focused (Beck et al., 2014; Careerforce, 2017; Hunter & Martin, 2015; J. A. Lewis et al., 2010; Rubin, 2018; Toporek et al., 2009)	√	√
The ability to help clients gain access to the necessary services and resources (Dean, 2009; Ezeonwu, 2015; Toporek et al., 2009; Wilks, 2012)	√	√
Client-centred (Disability Advocacy Resource Unit, 2018; Health Consumers Queensland, 2010; Queensland Aged and Disability Advocacy, 2014)	√	√
The ability to act ethically, including minimising conflicts of interest (Advocacy Development Network QLD, 1999; Cocks & Duffy, 1993; Dadzie et al., 2017; Jason et al., 2015; Scottish Independent Advocacy Alliance, 2014; Seniors Rights Service, 2017; Toporek et al., 2009)	√	√
The ability to be open to feedback (ACT Disability Aged Carer Advocacy Service, 2014a)	√	-
The ability to support clients in making their own decisions (ACT Disability Aged Carer Advocacy Service, 2014c)	√	-
The ability to prioritise (ACT Disability Aged Carer Advocacy Service, 2014c)	√	-
The ability to work sensitively and respectfully with people of diverse ages and socioeconomic, educational and professional backgrounds (National Aged Care Advocacy Program, 2007; Seniors Rights Service, 2017)	√	-
The ability to think and work creatively (ACT Disability Aged Carer Advocacy Service, 2014a; Bateman, 2000a, 2000b)	√	-
The ability to think positively (ACT Disability Aged Carer Advocacy Service, 2014c; Advocacy Tasmania Inc., n.d.)	√	-
The ability to work with challenging behaviours (Queensland Aged and Disability Advocacy, 2014)	√	-
The ability to identify and manage risks (Queensland Aged and Disability Advocacy, 2014)	√	-
The ability to devise and deliver community education sessions (ACT Disability Aged Carer Advocacy Service, 2014c; National Aged Care Advocacy Program, 2007; Seniors Rights Service, 2017)	√	-

Competency	Individual	Systemic
The ability to meet duty of care and other legal responsibilities (National Aged Care Advocacy Program, 2007; Seniors Rights Service, 2017)	√	-
The ability to identify and address specific client needs (National Aged Care Advocacy Program, 2007; Seniors Rights Service, 2017)	√	-
The ability to discern between presenting and underlying issues (ACT Disability Aged Carer Advocacy Service, 2014c)	√	-
The ability to multitask (ACT Disability Aged Carer Advocacy Service, 2014c)	√	-
The ability to create a safe space for both the client and other partners (Advocacy Tasmania Inc., n.d.)	√	-
The ability to synthesise large amounts of information (Burke, Goldman, et al., 2016)	√	-
The ability to empower and develop communities (Jason et al., 2015; West-Olatunji, 2010)	-	√
The ability to draw themes out and demonstrate links between different people's stories (Hunter & Martin, 2015)	-	√
The ability to set and achieve goals (Beck et al., 2014; Jason et al., 2015)	-	√
The ability to negotiate and, when necessary, compromise (Jason et al., 2015)	-	√

Professional development and training opportunities

'Professional development' is defined as the process of acquiring and developing the skills, competence or expertise needed for a particular job or profession (Professional development, 2019). For the purposes of this review, professional development was considered in the broad sense and encompassed activities associated with acquiring or developing skills and competencies needed for advocacy, including training, vocational education and training (VET) modules, communities of practice, professional supervision, formalised networking, and conferences. However, only training and VET modules were identified in the literature.

Training

The scoping review highlighted advocacy training available to three main target audiences: professional advocates, students, and family members. As the purpose of this review was to identify training and professional development opportunities available to professional advocates, training aimed at students and family members is not discussed. The scoping review identified 13 different training programs for professional advocates, and six additional advocacy resources were later identified via grey literature searches.

Disability advocacy

In the disability sector, stakeholders identified an advocacy training manual titled, 'To stand beside', designed for people who support, assist, or represent people with intellectual disability

(Stone, 1999). Similarly, the Advocacy Development Network Queensland (QLD), Australia created a workbook for disability advocates, which provides information about advocacy as well as an advocacy framework and suggestions about where to find more information and/or resources (Advocacy Development Network QLD, 1999). The workbook includes information and study sheets on both individual and systemic advocacy, which may be completed at the advocate's own pace.

The Disability Advocacy Resource Unit (DARU), based in Victoria, Australia also offers training for advocates working in the disability sector. They hold approximately six workshops and training sessions annually in Melbourne and regional Victoria (Hamilton, 2013). Past workshops have covered specific practice issues such as domestic violence and women with disabilities, as well as broader topics including training about disability legislation, submission writing, the Advocate's Charter, cross cultural awareness and communication, and navigating the legal system. DARU also offers a free online training program for disability advocates (Disability Advocacy Resource Unit, n.d.). The aim of the course is to educate participants about effective advocacy and provide a strong foundation in individual and systemic advocacy practice. While some aspects of the training are specific to the Victorian context, others have a broader national focus, meaning this program may be utilised by advocates across Australia. The program consists of five modules and takes approximately three and a half to four hours to complete (Disability Advocacy Resource Unit, n.d.).

Veteran advocacy

Two advocacy-training programs are available through the Australian Department of Veteran Affairs' Advocacy Training and Development Program (ATDP) for advocates working with veterans and their dependents (Department of Veteran Affairs, n.d.). One of these programs focuses on training advocates to assist veterans in accessing community services, while the other focuses on assisting veterans to lodge claims for financial reimbursement and support under various Commonwealth Acts. Both programs are self-paced and use a competency-based training model, which assumes that adults acquire knowledge and skills from a variety of sources and emphasises learning by doing and on-the-job training (Department of Veteran Affairs, n.d.). In addition, the ATDP provides continuing professional development (CPD), and recently announced five CPD modules, accessible to all ATDP accredited advocates (Department of Veteran Affairs, n.d.).

Professional advocacy (General)

In New Zealand, people interested in becoming advocates may enrol in the '23385 Demonstrate knowledge of advocacy and self-advocacy in a health or wellbeing setting' module. Careerforce (2017) have developed a learning guide for the module, which includes information about the advocacy role, the advocacy process, supporting a client through advocacy, and facilitating self-advocacy.

In the United States, the Society for Community Research and Action, a division of the American Psychological Association, offers several advocacy training programs (Jason et al., 2015). The Society for Public Health Education (Society for Public Health Education (SOPHE), n.d.) has developed an open online training course on systemic advocacy, 'Advocacy in Action', which is offered in partnership with the University of Maryland School of Public Health. The course consists of four modules of approximately 30-60 minutes each which must be completed within 30 days. Participants must pay $95 USD to enroll in the course, which may also be used for non-academic credits. People interested in becoming professional advocates may also access the Special Education Advocacy Training (SEAT), which includes 230 hours' worth of instruction on individual advocacy (Burke, Mello, et al., 2016).

Health workers involved in client and/or systemic advocacy can access a 12-month long e-mentoring program provided by the Public Health Advocacy Institute of Western Australia

(O'Connell, Stoneham, & Saunders, 2016), which includes knowledge and skill development through monthly activities and mentoring from an experienced public health advocate. Support is primarily provided online or via telephone, with the option of attending face-to-face advocacy skills-based workshops and mentoring network events. In an evaluation, the program received positive feedback from participants (O'Connell et al., 2016).

Age Cymru in Wales offers training to independent advocates about relevant legislation and how this impacts advocacy efforts, as well as training to the wider workforce about what advocacy is, how independent advocates can help, and when practitioners should consider referring clients to an advocate (Age Cymru, 2015, n.d.). City and Guilds (2013) have also developed a guide for delivering training on being an independent advocate in England, Wales, and Northern Ireland. The training focusses on the purpose and role of an independent advocate (City & Guilds, 2013).

Knowledge

Several different types of knowledge necessary for effective advocacy were noted within the literature. Although the focus of the review was not on identifying knowledge required for effective advocacy, these knowledge attributes have been reported, as they may warrant consideration in the development of future education or training programs for advocates. The various types of knowledge have been sorted into two main categories: theoretical knowledge and contextual knowledge and have been presented in table 6 according to the types of advocacies they were identified as necessary for.

Table 6: Advocacy knowledge.

Knowledge	Individual	Systemic
Theoretical knowledge		
Differences between advocacy and other types of practice such as mediation, case management, and counselling (ACT Disability Aged Carer Advocacy Service, 2014b)	√	-
Human rights (Harrison, 2014; Jason et al., 2015; Ludwig, 2014; Rubin, 2018; Waterston, 2009)	√	√
Intersectionality (Dean, 2009; Jason et al., 2015; West-Olatunji, 2010)	√	√
Understanding of practice boundaries (ACT Disability Aged Carer Advocacy Service, 2014b)	√	√
Advocacy models (Harrison, 2014; Jason et al., 2015; Ludwig, 2014; Rubin, 2018; Waterston, 2009)	√	√
Advocacy principles and processes (ACT Disability Aged Carer Advocacy Service, 2014b)	X	-
Individual and group interventions (Harrison, 2014; Jason et al., 2015; Ludwig, 2014; Rubin, 2018; Waterston, 2009)	√	√
Intergenerational trauma (West-Olatunji, 2010)		√
Power systems (Harrison, 2014; Jason et al., 2015; Ludwig, 2014; Rubin, 2018; Waterston, 2009)	√	√
Systems change principles (Harrison, 2014; Jason et al., 2015; Ludwig, 2014; Rubin, 2018; Waterston, 2009)	√	√
Types of advocacy (ACT Disability Aged Carer Advocacy Service, 2014b)	√	-
Understanding of systemic oppression (West-Olatunji, 2010)	-	√
Contextual knowledge		
Government processes and priorities (National Aged Care Advocacy Program, 2007)	-	√
Relevant sectors/services systems, such as aged care, disability, housing, mental health, income support and legal (ACT Disability	√	-

Knowledge	Individual	Systemic
Aged Carer Advocacy Service, 2014b; Advocacy Tasmania Inc., n.d.; National Aged Care Advocacy Program, 2007)		
The advocate's own organisational mandate and processes (ACT Disability Aged Carer Advocacy Service, 2014b; National Aged Care Advocacy Program, 2007; Seniors Rights Service, 2017)	√	-
Advocacy issues (e.g. ageism, disability, elder abuse, special education) (Burke, Goldman, et al., 2016; Jason et al., 2015; Queensland Aged and Disability Advocacy, 2014; Wright & Jaffe, 2014)	√	√
Available local resources (Bell & Buelow, 2014; Jason et al., 2015; Rubin, 2018)	√	√
Client/client group (Cocks & Duffy, 1993; Kelland et al., 2014)	√	√
Client/consumer rights (Seniors Rights Service, 2017)	√	
Communication technologies (National Aged Care Advocacy Program, 2007)	-	√
Current socio-political environment (Beck et al., 2014; Jason et al., 2015; Ware et al., 2011; West-Olatunji, 2010)	√	√

Discussion

The aim of this review was to identify the skills, competencies, and training required to work as an advocate, as well as any available professional development opportunities for advocates. A total of 63 articles were analysed, identifying a range of skills, competencies, training, and professional development opportunities for professional advocates.

The skills identified were broadly categorised as cognitive, interpersonal, and professional, although it should be noted that some skills may fit across multiple categories. Of the 27 skills identified, the greatest proportion of them were categorised as professional skills. While this is not indicative of the most important skills for a professional advocate to possess, this list gives further insight into the types of skills necessary for effective advocacy. In addition to the broad range of skills required for effective advocacy, Bateman (2000) also highlights the need for structure in advocacy, proposing a staged approach to advocacy that involves implementing different levels and types of these skills at each stage.

According to Bentea (2015), efficient employee behaviour is influenced by the specific professional skills and competencies of the job, the personality traits relevant to that job, as well as the individual's values and attitudes within the context of the organisation. Values, attitudes and personality traits emerged as a sub-theme of the skills identified in this scoping review. Identifying desirable values, attitudes, and personality traits for working in the advocacy sector suggests values-based recruitment, whereby employees are selected for roles based on the values they share with a service or agency (P. Harrison, 2015), could be relevant to the advocacy workforce. Given the overlap noted between advocacy skills and the personal traits of the advocate themselves, there is potential for values-based recruitment to positively influence advocacy recruitment practices.

Organisations seeking to recruit employees with the greatest potential of meeting their needs are increasingly turning to the development of competencies targeting specific qualities relevant to their organisation (Garavan & McGuire, 2001). Three sets of competencies were identified during analysis, yet no universally accepted set of competencies for professional advocacy currently exists. The ACA competencies (J. A. Lewis et al., 2010), intended for professional counselling advocacy, consider both individual and systemic advocacy, as well as empowerment, and appear better suited as a 'framework' for advocacy rather than a set of competencies.

This review aimed to capture a range of training and professional development opportunities with broad search terms and a comprehensive search strategy. However, only training was identified. A range of training programs aimed at upskilling advocates are currently available, particularly in the disability sector. However, no programs specifically aimed at aged care or older person advocacy were identified. Though the researchers acknowledge that some training and professional development options may be difficult to identify through the medium of a scoping review, it should also be noted that this may constitute a gap in targeted education and training for aged care advocates. Key areas of knowledge relevant to advocacy were categorised as theoretical and contextual and may be useful for advocacy agencies to consider when developing training and professional development opportunities for professional advocates. The findings of this review suggest that effective advocacy requires a combination of skills, competencies, and knowledge, along with specific values, attitudes and personality traits.

A human-rights based empowerment approach lies at the heart of much professional and social work advocacy with potentially vulnerable groups. This approach provides clients with strategies and choices to address their identified issues, with the advocate supporting and empowering the client to implement the chosen advocacy strategy themselves, as much as possible. Although this sounds relatively straightforward, it is important to acknowledge the complexity in understanding the unique characteristics of individual groups, their social, service, and legislative contexts, and the consequently unique skills and knowledge required to be effective as an advocate for people within that group. In 2018, the number of people aged over 65 worldwide surpassed the number of children aged under five, and this number is expected to double by the year 2050 (United Nations, 2019). As the world's population continues to age and the demand for older person's advocacy continues to increase, it is important that advocates working in this area have access to training and professional development specific to their client group.

Strengths and limitations

The researchers used a comprehensive search strategy exploring sources of both academic and grey literature to capture relevant studies (Arksey & O'Malley, 2005). Although the searches were later limited by year of publication, the researchers were most interested in identifying current and relevant literature more likely to have been published within the specified timeframe of the last decade. Additionally, literature provided by stakeholders reflecting current practice was not subject to exclusion by these criteria, allowing for older, relevant material to be included in the review. A limitation of this review, however, is that some of the concepts being explored, particularly training and professional development opportunities, may not have been sufficiently captured by the scoping review methodology as specific training and development programs may exist outside of published literature available to the researchers.

Conclusion

This scoping review aimed to identify skills and core competencies for effective advocacy as well as professional advocacy training available. Researchers also identified a broad range of relevant knowledge for advocacy, as well as values, attitudes and personality traits considered necessary for effective advocacy. Although this review identified a range of skills required for advocacy in general, it also highlighted a gap in the training and professional development options for professional advocates working specifically with older people. Researchers identified 37 competencies necessary for effective advocacy, which may provide a starting point for developing a set of competencies informing the advocacy practices of professional advocates. The findings of this review, conducted prior to the global COVID-19 pandemic, may be of particular importance for social work education as well as the future advocacy workforce,

as demand for advocacy services will likely increase with COVID-19's continued significant impact on the lives of the older people (Royal Commission into Aged Care Quality and Safety, 2020).

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Author Contributions

All authors contributed equally to the production of this paper.

Declaration of conflicting interests

The Author(s) declare(s) that there is no conflict of interest.