RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Advocacy Framework

March 2017

Contents

Part 1: Theory and Practice of Advocacy

What is advocacy?

Advocacy is the deliberate pursuit of changes in policy, attitudes, behaviour, and decision-making, usually in the public interest. Part-science, part-art, modern advocacy involves much more than a media release, a submission or petitions to MPs.

Today's advocates are heirs to a considerable body of theory and practice, including a rich legacy of social change movements. Twenty-first century advocacy often borrows from and contributes to fields such as psychology, anthropology, political science, linguistics, and communication theory.

Successful advocacy relies on strategic thinking and good preparation, including a good understanding of stakeholders and audiences; their power, roles, motivations, frames of reference, influences, and inter-relationships. Relationships are integral to effective advocacy and alliances involving common interests can be highly effective.

Advocacy is premised on the understanding that only rarely does progress occur by the revelation of facts alone or by merely having a strong moral case. Moreover, the policy making process is not linear and the RACP's evidence-based policies must compete in a crowded policy arena to even get onto a key decision-maker's agenda, let alone persuade them to change.

Two key skills that great advocates use to get their topic on the agenda are *issues framing* and capitalising on *trigger moments*.

Framing the Issue

Great advocates set the agenda and communicate using frames based on shared values.

The cognitive linguist, George Lakoff (2004), defines frames as:

> The mental structures that allow human beings to understand reality – and sometimes to create what we take to be reality. They structure our ideas and concepts, they shape how we reason, and they even impact how we perceive and how we act. For the most part, our use of frames is unconscious and automatic – we use them without realizing it.

When a frame, and the value underpinning it, has been accepted everything else becomes 'common sense', since people have connected with the issue in the deepest way. This is because we all arrive to a discussion or debate with pre-existing notions of how the world works: conceptual frames through which we process new information and derive meaning. Cognitive scientists have identified the importance of language, emotions, imagery, and identity in shaping and steering issues in the public arena. Consequently, there will be frames that accentuate the College's power to bring about change and frames used by others (journalists, politicians, etc.) that negate or diminish that power.

Because they tap into our deepest emotions and dearly held values, frames can be extremely powerful. This is why it is very important that advocates control the framing of a debate or conversation. The frame or frames selected for an advocacy strategy will switch on shared values.

A recent example can be seen in the Australian Government's *No Jab No Pay* immunisation policy. Protecting children is a universal value, as is equity. In the Government's framing of immunisation policy these two values compete: withholding family payments disproportionately penalises middle- and lower-income parents

who choose not to vaccinate their children or are somehow impeded from readily doing so. There are no equivalent sanctions on higher income families with unvaccinated children. Yet, the government has a social licence (i.e. widespread support) for its policy, largely because the frame of protecting children from infectious disease is so powerful that it overrides the equity issue.

The important thing to be aware of here is not whether one agrees with the policy or not, but why. In any given debate, good information and the best scientific evidence can succumb to a sufficiently powerful frame that appeals to our hopes, fears and identity. Good advocates recognise the power of emotions, deeply held values, identity, and the cognitive biases to which we are all prone.

For a detailed discussion on framing see Dorfman et al. (2005), pp. 323–334.

It is critically important that each advocacy strategy focus, in early stages, on what frames are best used. According to Lakoff (in Dorfman et al. 2005, p. 324), frames for social and health issues fall into three levels:

- Level 1 is the expression of overarching values, such as fairness, responsibility, equality, equity, and so forth, the core values that motivate us to change the world or not change it.
- Level 2 is the general issue being addressed, such as housing, the environment, schools, or health.
- Level 3 is about the nitty gritty of those issues, including the policy detail or strategy and tactics for achieving change.

Level 1 frames can be particularly powerful and we recommend the College aspires to root its advocacy planning in these.

Trigger moments

Great advocacy also relies on the ability to exploit trigger moments or events to get an issue on the agenda. To quote Winston Churchill, 'Never let a good crisis go to waste.' For example, Australia has some of the toughest gun laws in the world because, in 1996, then Prime Minister John Howard seized the opportunity that followed the Port Arthur tragedy. Other recent trigger moments include the photo of the little boy's body on a Turkish beach, which led to the Australian Government agreeing to take more Syrian refugees. The campaign and advocacy for lock out-laws in Sydney followed the one-punch death of Daniel Christie in Kings Cross.

The ability to seize on trigger moments relies on having a policy ready and being sufficiently flexible to frame policy recommendations so that they address the issue at hand. This type of flexibility was displayed in February 2015 when the Australian Agricultural Minister, Barnaby Joyce, used a Hepatitis A outbreak linked to imported frozen berries to secure changes to food labelling laws to the advantage of Australian farmers.

Recommended Further Reading on Advocacy

Campaignstrategy.org (2000–2016) *12 Basic Guidelines.* http://www.campaignstrategy.org/twelve_guidelines.php?pg=intro

Chapman S. (2015) Reflections on a 38-year career in public health advocacy: 10 pieces of advice to early career researchers and advocates. *Public Health Res. Pract.* 25(2): e2521514. http://dx.doi.org/10.17061/phrp2521514http://dx.doi.org/10.17061/phrp2521514 (Attachment 2)

Cohen, D. et al. (2010) *Advocacy Toolkit: A guide to influencing decisions that improve children's lives.* New York, NY, United Nations Children's Fund. http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdfhttp://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf

Dorfman L, Wallack L & Woodruff K. (2005) More than a message: framing public health advocacy to change corporate practices. *Health Educ. Behav.* 32(3): 320–36. http://www.bmsg.org/documents/6HEB-Dorfman.pdf (Attachment 2)

Lakoff, G. (2006) *Simple Framing: An introduction to framing and its uses in politics.* Cognitive Policy Works. http://www.cognitivepolicyworks.com/resource-center/frame-analysis-framing-tutorials/simple-framing/

Lakoff, G. (2004) *Don't think of an elephant! Know your values and frame the debate.* White River Junction, Vt, Chelsea Green Pub. Co.

The Three-Step Advocacy Framework

Step 1. Set the goal and understand the landscape

There is no one-size-fits-all approach to advocacy. Circumstances depending, advocacy can be reactive or proactive; however it is imperative that reactive advocacy is based on an agreed position or understanding. Advocates may employ any of a suite of tactics – from creating media opportunities, to education campaigns, to behind-the-scenes meetings with policymakers and influencers, and more. You might choose for your advocacy strategy on a particular topic to be deliberative, collaborative, or more directly oppositional or even combative. Careful consideration is required to determine what approach is likely to be most effective; both for the matter at hand and its 'fit' with the overall culture and position of the organisation.

The following key advocacy questions (Table 1) are based on the experience of many professional advocacy organisations, including UNICEF. While not the only way to approach advocacy, the questions form a useful guide to thinking about and designing an effective, focused, achievable strategy.

Table 1. Key questions to address in advocacy planning

Key Advocacy Questions
1. **What is the goal? A good, realisable goal:** a. **Focuses on outcomes rather than outputs.** b. **Is SMART, i.e.:** • **Specific — focused on a key decision-maker** • **Measurable — includes a clear metric of success (i.e. the decision)** • **Achievable — doable given the College's resources** • **Realistic — doable given the nature of the problem** • **Time-bound — include a clear, reasonable timeframe** **The goal can also be:** • **Inspiring — motivates physician advocates** • **Engaging — promotes good relationships with allies and partners**
2. **What makes the key decision-maker or target audience tick? How do they see the world/issue?**
3. **What do they need to hear? How should we frame the issue?**
4. **What evidence do we have? How do we ensure our target audience hears and accepts it?**
5. **Who do they need to hear it from? Who are the best messengers?**
6. **Who influences the key decision-makers most?**
7. **Who are our allies? How do we activate and collaborate with them?**
8. **Who are our opponents? How do we neutralise them?**

Step 2. Determine priorities

Threshold

1. An RACP policy or position exists from which a specific, measurable and engaging advocacy goal or goals can be derived.
2. The issue has a significant bearing and/or impact on health.
3. The RACP has the legitimacy and expertise to advocate on the matter.

Threshold

4. The issue is central to the College's role and commitment to excellence in physician education.
5. The issue affects the delivery of high-quality, accessible patient care by physicians.
6. The issue is relevant to the health of individuals and the community, and it is important to Fellows that the RACP actively advocate for change.
7. Advocacy is likely to improve the College's long-term standing and strength, e.g. by establishing important networks, alliances, partnerships, or a profile in the policy arena.

Capacity

8. There is a group of Fellows willing and able to support the advocacy project or campaign, and to liaise with staff for the duration of the work.
9. The advocacy goals are achievable and realistic within the timeframe (normally 12 to 36 months).
10. The College has the resources (staff time, etc.) to conduct the proposed advocacy work well, given other, competing priorities.

Step 3. Identify the strategy

The strategy will comprise a complementary mix of public campaigning, behind-the-scenes work, and education – all underpinned by *internal advocacy* to enhance Member engagement, support and skills in the area of policy and advocacy in question.