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NONPROFESSIONAL INVOLVEMENT IN
HELPING SERVICES IN PALMERSTON NORTH

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A B S T R A C T

Helping as it has been influenced by the development of a welfare state philosophy is examined. A review is made of the societal changes that have and are continuing to have a potent influence on the established networks of support, care and help. The results of these societal changes and consequent network changes are seen in the rapid increase in demands for professional helping services. These rapidly increased demands have been matched by a rapid increase in personnel in helping services. The contribution of the nonprofessional has been somewhat curtailed as a result of the emphasis on the growth of professional helpers. The literature from overseas records evidence of the re-emergence of the nonprofessional helper as a powerful contributor to meeting the needs of the community. In this respect the concept of 'community care' is becoming a reality. The literature reviewed points to the contribution the nonprofessional is and can be making and overwhelmingly supports the positive nature of this contribution.

This study examined what happened in Palmerston North in terms of the nonprofessional contribution to helping services. All professional helpers (psychiatrists, psychologists, counsellors and social workers) in the city, were interviewed and a 20% sample of nonprofessional helpers drawn from selected helping agencies were interviewed. 75 professional helpers and 76 nonprofessional helpers were interviewed personally, two separate questionnaires being used.

The results show that helpers were predominantly aged 31 to 60 (75%) and less than 2% were under 22. There were equal numbers of males and females. 81.4% of professional helpers worked in government or quasi-government services, while only 3.9% of nonprofessionals linked up with such services to make their contributions. Over half of the professional helpers are social workers and only 40% of all professional helpers have a professional qualification.

Both professional and nonprofessional helpers feel overwhelmingly that the nonprofessional has a contribution to make. However 56.6% of nonprofessionals had never been asked for help by a professional. Those who had been asked, were most frequently asked to provide 'befriending/support'. This is what most nonprofessionals wanted to be asked to do and over half of the professionals felt this was the best contribution the nonprofessional could make.

Almost 100% of nonprofessionals felt capable of offering 'material' help or 'befriending/support', while 77% felt capable of offering 'advice and guidance' and 51% 'counselling'.

42.6% of professionals had requested nonprofessional assistance in the past week, while 7.9% of nonprofessionals had received such a request in the same period.

Overall, nonprofessionals felt that professionals understood them, but almost 20% felt they did not receive enough encouragement or support. The expectations each group had of the other were investigated and it was found that overall, both groups had similar expectations.

The advantages and disadvantages each group had found of working with the other were explored. The results give a valuable insight into the positive and negative experiences helpers in each group have had of working with the other group.

Three implications are drawn from the study, firstly concerning the utilization of resources, secondly, relationship factors and thirdly, differentiation of skills.

A C K N O W L E D G E M E N T S

I wish to express very grateful thanks to the 151 helpers in Palmerston North who were the respondents for the study. Without their help and co-operation the study would have been impossible. It is my hope that the results of the study will provide further stimulation for professional and nonprofessional helpers to work together and to work in new and innovative ways.

My thanks are also extended to the helping agencies of Palmerston North who allowed me to make contact with individual helpers.

I wish to thank my supervisor, Professor George Shouksmith for the assistance he has given in planning, implementing and writing up the study.

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I N T R O D U C T I O N

Three influences were at work in determining this study.

Gerald Caplan, with his views of preventive and community psychiatry, began to attract my attention in 1966. His emphasis on the involvement of the community in its own areas of deviance seemed appropriate and challenging. The employment of greater numbers of professional helpers as he suggested, a collusion with the community, allowing it to avoid the responsibility that was rightly its. Much of the current emphasis on citizen participation in the community takes as its starting point, the impetus of Caplan. His concern for a preventive approach to deviance, and in particular mental health, again struck a response in me. The ambulance at the bottom of the cliff seems to hold little real prospect of doing anything, except alleviating the problems once they have arisen.

Robert Carkhuff with his work in the field of helping and social action has also been a potent influence. Perhaps the most significant aspect of Carkhuff's work, is his emphasis on functionality. Based on his research he states, "In the realm of human services, indigenous lay personnel can be selected and trained to do everything that credentialed professionals can do and more." (1969) In looking for the functional/effective helper, he says he is most likely to find him or her amongst the nonprofessional ranks - the involved and concerned citizen, the volunteer, who, appropriately trained, is effective. His research, his theorising, and his application of both of these in programmes of social action highlight the community resources that are available to assist in developing the community, and yet which lie, in the main dormant.

It seemed natural that the work of Caplan and Carkhuff should lead into an analysis of our New Zealand society and in particular to the area of helping. This then became the third influence. Such an analysis of deviance or maladjustment in New Zealand society leads to the conclusion that a very substantial proportion of the society are functioning in a manner which could be described as "sick". The degree of sickness obviously varies. The evidence of such sickness is seen in alcoholism

and drug abuse, admissions to psychiatric hospitals, crime rates, the incidence of illegitimacy, marital breakdown, suicidal behaviour, tranquilisers consumed, and children committed to the care or supervision of the Social Welfare Department. There is of course other evidence, which cannot be monitored so effectively, e.g. motor-accidents, absenteeism from work, and industrial strife.

The response to such deviance and maladjustment has been a dramatic increase in the numbers of people employed to "care" for others. Such carers continually complain when they meet that they work with excessive caseloads, for which they receive inadequate training and as a consequence become frustrated at the poor service they are able to offer to clients.

It was at this point that the greater use of community resources seemed particularly relevant. The number of organisations in the community, functioning in a voluntary helping capacity was evidence of such resources being available. The utilisation of such resources by professional helpers seemed however, to be largely ignored.

These three influences, then, lay behind the decision to attempt a study of what happened, and if possible, why it happened, in Palmerston North in the area of nonprofessional involvement in helping services.