

## Development of Community Psychology in New Zealand: A Waikato Perspective\*

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The origins of community psychology in the United States and its development in New Zealand are outlined. Community psychology is seen as a specific subdiscipline within psychology which has a distinctive conceptual orientation, an explicit value base and an emphasis on research methodologies compatible with applied research. Three general themes are relevant to the conceptual orientation of community psychology at the University of Waikato: an ecological approach, competence enhancement and prevention. Explicit values guiding community psychology interventions include: empowerment, diversity and cultural pluralism, social innovation and evaluation, community development and participation, and collaboration. Research methods which give a primary emphasis to qualitative data are elaborated using four examples. Finally, the professional roles relevant to community psychology are described and future directions for community psychology in New Zealand are outlined.

### Development of Community Psychology in New Zealand

Community psychology has emerged in a number of locations around the world since its origins in the United States in the 1960's. The purpose of the present paper is to provide a conceptual framework for understanding the emerging field of community psychology and to highlight themes that are relevant to New Zealand. Examples from the graduate programme in community psychology at the University of Waikato are used to illustrate these themes.

### *Origins of Community Psychology*

The area of psychology which has become known as community psychology developed primarily in the United States during the 1960's and 1970's. Its development can be linked to a number of issues which were being debated among psychologists during that period. These included: increasing recognition of the influence of social systems on behaviour, dissatisfaction among clinical psychologists with the "medical" models of treatment dominant in that area of psychology, and the desire to channel resources to the prevention

of social problems and to health promotion, in addition to treatment. There was a growing realisation that there would never be sufficient numbers of "professional helpers" to provide individual treatment for all people who required help, and that resources would need to be reallocated from treatment (tertiary prevention) to primary prevention. In 1966 the Community Psychology Division of the American Psychological Association was formed, and in 1973 the *American Journal of Community Psychology* commenced publication. The first textbooks were published four years later (Heller & Monahan, 1977; Rappaport, 1977).

Community psychology and its associated concepts have gradually spread to other parts of the world. An international network has been established by the Community Psychology Division of the American Psychological Association. This network includes links to South America, Europe, the Middle East (Turkey and Israel) and both Australia and New Zealand. In the latter two countries, signs of academic interest in community psychology emerged in the late 1970's.

A community psychology programme operated for several years at the University of Queensland in Australia as a specialization within the Master of Applied Psy-

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chology degree (Veno & Bain, 1977). In New Zealand, Raeburn (1978) argued for the re-orientation of clinical psychology graduate training programmes towards a community psychology orientation. A comment on his paper (Taylor, 1979) described changes that had been made at Victoria University to give clinical psychology students more experience in community-based settings.

#### *Graduate Programme at the University of Waikato*

In 1980 the first students enrolled in the newly-established graduate programme in community psychology at the University of Waikato. This was the first graduate training programme of its type in New Zealand, and at the time of writing, was the only full graduate programme operating in Australasia. The programme leads to the Master of Social Sciences degree and the post-graduate Diploma in Psychology (Community). By 1987, 16 students had completed the programme.

The graduate programme at the University of Waikato emphasizes an ecological approach to the analysis of social problems; competence enhancement, in contrast to a deficits or needs approach; preventive interventions; skills relevant to evaluation of human services; the development of cultural pluralism; and recognition of the value laden nature of psychological interventions and conceptions of health. An explicit value base is acknowledged, and this is described in a later section of the present article.

Three further concerns of the Waikato programme are: The translation of overseas concepts and interventions so they are suitable for the socio-political context in New Zealand, expanding the New Zealand social science knowledge base, and developing links with local and regional organizations and institutions. An important part of developing a local social science knowledge base is the selection and implementation of applied research on topics relevant to New Zealand (e.g., Thomas, O'Driscoll, & Robertson, 1984). These research topics are not necessarily the same as those in vogue in North American academic publications. As a result, local re-

search studies are frequently carried out on topics for which there appears to be little or no readily available overseas research, such as evaluation of training programmes for unemployed youth (e.g., Dehar, 1987), and evaluation of research dissemination procedures (Robertson, 1985).

#### Conceptual Orientation

The conceptual orientation of community psychology at the University of Waikato is characterized by three key themes: An ecological approach to the understanding and prevention of social problems, an emphasis on enhancing the competence of individuals, groups and organizations as an overt goal in community-based interventions and an emphasis on prevention rather than treatment.

#### *Ecological Approach*

An ecological approach recognizes the importance of environmental and situational processes in maintaining social problems. Although psychologists have long been familiar with the view expressed by the formula,  $B = f(P,E)$ , behaviour is a function of both individual and environmental influences, many areas of psychology do not elaborate or investigate the wide range of environmental influences on behaviour. In terms of solutions to social problems, psychologists have often been guilty of "blaming the victim" by emphasizing individual and intrapsychic explanations of problem behaviours (Rappaport, 1977) at the expense of environmental explanations.

Increasing understanding of the extensive influence of environmental and situational influences on behaviour requires use of the extensive knowledge base available through environmental psychology (e.g., Evans, 1982) and human geography. Recent research has demonstrated the importance of social support in maintaining health and well-being (Thomas, et al., 1984), and the influence of social climate on behaviour (Moos, 1981).

A further aspect related to understanding environmental influences on behaviour is the use of system analyses to investigate mutual causal relationships between en-

vironment and behaviour. In tackling social problems, such as unemployment and other forms of social pathology, a systems perspective is important. Such a perspective acknowledges the multiple causation and complex interrelationships of social problems and recognizes that single solutions for such problems are rarely feasible. This means that community psychologists work primarily with large groups, organizations and institutions, rather than providing services primarily for individuals and small groups.

### *Competence Enhancement*

The concept of competence enhancement or empowerment has become one of the key themes in community psychology (e.g., Rappaport, 1987). Since the earlier descriptions of empowerment by Rappaport (1981) and Keiffer (1983/84), many community workers have become more aware of the importance of social interventions being planned so as to enhance the competence of individuals, groups and organizations involved in community development. Such social change interventions emphasise the development of strengths, competencies and skills, in contrast to deficits and need assessment approaches, which focus on inadequacies or deficiencies which need to be remedied.

Important implications of using competence enhancement as a guiding orientation in community development include changing the role of the psychologist from expert or professional to roles such as trainer, facilitator and evaluator. Patton (1981) has contrasted needs assessment approaches to community development with what he refers to as assets analysis. Assets analysis requires the community worker to identify existing assets in a community, particularly human skills and resources, and to use these assets as the starting point for further development.

### *Prevention*

In a number of social services a distinction is often made between treatment and prevention. This distinction is sometimes referred to as the difference between primary, secondary and tertiary prevention.

These can be described as follows:

- Tertiary prevention:* Crisis intervention, immediate services for acute cases.
- Secondary prevention:* Early identification and treatment of problems before they become severe or chronic.
- Primary prevention:* Community development; changing conditions which lead to social problems; social policy and social planning.

It is evident that for many social problems such as substance abuse, nearly all resources are allocated to immediate services for acute cases. Psychologists have traditionally focused on treatment and early detection. Only recently have they become more involved in primary prevention. Community-based disciplines are concerned to provide a more equitable allocation of resources for all three types of prevention.

Community psychologists' conceptualisation of prevention reflects their ecological approach to human behaviour. Primary prevention efforts may be characterised as either individual-focused (e.g., teaching individuals to drink in moderation) or environment focused (e.g., reducing the availability of alcohol). Both types of strategy have been advocated by community psychologists who have worked both at the individual level and at the societal level, promoting policies which will prevent social problems before they develop to an acute stage.

The principle of empowerment also has implications for prevention. In arguing for "a social policy of empowerment over prevention", Rappaport (1981) pointed out that professionally-controlled prevention programmes targeted at high risk groups had often failed to improve the lot of those they were designed to help. Rappaport argued that:

even the people most incompetent, in need, and apparently unable to function, require, just as you and I do, more rather than less control over their own lives (1981, p.15).

Thus in recent years, the concern with prevention has been to some extent replaced with the concept of health promotion, basic to which is the idea that empowerment is a prerequisite for good

health. An example of this change is the "Ottawa Charter" adopted by the first International Conference of Health Promotion (Mental Health News, 1987).

### Values

The influence of values on psychological research and practice is seen as inevitable by community psychologists, who reject the view that science and scientists are, or should be, "value-free". In research, values are seen to influence the choice of research problems, how research questions are framed, how research is conducted, and how findings are interpreted. In practice, psychologists may not always be aware of making value decisions, but community psychologists believe that all psychological practice is based on implicit values. For example, it has been argued that traditional clinical work is based on three implicit values or expectations: That individuals should be helped to adjust to the goals and norms of "society", that social institutions are basically benign, and that improved adjustment follows from individual change (Heller, Price, Reinharz, Riger, & Wandersman, 1984).

Accepting that values are inextricably interwoven in all forms of human behaviour, including psychological research and practice, community psychologists believe it is important to make explicit the values guiding their actions. Certain core values in community psychology can be identified from the literature. These are empowerment, diversity and cultural pluralism, social innovation and evaluation, community development and participation, and collaboration.

### Empowerment

Empowerment has been defined as enhancing the possibility that people can more actively control their own lives (Rappaport, 1981, 1987). It addresses the experience of many people who feel powerless to effect change in their own or other people's lives; of being acted upon, rather than acting. Both the growth of a psychological sense of personal control or influence, and a concern with actual social influence, political power, and legal rights are

inherent in the concept of empowerment (Rappaport, 1987).

Empowerment can be seen as a process of developing skills and competencies. It can also be seen as an outcome which Kieffer (1983/1984) termed "participatory competence", with three major dimensions:

- (a) The development of a more positive self-concept, or sense of self-competence.
- (b) The development of a more critical understanding of the surrounding social and political environment.
- (c) The development of skills and resources to achieve social and political action.

It is a guiding principle in community psychology to promote both the process and outcome of empowerment. Rappaport (1987), for example, stated that a concern with empowerment is the "bottom line" for community psychologists.

### Diversity and Cultural Pluralism

Human diversity is viewed positively. In ecological terms, the more diverse an ecosystem is, the better equipped it is to adapt to changing conditions or handle sudden, unforeseen events. Diversity means people have a range of opportunities, and a choice of lifestyles. This enhances the likelihood of appropriate person-environment fit, and of maximising each person's potential for living. Consistent with this, community psychologists believe that people have the right to be different without suffering material or psychological sanctions (Rappaport, 1977). They facilitate the availability of alternative settings, which provide services or facilities which are more acceptable and accessible than mainstream institutions for specific groups of people. Examples of alternative services include Rape Crisis Centres and Maori language preschools (Kohanga Reo).

Promoting cultural pluralism follows from the belief in the positive nature of human diversity, and the right to be different. Community psychologists believe that cultural differences should be recognised and respected, and people should be free to express their cultural values in all spheres of life. Institutions should be modified to

be responsive to, and appropriate for, cultural and ethnic groups represented in the community.

### *Social Innovation and Evaluation*

Community psychologists promote the use of innovative approaches to deal with recurrent social problems, recognising that some existing approaches are ineffective, or make social problems worse. Social change strategies follow from the recognition that reducing social problems can often be best achieved by changing environmental conditions instead of, or as well as, adopting strategies that focus on individuals. Evaluation of social action is seen as an essential part of social innovation (Heller et al., 1984). Evaluation can identify positive and negative effects of change efforts, and provide ongoing information for decisionmaking relevant to programme and organisational development and improvement (Patton, 1980). Evaluation is important in community psychology because it is recognised that resources are usually limited, and need to be used as efficiently as possible. Evaluation and social innovation are also relevant to concerns about being accountable to people affected by social change.

### *Community Development and Participation*

Community development refers to a process of strengthening a community's human, economic, and environmental resources, with the goal of creating a "healthy" or "competent" community. A healthy community, according to Chavis and Newbrough (1986), is one that can resist social, psychological and physiological problems, and enable members to grow to their maximum potential. Iscoe (1974) defined a competent community as one that can care for its members, cope with external forces and initiate change.

Community psychologists consider that community involvement and cohesion are important factors in community development. Community development is considered more likely to occur if community members identify with their community, become involved in community activities, and are committed to community con-

cerns. Sarason described this feeling of involvement as the "psychological sense of community", which he defined as "the sense that one belongs in and is meaningfully a part of a larger collectivity" (quoted in Klein & D'Aunno, 1986).

In community development, the competence of community members is enhanced by providing opportunities for learning new skills, and decreasing dependence on institutional services provided from outside the community. Participation of community members in making decisions affecting their communities is central to the process of community development. Community members should be able to participate in assessment of needs and setting of priorities in matters affecting their community, as they will be most affected by changes.

### *Collaboration*

Collaborative work relationships are favoured, rather than the hierarchical expert-client model traditionally predominant in psychology. Instead of assuming they are experts in relation to the groups they work with, community psychologists recognise that they do not have a monopoly on important knowledge, and value the knowledge, skills and experience of others. Relationships with community groups and organisations are viewed as partnerships, where each partner makes important contributions. Community psychologists try to avoid dominating decisionmaking when working with community groups, and encourage those they are working with to take an active role, for example, in the setting of research objectives, and use to be made of research results.

### *Research Orientation*

The values expressed by community psychologists have clear implications for the research process and methods used. For instance, in accordance with their commitment to social innovation and evaluation, community psychologists are more likely to carry out applied research related to community concerns than pure research of mainly academic interest. Consistent with their commitment to empowerment and collaborative approaches to their work,

community psychologists are likely to involve people from the community in setting research agendas. These and other characteristics of a community psychology orientation to research are elaborated in this section.

An important emphasis to clarify at this stage is the commitment of community psychologists to *applied* research. Although "pure" and "applied" research are sometimes referred to as dichotomous and mutually exclusive categories, it is clear that such a dichotomy is artificial. Many types of research are somewhere between the two categories. For this reason the authors prefer to view the pure-applied research distinction as end-points defining a continuum. The following qualities are seen to be characteristic of research near the applied end of the continuum: research issues are identified by people experiencing the problems being investigated, the purpose of the research is to promote health and well-being or to prevent or reduce problems, the values guiding the research are made explicit, there is collaboration between the researchers and other participants in planning and implementing the research, the research methodology includes naturalistic or ethnographic techniques, and the research findings are disseminated by direct contact (e.g., briefings, seminars, public meetings) to people who can use the research as well as via technical reports and non-technical summaries. Thus the emphasis on applied research by community psychologists is designed to contribute to the solution of real problems in the community.

#### *Research methods*

Community psychology is not restricted to a limited range of methodologies. For instance, both qualitative and quantitative approaches to research are well represented in the community psychology literature. A major emphasis in the Waikato training programme is to encourage researchers to challenge restrictive paradigmatic assumptions and to develop a wider range of research skills than those usually associated with the dominant quantitative, positivistic model of psychological research.

Psychologists have often regarded experimental or quasi-experimental designs as preferable to naturalistic studies. However, community psychologists may reject the use of experimental designs when these require withholding beneficial treatment from a control group. Community settings rarely lend themselves to the experimental manipulation of independent variables. The requirement for naive subjects conflicts with a commitment to empowerment and the desirability of people increasing control over their own lives. Also experimental designs usually do not generalize to natural settings (i.e., external validity is poor). In contrast, community psychologists frequently prefer naturalistic research methods which emphasize collaboration with research participants, qualitative information gathering and participant observation.

A major research activity for community psychologists is evaluation. It involves assessing both the intended and unintended effects of an intervention. A major focus in evaluation research, both internationally and locally, is formative and monitoring evaluation which provides information to assist in planning and refining programmes (e.g., Dehar, 1987).

#### *Examples of applied research*

One model of applied research, which is sometimes referred to by community psychologists (e.g., Heller et al., 1984), is the action research cycle. The stages identified in this model are: problem definition, fact finding, goal setting, action and evaluation. These stages are usually portrayed in the form of a circle, with evaluation linking back to renewed or revised problem definition (Heller et al., 1984, p.94). However not all types of applied research fit this model. The following examples illustrate several types of applied research.

#### *Maori language development*

During 1987 a group of researchers at the University of Waikato were meeting to discuss ways of fostering the development of Maori language competence among preschool-age children. The University supports a campus-based preschool for re-

search related to Maori and "disadvantaged" preschool children. Several years ago the Kohanga Reo programme was established to develop competence in Maori language among Maori preschool-age children throughout New Zealand. However, there has been very little research related to the learning of Maori language by Maori children who are monolingual English speakers, some of whom have below average English language competence. The researchers saw a clear need for more information about issues such as: The natural order of acquisition of Maori as a second language among preschool-age children, the role of the family in fostering language development, and the extent to which learning a second language assists development of language competence in the first language. In addition, there is an urgent need for a greater range of Maori language teaching materials.

One of the researchers is a community psychologist who sees his role as initiating a review of relevant overseas research literature, facilitating the identification of a clear set of research objectives, developing an appropriate research methodology for these objectives, obtaining resources to allow the research to proceed, and co-ordinating the research process. These tasks correspond with several stages of the action research cycle: *problem definition* (what research information was needed and why?), *fact finding* (what research evidence was already available? what are the challenges facing existing Kohanga Reo?), *goal setting* (what could the research group hope to achieve? what should the research objectives be?) and *action* (obtaining funding and other resources, initiating the research). The evaluation stage will occur following completion of the project.

#### *Police intervention in domestic violence*

The work of Sergeant Greg Ford, carried out with the Police Department in Hamilton during 1985-86 (Ford, 1986), closely followed the action-research model. The traditional police response to incidents of family violence could be characterised as reluctant intervention. Police officers typically tried to restore calm and leave the

situation as quickly as possible. In their experience, prosecution of male aggressors often failed because the female victim subsequently decided not to give evidence against her partner. The official police policy was to arrest aggressors only as a last resort. The high number of repeat visits to violent homes suggested that the policy was not reducing the incidence of family violence (Problem definition).

During 1985, a sample of women who had sought help from the Hamilton Police as a result of domestic disputes were interviewed. It was found that victims felt unsupported, that the incidents which were reported were usually part of a continuing series of assaults, and that police records underestimated the frequency of police intervention (Fact finding).

During 1986 the Hamilton police formulated a new policy on domestic disputes which involved improved record keeping, arresting aggressors where there was evidence of an assault (without the need for victims to make a complaint), and ensuring that victims received followup support from appropriate community agencies (Goal setting).

The policy was pilot tested for six months. Ford trained police officers in the new procedures and collaborated with community groups who could assist the victims of domestic violence (Action).

The evaluation of the new policy showed that in general, victims of domestic violence were satisfied with the intervention of the police, were pleased with the support they received from community agencies, and reported less violence since the arrest of their partner. The new approach resulted in more men seeking therapy for their violence. Police officers were generally satisfied with the new policy. The evaluation also highlighted areas for modification and improvement and provided the basis for a nationwide implementation of the policy (Evaluation).

#### *The Mobile Workforce Project*

The Mobile Workforce Project (Thomas, O'Driscoll, & Robertson, 1984) was initiated by researchers in the Psychology Department at Waikato University. The data collected were intended to have practical

application and were also relevant to the development of theory.

During 1982, a number of large-scale petro-chemical construction projects were in progress in North Taranaki and Whangarei. These developments involved the migration of large number of workers, many with families, from other parts of New Zealand and overseas. The impact of these projects on their host communities was being investigated by local social impact researchers. However, the Waikato researchers noted that the effects of large-scale migration on the migrants themselves was not being studied. The Mobile Workforce Project obtained funding to investigate the adjustment of migrant workers and their families as they moved into Whangarei and North Taranaki.

The research had several important characteristics which reflected a community psychology orientation. The researchers worked closely with local social impact researchers and planners in refining the design of the research. This collaboration resulted in information being collected for immediate local use. The links developed between the researchers and local decision makers increased the use made of the findings (Robertson, 1985).

Both qualitative information and quantitative data were collected. The qualitative data were especially useful in developing recommendations for local and central government decision makers. Many of the recommendations backed up what local researchers had concluded and provided further legitimacy for groups who were lobbying for resources to help ameliorate the negative impacts of the projects. A final characteristic of the project was the explicit commitment of the researchers to disseminate the results to the communities through public meetings, seminars, press releases, multiple forms of written reports, audio-visual presentations and consultations with relevant organisations.

#### *Formative evaluation of alcohol services in the Waikato*

During 1982 Catherine Western (1983) carried out a formative evaluation of alcohol services in Hamilton and the surrounding areas of the Waikato region. As a

member of the Waikato Coordinating Committee on Alcohol Services she had been aware of the lack of key services for people with alcohol problems and the reluctance of large health care organizations to provide resources comparable to those available in other urban areas in New Zealand.

The problem definition phase of the research identified a number of key problems faced by agencies handling people with alcohol problems. Because drunkenness was no longer an offence police were reluctant to imprison people who were acutely intoxicated. As there was no 24-hour alcohol-related service operating in Hamilton, there was nowhere else to take such people. There were no facilities available for detoxification. The regional psychiatric hospital did not wish to admit people just for detoxification.

In the fact finding phase of the research, a survey was made of the facilities available in other large urban centres, and a needs assessment was conducted among human services staff working with alcohol problems. A delphi technique was used: in the first round a wide range of services needed were recorded via interviews. In the second round participants were asked to rate the priority for ten services frequently identified in the first round. The five highest ranked services were: Education and information, social detoxification, outpatient care, controls on liquor advertising, and early assistance programmes in industry.

Following the fact finding, the researcher developed an action plan, to facilitate the establishment of the highest priority services. This plan led to obtaining premises for the new alcohol service (to be provided by the Waikato Hospital Board), and funding being made available for an alcohol services coordinator, an after-care counsellor and secretary/receptionist. Only the social detoxification service could not be provided through the new services, because of the specialized facilities required for detoxification.

The researcher's evaluation of the project noted that there were both successes and failures. Successes included getting a service established with some of the staff requested and meeting some of the needs



which were not met through existing services. Unmet needs included not having an assessment and treatment service for alcohol damaged clients (outpatient care) and the lack of a detoxification service (Western, 1983).

### Roles and Settings

A discipline can be characterised, in part, by its knowledge base and by the methodologies its practitioners employ. It can also be characterised by the roles its practitioners play and by the settings in which they work. The roles of clinician, researcher and consultant are generally familiar to psychologists. However, community psychologists can be expected to fulfill a wider variety of roles. A list of relevant roles is set out in Table 1.

Although Table 1 indicates the range of relevant roles it is not suggested that any one community psychologist will necessarily feel competent to fulfill all the roles listed. Indeed, consistent with the values outlined earlier, community psychologists should be explicit about what they can and cannot do. The particular combination of roles with which a community psychologist will feel comfortable will depend on his or her personal style, work setting and general life experiences. It will also depend on the specific academic training he or she receives. For instance, in the training programme at the University of Waikato, the roles of researcher and evaluator are particularly emphasized.

Individually, the roles set out in Table 1 are not unique but collectively they are different from the roles filled by most other professionals. Also, the fact that in these roles, community psychologists operate from an explicit value base makes them distinct from most other professionals.

Another important aspect is that community psychologists need to be able to be flexible in the roles they adopt. Often they will need to change quickly from one role to another (Rappaport, 1977). For example, a community psychologist who enters a setting as a researcher (e.g., carrying out a needs assessment in a community) may subsequently choose to take on the role of advocate (e.g., helping the community se-

Table 1: *Community Psychology Roles*

Consultant*	— advisor e.g. To community group wanting to set up a community centre. To hospital board, advising on planning.
Evaluator*	— helping organisations measure how effective they are, helping them to improve their services. e.g. Helping a counselling service set up a record keeping system and use it to evaluate their effectiveness.
Researcher*	— applied research on community issues. e.g. effect of proposed tavern in community, assessing the social impact on a small community of building a power station nearby.
Planner*	— assessing needs, seeking opinions on options, preparing planning documents, getting feedback, revising. e.g. Planning mental health services for a hospital board.
Networker*	— helping to build links between people and groups in the community so that they can become more effective (e.g. by sharing resources, by lobbying together, by passing information). Disseminating relevant research information to community groups.
Trainer	— in skills, human relationships, effective communication. e.g. Training volunteer workers.
Negotiator	— mediating in conflict. e.g. Negotiating with government on behalf of community groups. Helping to solve disputes within organisations.
Advocate	— lobbying/speaking out on behalf of relatively powerless groups for whom self advocacy may have extreme costs or who may have limited resources to call on (e.g. gay people, psychiatric patients, intellectually handicapped) while avoiding the assumption that one knows what is best for them.

\* denotes core roles

cure improved services from the relevant city council) or evaluator (e.g., conducting a formative evaluation of a new service set up as a result of the needs assessment). Graduates of the Waikato programme who are employed as researchers and planners within institutions have often adopted the role of innovator as they challenge existing policies and practices.

Community psychologists work in a range of settings from large institutions to grass-roots organisations. Institutional settings in which community psychologists may work include hospitals and the Depart-

ments of Justice, Social Welfare and Police. Positions held by graduates of the training programme at the University of Waikato include police psychologist, evaluation researchers with the Departments of Social Welfare and Justice, health promotion in the Department of Health, and hospital-based community psychologists (with responsibility for planning, and health promotion and liaison with community-based health groups).

Local government organisations and Maori tribal authorities are local and regional level social systems in which community psychologists work. For example, graduates of the Waikato programme have been employed as community development officers by city and borough councils. A graduate student has recently completed an evaluation for a Maori trust board (Dehar, 1987). As more bicultural community psychologists are trained, there is likely to be increased scope for similar work with tribal authorities.

Community organisations provide a range of settings for the work of community psychologists. For instance, community psychologists have played a crucial role in the community houses movement, central to which is the development of a sense of community and the provision of prevention and health promotion programmes (Raeburn, 1985, 1986; Raeburn & Seymour, 1977). Community-based social service agencies have employed community psychologists on both a salary and contract basis. Evaluation research has been a major focus of such work (e.g., conducting an evaluation of a non-government child-abuse prevention service, Marsh, 1987). Other organizations in which community psychologists have and can become involved can be best described as "alternative" institutions, offering services for people who find standard services "inaccessible, ineffective, costly, restrictive, punitive or alienating" (Heller et al., 1984, p.290). For such organisations, empowerment, diversity, competence enhancement and social change are important values and objectives. In New Zealand, community psychologists have been active in Women's Health Centres, Rape Crisis, and various support groups. Because

alternative institutions tend to have relatively few resources, much of this work has been voluntary. However, some community psychologists working from institutional bases may choose to make alternative institutions an important focus of their work, fulfilling roles as planners and networkers.

#### Future Directions for

#### Community Psychology in New Zealand

There are a number of issues facing New Zealand communities which can be seen as providing opportunities for community psychologists to play a significant role. Although some of these will require action at a local community level, others will require action on a national or international level.

One important change evident in New Zealand is the devolution of central government responsibilities to community or local groups. This can be seen in several settings. In the education system, parental involvement in curriculum and school administration is increasing. In the social welfare system, community committees are being established to distribute money for the support of community organisations and to provide local accountability for district offices of the Department of Social Welfare. In employment training, local committees allocate money for training schemes. Another example is the proposed devolution of the functions of the Department of Maori Affairs to tribal authorities.

Devolution has been justified as a way of ensuring policies meet local needs (Department of Education, 1987). However, this will not happen if local decision-making bodies are dominated by narrow interest groups. Neither will it happen if local decision-makers lack the necessary administrative and planning skills and are unable to secure adequate resources from central government. Community psychologists can play a part in helping communities establish structures which ensure access to decision making by all relevant groups, not just people who are well organised and articulate. Acting as trainers and evaluators, community psychologists can increase the skills available to community groups and, if necessary, act as advocates for them.

Another issue facing New Zealand is the possibility of nuclear war. As the recent report commissioned by the New Zealand Planning Council indicates (Green, Cairns, & Wright, 1987), a nuclear war in the northern hemisphere would not necessarily destroy human life in New Zealand, but survival would depend on the ability of communities to cope with severe disruption to economic, administrative and social systems. Community psychologists can play a role in helping communities build strong networks capable of sustaining community life in the face of widespread disruption. An important part of this would be identifying people with key skills for survival such as alternative medicine, gardening, and low technology production of essential goods. On the other hand, by networking internationally, community psychologists can work to encourage political changes which may prevent nuclear war. It can be argued that this issue is the most crucial prevention project of all and is consistent with community psychologists' commitment to social change.

New Zealand is currently experiencing high rates of unemployment and this is unlikely to change in the near future. Community psychologists can help communities respond to the loss of employment opportunities by assisting with the training of unemployed people, by helping identify local human assets which may provide an economic base, and by assisting co-operatives develop alternatives to traditional employment.

A final issue, but one particularly important to New Zealand, is the promotion of biculturalism and multiculturalism. Specific contributions community psychologists can make are in the design and evaluation of anti-racism training, in the evaluation of training in biculturalism, and in disseminating relevant research information (for example, research showing the advantages of bilingualism, Thomas, 1986).

Community psychology developed in the United States as a response to perceived limitations in traditional psychological approaches. As a sub-discipline within psychology, community psychology can be distinguished by its ecological approach to

human behaviour, an emphasis on competence enhancement and empowerment, and a commitment to prevention. These elements form the conceptual base of the Community Psychology programme at Waikato. The training emphasises the importance of being explicit about practitioners' values, and provides extensive training in evaluation research among other skills. Its graduates have been employed in a variety of settings, developing and evaluating human services and often working in the policy making area as planners or researchers. At present, the number of graduates falls far short of the number of requests received for trained people. Several graduates from the community psychology programme have been offered more than one position. Given the continuing social and political changes evident in New Zealand, this demand is likely to increase.

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#### Correction to Thomas.

In the appendix to the article by David R. Thomas (*New Zealand Journal of Psychology*, 1988, 17(2), 59-67) the answer to question 22 ("A koha is":) is given incorrectly as "b" (a vegetable). The correct answer should be "c" (a gift).