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Building Value-Based Partnerships: Toward Solidarity With Oppressed Groups

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We propose a value-based conceptualization of partnership, defining partnership as relationships between community psychologists, oppressed groups, and other stakeholders, which strive to achieve key community psychology values (caring, compassion, community, health, self-determination, participation, power-sharing, human diversity, and social justice). These values guide partnership work related to the development of services or supports, coalitions and social action, and community research and program evaluation. We prescribe guidelines for building such partnerships and conclude by considering some of the challenges in implementing value-based partnerships.

KEY WORDS: partnerships; solidarity; oppression; values.

With the current focus on "tax reflief" and resultant cutbacks to the public sector in North America (see Barlow & Campbell, 1995, for a discussion of the Canadian scene), there are increasing calls for partnerships in services and supports (Pace & Turkel, 1990), community coalitions and social action (Chavis, 1995; Labonté, 1993), and community research and program evaluation (Matheson, 1994). This may account for at least some of the motivation

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for partnerships because human service agencies need to pool resources in an attempt to maintain services. Because the concept of partnership has been borrowed from business by human services (Godbout & Paradeise, 1988), it is not surprising that literature defining partnerships in human services is scarce (Boudreau, 1991).

Although there can be many different types of partnerships in human services, we believe that it is important for community psychologists to be clear on the values and principles underlying partnerships. In this paper, we focus on partnerships between community psychologists and oppressed groups. Our overarching goal is to be prescriptive about what partnerships should be, rather than descriptive and analytic about the literature on partnerships. The paper is divided into four main sections. In the first section, we define value-based partnerships with oppressed groups. In the second section, we outline the values that we believe should underlie partnerships between community psychologists and oppressed groups. In the third section, we identify the focus, types, and desired outcomes of value-based partnerships. We then prescribe principles for building value-based partnerships in the fourth section and conclude by noting some of the challenges in implementing such partnerships.

DEFINITION OF VALUE-BASED PARTNERSHIPS WITH OPPRESSED GROUPS

Much of the work of community psychologists involves some form of partnership with oppressed groups (e.g., children and families living in poverty, people of color, people with a variety of challenges). Yet few partnerships explicitly recognize that there is a power imbalance between professionals and the oppressed groups with whom they work. Prilleltensky and Gonick (1996, pp. 129–130) define oppression as follows:

> Oppression entails a state of asymmetric power relations characterized by domination, subordination, and resistance, where the dominating persons or groups exercise their power by restricting access to material resources and by implanting in the subordinated persons or groups fear or self-deprecating views about themselves.

Also, seldom is there a clear definition of partnerships between community psychologists and oppressed groups or an explicit statement of the values that underlie them. In the context of his work in community economic development with oppressed groups, Eric Shragge (1997, p. 1) describes his uneasiness with the idea of partnership.

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> So what's this thing called partnership? Are these relationships based on autonomy between or among equals, or are these arrangements forced on a weaker group by one stronger in order to shape the agenda of the former? Why has this become one of the flavours of the month in the community movement's discussions? The following critique assumes that community organizations are supposed to be vehicles of social change and advocates for the redistribution of wealth, income, and power toward those who have little of it. We are not neutral in this world but are here to speak truth to power and find many along with us on our side of the conversation. If this is so, then partnerships can be positive, but in recent times they present serious traps.

Like Shragge, we believe that the central question for community psychologists involved in partnerships with oppressed groups should be "How can we help groups which are oppressed to become agents of social change to advance their agenda?" That is, the type of partnerships that we are proposing should exist primarily for the benefit of oppressed groups. Otherwise, the practice of partnership could be used to support the societal status quo (Prilleltensky, 1994b). Our experience is similar to that of Lord and Church (1998) who state that: "... few partnerships are genuinely transformative. Most partnerships maintain unequal power relations between people with disabilities and service provider or government partners" (p. 113). Therefore, we are advocating a partisan relationship in which community psychologists engage in solidarity with oppressed groups.

We define value-based partnerships for solidarity as *relationships between community psychologists, oppressed groups, and other stakeholders that strive to advance the values of caring, compassion, community, health, self-determination, participation, power sharing, human diversity, and social justice for oppressed group. These values drive both the processes and the outcomes of partnerships that focus on services and supports, coalitions and social action, and research and evaluation.* This definition is comprehensive in addressing the questions of *why* the partnership exists (i.e., the values underlying the partnership), *who* the partners are (i.e., community psychologists, oppressed groups, and other stakeholders), *how* the partnership works (i.e., the processes of partnership), and *what* the focus of the partnership is (i.e., the focal activities and outcomes of partnership). Although our concept of value-based partnerships for solidarity can occur in many different contexts (i.e., the *where* of partnership), we focus primarily on the organizational and community contexts in this paper.

Throughout this paper we refer to partnerships that fit this definition as value-based partnerships. Our definition of partnership does not include partnerships that do not involve oppressed groups (e.g., professional coalitions) or those that are exclusive to oppressed groups (e.g., social movement organizations). Because it is values that constitute the foundation of value-based partnerships, we begin by identifying the core values underlying such partnerships.

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PARTNERSHIP VALUES

The Critical Role of Values

Values are guidelines for thinking and acting in ways that benefit others. By following certain values we confer benefits on individuals and communities (Baier, 1973; Kekes, 1993). We are interested in values that promote the well-being of oppressed people. Given that people's needs vary according to their particular circumstances, it is nearly impossible to formulate a universal list of values (Kane, 1994; Kekes, 1993). Hence, it is important to recognize that any proposed set of values contains limitations and that some oppressed groups may require certain values more than others. Although single mothers who are poor may need financial resources more than signs of compassion, economically advantaged people suffering from chronic illness may need compassion more than financial supports. Keeping in mind that the context influences the set of values that is required is a good antidote against the dogmatic application of beliefs. Listening to what oppressed groups need is the best way to proceed. The limitations of any set of values notwithstanding, we need to formulate an initial moral framework to guide our actions. The justification of a moral framework derives from the applicability of its principles in action (Kane, 1994; Kekes, 1993).

Key Values for Value-Based Partnerships

Previous conceptual and applied work we have undertaken supports the advancement of five central values in solidarity building with oppressed groups: (a) caring, compassion, and community (b) health, (c) stakeholder participation, self-determination, and power sharing, (d) human diversity, and (e) social justice (Prilleltensky, 1997; Prilleltensky & Nelson, 1997). We consider these values to be fully complementary and interdependent. They also cannot be pursued in isolation. The interdependence between self-determination and social justice provides a good example. Without affording people sufficient resources to add to their choices, self-determination is quite meaningless. It is clear that certain values cannot be advanced in the absence of others. We describe the five values and analyze their current place in community psychology and their potential contribution to solidarity with oppressed groups.

Caring, Compassion, and Community

Caring, compassion, and community are primary moral values. They provide the basic motivation to look after someone else's well-being. It

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is hard to fathom the relevance of other values in the absence of care, empathy, and concern for the physical and psychological health of others. In community psychology, the human need for social support, feelings of belonging, and emotional connectedness were given voice in Sarason's sense-of-community metaphor (Sarason, 1988). Through community development and mutual aid/self-help groups, community psychologists promote solidarity with oppressed groups (Humphreys & Rappaport, 1994; Newbrough, 1995).

Forming partnerships with oppressed groups requires that professionals help them feel safe, accepted, and comfortable. An attitude of caring and compassion should foster mutual trust among the partners. It is all too easy for professionals to assume that their agenda is the most relevant one, and that their time lines make the most sense. In fact, professionals bring a plethora of unchecked assumptions that may undermine other people's ability to express themselves. We believe that solidarity begins with caring, compassion, community, and a deep sense of humility on the part of professionals.

Health

Health may be defined as a state of physical and emotional well-being that is intrinsically beneficial and extrinsically instrumental in pursuing self-determination. According to the World Health Organization (1986), health is more than the absence of illness; it is a resource for personal and collective wellness. Health comprises individual, social, economic, and political factors that enable persons and communities to prosper. These principles are embodied, for instance, in the United Nation's Convention on the Right of the Child (Prilleltensky, 1994c), in the United States Advisory Board on Child Abuse and Neglect (Melton & Barry, 1994), and in Canada's health promotion models (Federal, Provincial and Territorial Advisory Committee on Population Health, 1996).

Health and wellness are constitutive values of community psychology (Prilleltensky & Nelson, 1997). Health promotion and prevention efforts characterize many of community interventions, since the early days of the profession to the present (Cowen, 1994). Because of lack of resources, powerlessness, and environmental degradation, oppressed groups are almost by definition at risk for ill-health. Many efforts are directed at improving the health of oppressed groups. Partnerships for health promotion require that community psychologists carefully assess the personal and social needs of their partners. Imposition of our predetermined assumptions about what they might need is not acceptable.

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Needs assessments require full participation of oppressed groups, lest professionals focus on the wrong priorities. In establishing partnerships, there is a risk of embracing person-centered and deficit-oriented models of health that concentrate exclusively on unhealthy lifestyles, to the exclusion of environmental variables such as poor housing, crime, and pollution (McKnight, 1995). This is in opposition to ecological and holistic paradigms of health that avoid blaming oppressed people for their problems (Ryan, 1971). Population-based, system-level interventions that focus on competency building and the promotion of protective factors are suitable alternatives to the deficit-oriented medical model.

Stakeholder Participation, Self-Determination, and Power Sharing

Self-determination, participation, and power sharing are fundamental moral values (Olson, 1978; Rawls, 1972). Rawls (1972) characterized the opportunity to direct one's life as "perhaps the most important primary good" (p. 440). Personal dignity is closely tied to the perceived and actual levels of control people experience. Those who are powerless need to restore a sense of control over their lives (Lord & Hutchison, 1993). When successful, empowering interventions enhance vulnerable people's decision-making power. The values of participation, self-determination, and power sharing in community psychology have been eloquently articulated by Rappaport (1981, 1987). Through the concept of empowerment, Rappaport claimed the importance of affording oppressed groups' enhanced control over their lives, an act with many health-promoting qualities. Citizen participation in decisions affecting one's life is the first and most important step in regaining a sense of personal dignity. This is why oppressed groups legitimately demand to be involved in the planning and evaluation of new social programs and policies (Croft & Beresford, 1996).

Participation is described as encompassing open problem solving, shared decision making, negotiated relationships, and the provision of resources for oppressed groups (Croft & Beresford, 1996; Labonté, 1993). Prilleltensky (1994a) uses the term democratic participation and collaboration as grounded in the belief that individuals are capable of choosing their own direction and goals in life. Similarly, Nelson, Walsh-Bowers, and Hall (1998) refer to participation and self-determination as "voice and choice." The concept of empowerment has been growing since its introduction in the early eighties (Rappaport, 1981). Although empowerment has been defined in numerous ways, essentially it means a sharing of power (Rappaport, 1981, 1987). We propose that a central element of partnership is the sharing of power between community psychologists and oppressed groups. People who

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have typically experienced a lack of control in their lives not only need a change in their thinking about power but experiences of actually having authority over events in their lives (Riger, 1993).

Human Diversity

Respect for human diversity means recognizing that people have the right to define their own personal and social identity. From a moral point of view, recognition and respect of people's unique identities is an ethical obligation equivalent to people's right to self-determination (Taylor, 1992). Studies have shown the beneficial effects of granting individuals and communities an opportunity to define their own personal identity, without fearing oppression or discrimination (McNicoll, 1993; Trickett, Watts, & Birman, 1994). Conversely, research has shown the negative impact of having one's distinctiveness disparaged (Pilar Quintero, 1993). The disturbing consequences of discrimination based on gender, for instance, have been amply documented. El-Mouelhy (1992), for example, has described in detail the subjugation of women and young girls in many developing countries. Practices such as son preference, malnutrition, economic blackmail, physical brutality, and female circumcision condemn girls and women to lives of suffering and despair.

Rappaport (1977) argued that the value of cultural relativity and diversity suggests people should have the right to be different and not to be judged against one single standard. More recently, community psychologists have shown how racism and sexism are forms of sociopolitical oppression and have elaborated on interventions that strive to eliminate such oppression (Bond, 1999; Serrano-García & Bond, 1994; Trickett et al., 1994; Watts, Griffith, & Abdul-Adil, 1999).

Social Justice

Prilleltensky and Nelson (1997) defined social justice as a value that guides the fair and equitable allocation of resources and burdens in society. In many cases, the procurement of cherished values such as self-determination and health depends on the presence of financial and material resources. Without tangible resources to fulfil aspirations, desires remain in the sphere of unachievable dreams. Ironically, the value of social justice, which is so basic to the achievement of the four preceding ideals, remains often neglected in community psychology (Prilleltensky & Nelson, 1997); perhaps it is viewed as "political" rather than "psychological" or as too difficult to conquer. The

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fact is that social justice rarely enters community psychology's discourse, and, even less, its actions.

Yet solidarity with oppressed groups must take into account disadvantaged partners' ability to access valued resources (Nelson, Walsh-Bowers, & Hall, 1998). Partners come to the relationship with different resources, including information, funding, practical and emotional support, or skills (or all of these). An essential element of partnering is the distribution of those resources amongst partners in an equitable fashion. The distribution of responsibilities in a partnership is equally important in forming healthy relationships. To achieve social justice, consciousness raising and political action are necessary.

In the absence of social justice, efforts to achieve the previously described values are bound to be limited. Equitable redistribution of goods and resources is a powerful social intervention we haven't yet learned how to carry out. Partnerships with oppressed groups grant community psychologists an opportunity to learn what may be yet the most effective means of fostering health, voice, and choice: the redistribution of burdens and resources in a lasting, fair, and equitable fashion. For us, the concepts of empowerment and social justice are interrelated but not the same. Empowerment involves participation and control, but not necessarily a fair share of the resources in society. For example, Nelson, Walsh-Bowers, and Hall (1998) have found that psychiatric consumers/survivors in some settings have experienced increased participation and control over services (i.e., empowerment), but this is rarely accompanied by access to tangible resources, such as education, employment, income, or housing (social justice). We believe that consumers/survivors need both increased participation and control and increased access to valued resources.

Developing Shared Values for Value-Based Partnerships

Consistent with our valued-based conceptualization of partnership, the development of shared values among partners is viewed as perhaps the most important factor for building value-based partnerships (Krogh, 1996; Labonté, 1993). Clear answers to the questions of why and to what end the partnership exists are important for successful value-based partnerships. In this regard, it is necessary to ask tough questions at the beginning, questions like the following (Lord & Church, 1998, p. 116):

> Who will benefit? Who will be harmed? Is there a common purpose and value? What beliefs about people and change are inherent in the project? How will differences be addressed? Who will control the process? How will partners work together so that each partner's experience is honoured? How will participation be maximized? How will resources be shared?

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Building shared values and principles requires extensive prenegotiation work, termed "mid-wifing" by Gray (1989). When there is substantial value incongruence between partners, a successful value-based partnership is unlikely (Cherniss, 1993). For example, in a study of people with disabilities' perspectives on partnerships, Krogh (1998) found that conflicts in values and beliefs between professionals and people with disabilities sometimes led to token consumer involvement in the "partnership." When professionals operated from a medical model or a charity approach, they were in conflict with the independent living model espoused by people with disabilities, which is based on the values of community, empowerment, and social justice.

On the other hand, research has shown that commitment to clear and consensually agreed upon purposes or goals is important for partnerships (Boudreau, 1991; Butterfoss, Goodman, & Wandersman, 1993; Gray, 1989; Labonté, 1993; MacGillivary & Nelson, 1998; Panet-Raymond, 1992; Stewart, Banks, Crossman, & Poel, 1994; Tornatzky & Lounsbury, 1979). Gray (1989) calls the process of developing a shared mission "direction setting" and emphasizes the need for a superordinate goal that fits for all partners. When the partnership involves a variety of different stakeholders with different perspectives, establishing common ground can be challenging, as oppressed groups and other stakeholders often have divergent priorities (Perkins & Wandersman, 1990). For a value-based partnership to work to the advantage of oppressed groups, it is not essential that professionals and oppressed groups are completely aligned in terms of their vision and values, but rather that there is enough common ground for a working relationship. Some difference in values and viewpoints is natural, inevitable, and desirable.

Also, although value incongruence is one source of conflict between professionals and oppressed groups, there may also be conflict about the ways of achieving goals when there is value congruence. Community psychologists bring skills in group facilitation, conflict mediation, and team building that are vitally important in establishing shared values and goals and in building consensus about how to achieve those values and goals. These skills are vital in encouraging the participation of oppressed groups and individuals and ensuring that they have a strong voice in establishing the purpose and terms of the partnership and in keeping this focus. Failure to do so can result in serious problems in the partnership relationship (Lord & Church, 1998).

Summary

In this section, we discussed the importance of values for value-based partnerships, described key values, and noted the need for partners to

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develop a collective vision and values at the beginning of the partnership. We believe that values are at the heart of value-based partnerships. Coming to a shared understanding of what values should be at the forefront of the partnerships can be challenging. As Levine and Levine (1992) have argued, although certain values thrive in particular sociohistorical conditions, others remain in the background. Thus, it is important to consider what values will best advance the well-being of this community at this juncture (Kane, 1994).

Additionally, there are times when values conflict rather than complement each other. For example, when self-determination is pursued relentlessly by all stakeholders, it can undermine values of community. In our experience, this has been especially true when partnerships focus on distributing limited resources. The value of social justice has featured primarily in the rhetoric of community psychology, with not enough attention paid to its theory or practice. Community psychology is overdue for an agenda that challenges the unjust societal status quo. Having indicated why value-based partnerships are important, we now describe the nature and functions of value-based partnerships.

FOCUS, TYPES, AND DESIRED OUTCOMES OF VALUE-BASED PARTNERSHIPS

In this section, we describe what value-based partnerships actually do and what they are designed to achieve. We begin by elaborating on the focus and types of value-based partnerships.

Focus and Types

In our experience, value-based partnerships often focus on one of three different functions: (a) the development of services or supports for oppressed groups, (b) coalitions and social action, and (c) community research and program evaluation. Moreover, value-based partnerships typically consist of two types: (a) those between community psychologists and oppressed groups and (b) broad-based partnerships involving community psychologists, oppressed groups, and other stakeholders (e.g., service providers, citizens). As community psychologists, we typically work in universities and human service agencies and play the roles of researcher, evaluator, policy maker, participant conceptualizer, consultant, or service provider in partnerships with oppressed groups. In this section, we briefly describe these two types of partnerships within the three foci of value-based partnerships.

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Services and Supports

Community psychologists have partnered directly with oppressed groups in the creation of alternative settings to mainstream services. Examples of alternative settings include ethnocultural organizations (Prilleltensky, 1993), crisis shelters for women (Barnsley, 1995), and self-help/mutual-aid organizations, which serve a variety of oppressed groups (Humphreys & Rappaport, 1994; Nelson, Ochocka, Griffin, & Lord, 1998). Oppressed groups and community psychologists have partnered to create such settings, because mainstream services were not meeting the needs of oppressed groups. Community psychologists can play a number of roles vis-à-vis alternative settings, such as sharing information, providing tangible support, and offering consultation (Reinharz, 1984). It is important that community psychologists act in a way that facilitates the setting's development without controlling the process or creating dependency.

Alternative settings that are created and controlled by oppressed groups are often based on the values that we believe are important for partnerships. There is a strong emphasis on creating a community of caring, sharing, and mutual support (caring, compassion, and community), on a holistic approach to health and well-being (health), on informal processes and horizontal organizational structures that promote participation and power sharing (participation, self-determination, and power sharing), on addressing the needs and recognizing the strengths of diverse people who do not "fit" into existing programs (human diversity), and on advocating for social change (social justice; Reinharz, 1984). Alternative settings are formed as an alternative to mainstream organizations that do not uphold these same values and that often blame the victims for not fitting in (Ryan, 1971).

Community psychologists, oppressed groups, and other stakeholders have also partnered in broad-based partnerships and coalitions to create or transform human services. Oppressed groups often come into contact with a variety of human services. Children attend schools; people with problems in living participate in human services; people of color, immigrants, and refugees use multicultural and settlement services; and people with disabilities use housing and support services. Community psychologists sometimes consult with other professionals, nonprofessionals, and community members to improve or expand services for oppressed groups.

In the field of adult mental health, for example, there have been dramatic shifts in the role of consumers/survivors and family members. Legislation and the shift toward a different paradigm have led to increased collaboration between consumers/survivors, family members, and service providers (Carling, 1995; Church 1992, 1994). Current trends in mental health and the broader field of disability include individualized, consumer/

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survivor-directed approaches (Carling, 1995; Nelson, Walsh-Bowers, & Hall, 1998; Trivette, Dunst, & Hamby, 1996). Community psychologists have played the roles of participant conceptualizer and consultant in the creation of consumer/survivor-controlled and strengths-based services and supports (Carling, 1995; Mowbray, 1999; Nelson, Ochocka, et al., 1998).

Community psychologists have also worked with parents, children and youth, community members, and schools in low-income communities in the creation of school and community programs for children, youth, and families. Examples of this work include the development of alternative schools that are jointly managed by students, parents, and teachers (Gruber & Trickett, 1987); neighborhood organizations jointly operated by service providers and residents (Chavis & Wandersman, 1990; Powell & Nelson, 1997); and school-community partnerships in low-income communities in the design of prevention programs (Chavis, 1995; Kloos et al., 1997; Nelson, Bennett, Dudeck, & Mason, 1982). Again, community psychologists have functioned as participant conceptualizers and consultants in such partnerships.

Coalitions and Social Action

Coalitions and advocacy organizations, which consist of several different individuals, groups, and organizations, have come together to agitate for social change. Such initiatives typically have a strong social action and social justice orientation, and include advocacy organizations for people with physical disabilities (Balcazar, Mathews, Francisco, Fawcett, & Seekins, 1994) and mental health challenges (Nelson, 1994), feminist movement organizations (Riger, 1984), partnerships to eliminate violence against women (Huygens, 1996b), partnerships to eliminate racism (Contos, 1997; Huygens, 1996a, 1997; Mukherjee, 1992), partnerships to promote health and to prevent problems in living (Kaftarian & Hansen, 1994; Pancer & Cameron, 1994), and community economic development enterprises designed by and for low-income groups to meet both their social and economic needs (Bennett, 1992; Papineau & Kiely, 1996). Consciousness raising, political education, and advocacy are the tactics of such initiatives (Freire, 1970).

Sometimes such coalitions or partnerships involve only community psychologists and oppressed groups. An example of this in which one of us is currently involved involves two community psychologists working with a psychiatric consumer/survivor organization in the planning and implementation of a loan fund program to help consumers/survivors start their own small businesses. Because of stigma and oftentimes lengthy periods of

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unemployment, psychiatric consumers/survivors have considerable difficulty accessing loans. They may also lack the confidence to begin such business ventures. The loan fund program provides both access to start-up capital and social and technical support to launch the business idea. The role of the community psychologists has been to help the consumer/survivor organization research, conceptualize, and implement this program.

In other situations, the partnership or coalition may be more broad based including a variety of other stakeholders. In our experience, what is critical about such coalitions is that members share the same values and work to support the aims of the oppressed group(s). For example, one of us participated in a coalition of psychiatric consumers/survivors, family members, mental health workers, housing providers, and interested community members in advocating for supportive housing for consumers/survivors (Nelson, 1994). Part of the reason that this coalition was successful in obtaining more housing was that the different stakeholders were all "on the same page." In contrast, we have found that coalitions involving advocacy regarding mental health legislation focusing on patients' rights are typically not successful because consumers/survivors and family members often have diametrically opposed views on this issue.

Community Research and Program Evaluation

Community research and program evaluation can involve both types of partnerships that we have described. Community psychologists can directly engage with oppressed groups in community research and program evaluation. In research with oppressed groups, community psychologists need to ask how the participants benefit from the research. Participatory action research is the approach that is best suited to the goals of value-based partnerships (Balcazar, Keys, Kaplan, & Suarez-Balcazar, 1998; Brown & Tandon, 1983; Nelson, Ochocka, et al., 1998). Participatory action research is increasingly being used with oppressed groups, including women (Reinharz, 1992), people of color (Collins, 1991), immigrants and refugees (Prilleltensky, 1993), psychiatric consumers/survivors (Nelson, Ochocka, et al., 1998), and people with disabilities (Balcazar et al., 1998; Krogh, 1996, 1998).

Community research and evaluation can also be the focus of partnerships involving community psychologists, oppressed groups, and other stakeholders (Boyce, 1998). For many complex social problems, a multidisciplinary research approach, including economic development, public health, and social welfare, could be advantageous (Jason, Hess, Felner, & Moritsugu, 1987). One example of a multidisciplinary, multisectoral approach to

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community development and primary prevention with oppressed communities is the Better Beginnings, Better Futures initiative in Ontario. Peters (1994) has described a team of research investigators that span a wide range of disciplines: psychology, social work, sociology, education, nursing, nutrition, family studies, etc. The synergy that can emerge from multidisciplinary research can potentially provide a more comprehensive and holistic approach to problem solving with oppressed groups. In Better Beginnings, the partnership also includes a variety of service providers, representing different sectors, including health, education, and social services, working together to provide a comprehensive intervention approach that is controlled by members of oppressed communities. Thus, this partnership involves a multidisciplinary research team, residents of low-income communities, and service providers.

Desired Value-Based Partnership Outcomes

Value-based partnership research can focus on the processes and outcomes of partnerships that create or improve services/supports or that catalyze social action and social justice. Partnership processes and outcomes can be examined at several different ecological levels of analysis (Kelly, 1987). In this section, we briefly note desired outcomes at multiple levels of analysis: (a) individual, (b) organizational, and (c) community. Our goal is not to prescribe a specific research agenda, but rather to provide a general indication of the types of outcomes that are congruent with value-based partnerships between community psychologists and oppressed groups.

Individual-Level Outcomes

At the level of individual partners, Pancer and Cameron's (1994) study of partnering between professionals and people in the Better Beginnings project showed that outcomes for residents included increased self-esteem and self-determination whereas professionals learned how to interact and collaborate with service users in a more equitable way. This is an example of the influence of value-based partnerships on personal empowerment. Identity and pride in one's unique background and reduced personal experiences of racism, sexism, classism, ableism, and heterosexism are indicators of successful human diversity interventions (Phinney, 1996; Serrano-García & Bond, 1994; Watts et al., 1999), whereas access to employment, income, and education reflect the value of social justice and access to valued resources (Nelson, Walsh-Bowers, & Hall, 1998). All of these outcomes need to be

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systemically assessed to understand how partnership effects or influences these outcomes.

Organizational-Level Outcomes

Organizational-level partnership outcomes can include both a newly formed partnership organization (e.g., a coalition or consortium) and member organizations (including those operated exclusively operated by oppressed groups). The values of caring, compassion, community, and health suggest the need to examine outcomes such as social support and organizational climate (Pretty & McCarthy, 1991), morale of organizational members (Fineman, 1993), and cooperation between organizations operated by different stakeholders (Tornatzky & Lounsbury, 1979). In terms of stakeholder participation, self-determination, and power sharing, several researchers have identified the qualities of empowering organizational contexts, including a belief system that inspires growth and focuses on strengths, opportunities for member participation and contribution, social support, shared leadership, and organizational power to effect community change (e.g., Maton & Salem, 1995; Segal, Silverman, & Temkin, 1995). The extent to which such outcomes are promoted through partnerships is a fruitful area for future research.

Partnerships between mainstream organizations and oppressed groups may focus on the development of inclusive policies and practices to overcome racism (Mukherjee, 1992), sexism (Bond, 1995), and heterosexism (Schneider, 1997), which are measurable indicators of organizational changes that benefit oppressed groups. Finally, the value of social justice suggests that there should be a fair and equitable distribution of resources and burdens between the organizations involved in the partnership (Prilleltensky & Nelson, 1997). So when a large, professionally-run organization partners with a small, less well-resourced organization operated by people from oppressed groups, the latter organization should accrue the most benefits (Lord & Church, 1998). The acquisition of tangible resources for disempowered groups, such as increased financial support, is one important focus for outcome research related to value-based partnerships.

Community-Level Outcomes

At the community level, community psychologists have begun to examine how diverse stakeholders come together to form coalitions and neighborhood organizations designed to effect social and community change (Chavis

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& Wandersman, 1990; McMillan, Florin, Stevenson, Kerman, & Mitchell, 1995). Factors reflecting the value of caring, compassion, and community, including sense of community, cooperation between partners, and social climate within such social change organizations, are important indicators of community change that benefits oppressed groups (Chavis & Wandersman, 1990; McMillan et al., 1995).

With regard to the value of health, there is a growing literature on the development of partnerships between organizations to promote health and prevent substance abuse and other problems in living (e.g., Kaftarian & Hansen, 1994). Research teams have developed measures of the processes of partnership development, community-level outcomes such as changes in institutional policies and legislation and the building of partnership and community capacity to make further changes, and outcomes in terms of improvements in the health of the population (e.g., Goodman & Wandersman, 1994; Mitchell, Stevenson, & Florin, 1996).

The values of stakeholder participation, self-determination, power sharing, human diversity, and social justice suggest that community changes should include increased participation, power, and resources for oppressed groups. Because many efforts at social change have given rise to the proverb, "the more things change, the more they remain the same" (Sarason, 1982, p. 116), resource mobilization theorists assert that indicators of real social change include changes in public policy, the politics of decision making, the distribution of socially valued goods, collective consciousness of the issues, and the capacity for further mobilization (Jenkins, 1983; Morris & Mueller, 1992). Similarly, Bunch (1987) speaks of similar outcome criteria to evaluate the effects of feminist organizing for change, including material improvement in the lives of women, the establishment of group structures for further change, and increased control of social institutions by women.

Summary

In this section, we described the focus and types of value-based partnerships and identified some desired outcomes of such partnerships at multiple levels of analysis. Value-based partnerships with oppressed groups are different than other types of partnerships in their explicit focus on improving quality of life for oppressed groups. Some of the ways this can be achieved are through the development of services and supports, coalitions and advocacy, and community research and evaluation. In the next section, we prescribe guidelines for building the types of value-based partnerships that we have described in this section.

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GUIDELINES FOR VALUE-BASED PARTNERSHIPS WITH OPPRESSED GROUPS

As Boudreau (1991) states, "partnership is a solution that comes with many problems" (p. 19). In this section, we prescribe guidelines for building value-based partnerships with oppressed groups. For each guideline, we discuss factors that may facilitate or impede the partnership process by selecting examples from the literature and our experiences to illustrate how partnership can be implemented in a way that is congruent with the values we have proposed.

Building Relationships and Trust

It is through relationships that the values of value-based partnerships are implemented. In this regard, we believe that strong interpersonal relationships and trust are critical for value-based partnerships. It is important that all parties feel free to express their views without fear of reprisals (Habermas, 1990); that there is a focus on the strengths of all partners (Saleebey, 1992); and that partners come to know one another as whole people, not just in terms of roles or titles (Pancer & Cameron, 1994). Because relationships between dominant and subordinate groups have historically been based on inequality, subordinate groups have good reason to mistrust and be suspicious of dominant groups seeking to partner with them. The issue of trust cuts across many social divisions: social class, gender, race, and disability. Powell and Nelson (1997) found that the development of trust between low-income residents and professionals was the critical issue in the early stages of developing neighborhood centers. Similarly, Perkins and Wandersman (1990) described the importance of overcoming residents' suspicions about research dealing with neighborhood organizations. Partnerships that are not voluntary, but rather are initiated by government or funders, are particularly prone to mistrust and suspicion (Barnsley, 1995; Boudreau, 1991; Butterfoss et al., 1993; Lord & Church, 1998).

Several factors that facilitate relationship and trust building in partnerships have been identified in the literature. The *interpersonal skills* of community psychologists and other professionals are very important for relationship building. Interpersonal skills and qualities such as clear and open communication, open-mindedness and sensitivity, respect, caring, and active listening have been reported to be very important facilitators of the partnership process (Constantino & Nelson, 1995; Curtis & Hodge, 1994; Labonté, 1993; MacGillivary & Nelson, 1998; Noddings, 1984; Stewart et al., 1994).

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Our experience in working with people from a low-income neighborhood who are part of a prevention program is that the newcomers are very intimidated by professionals at formal meetings, and that it takes time and encouragement from us professionals to help people feel comfortable and confident that they have something to contribute (see Cameron, Pancer, & Peirson, 1994).

Education and consciousness raising for professionals is another facilitating factor of value-based partnerships. Huygens (1997) suggests that for those of us in dominant groups, there is a need to raise our consciousness about the realities that oppressed groups faced and continue to face. In this regard, Huygens asserts that it is important to relearn the history of our relationship with subordinate groups. Listening to and understanding the experiences and viewpoints of oppressed groups is necessary for value-based partnerships (Miller, 1983).

Because some degree of conflict between professionals and oppressed groups is inevitable, normal, and necessary when people try to build value-based partnerships (Butterfoss et al., 1993; Church, 1992; Labonté, 1993; Mizrahi & Rosenthal, 1993; Perkins & Wandersman, 1990), *skills in understanding and resolving conflict* are important for enhancing the functioning of a partnership (Butterfoss et al., 1993; Mizrahi & Rosenthal, 1993). Our experience is that conflicts with oppressed groups sometimes do not surface at the point in time in which they originate. People may return to an issue and note the conflict at a later date. It is very important for us to check with people during encounters as to how they are feeling about an issue, as well as revisiting issues that were not resolved to everyone's satisfaction, even though this is not common practice. Establishing a clear conflict resolution process may also help to deal with conflict.

Although relationships in value-based partnerships may be multidimensional, *role clarification* for all partners has been found to be another facilitator of partnership development (Butterfoss et al., 1993; Curtis & Hodge, 1994; Panet-Raymond, 1992; Stewart et al., 1994). Partner roles can range from being defined very formally in written or legislated form to more of an informal, mutual understanding of expectations and responsibilities (Boudreau, 1991; Butterfoss et al., 1993). Over the lifespan of a partnership, new roles can emerge based on different approaches or desired outcomes. Changing roles can cause great difficulties in everyday interactions. As the distinction between professional and service user becomes blurred, Curtis and Hodge (1994) note that this blurring can pose ethical dilemmas. They contend that role clarification for agency staff is necessary to facilitate helping relationships with psychiatric consumers/survivors.

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Building Norms

Partnerships can be viewed along a continuum from very informal—with unspecified responsibilities, irregular meeting times, and unrecorded expectations—to very formal partnerships, with clearly written and mandated roles, rules, goals, and outcomes (Goering & Rogers, 1986). The duration of partnerships is another varying factor. Partners can commit to short-term, long-term, or permanent partnerships, depending on the purpose of the alliance.

Several writers have argued for the importance of establishing norms, ground rules, and procedures to guide the implementation of values in partnerships (Butterfoss et al., 1993; Krogh, 1996; Miller, 1983; Ross, 1985). Huygens (1997) and Krogh (1996) suggest that a *clearly written partnership agreement* can be useful for establishing parameters of the partnership relationship. Clearly defined rules and procedures are associated with member satisfaction and commitment in partnerships (Butterfoss et al., 1993). Partnership agreements help partners know what they are committing themselves to. We have found that *establishing principles for working relationships* are important for value-based partnerships. Such principles can include clear and frequent communication, speaking for oneself, and listening with respect to the viewpoints of others.

Having clear rules and procedures may be one *mechanism to ensure the accountability of professionals to oppressed people* (Huygens, 1997). Huygens (1996a, 1996b) has provided examples of partnership protocols in antiracism education and gender safety in which the accountability of the dominant group to the subordinate group is specified. Clear rules and procedures can also spell out how decisions will be made and how resources will be shared, which is the subject of the next section.

Sharing Power and Resources

As we have argued throughout this paper, there is a clear power imbalance between community psychologists, other professionals, and oppressed groups (Reiff, 1974), which needs to be reduced. Boudreau (1991) describes equality between stakeholders in the mental health system as elusive because the basis of consumer/survivor participation requires that consumers/survivors disclose very sensitive and stigmatizing life experiences, whereas professionals speak from a background of educational and employment status. Similarly, Church (1992) asserts that the inequality in power

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relationships between mental health consumers/survivors and professionals is very difficult to reduce, and suggests that it is important for these stakeholder groups to learn to "work together across difference." Although reducing power imbalance is difficult to achieve, in value-based partnerships, the stronger partners need to consciously strive to share power.

A few factors have been identified in the literature that facilitate power sharing in value-based partnerships. Huygens (1997) argues that dominant groups need to be "de-powered," which involves unlearning dominator habits and learning the boundaries to power. Foster-Fishman and Keys (1997) note the contextual or relational nature of empowerment, which involves both opportunities for choice and control in the environment and a desire for increased control on the part of the individual. In the context of value-based partnerships, these notions of empowerment suggest that *professionals need to learn to share power and decision making, while at the same time, people from oppressed groups need to step up and take more control* (Curtis & Hodge, 1994; Huygens, 1997). This can be accomplished through rotating leadership responsibilities and creating horizontal as opposed to hierarchical partnership structures. We have found that having people from oppressed groups chair meetings and make presentations about the projects in which they are involved is effective in reducing professional power and enhancing the power of the oppressed group.

Active participation and a strong voice by oppressed people are important for a successful partnership, as we have defined it. Eliciting participation, involvement, and cooperation from people who have typically been excluded from these processes takes time and requires patience (Rogers & Palmer-Erbs, 1994). Mandating substantial involvement of oppressed citizens in decision-making bodies in prevention programs for children (Cameron et al., 1994) and adult mental health (Church, 1995; Valentine & Capponi, 1989) is one concrete way of ensuring meaningful as opposed to token participation. Our experience is that, when people from oppressed groups constitute the majority of people in a committee or a group, their level of comfort and participation is greatly enhanced.

Another facilitating factor is the *cultivation of sites of resistance for oppressed groups* (hooks, 1984). Various writers have argued that in value-based partnerships each partner needs to have "power and legitimacy," a "sense of autonomy," and an "identity" (Labonté, 1993; Panet-Raymond, 1992). When there is a power imbalance between two groups, efforts to strengthen the power of the disadvantaged group facilitate power sharing between partners. Organizations or settings that are operated exclusively by and for members of oppressed groups are one important vehicle for strengthening the power, autonomy, and identity of the oppressed group (Lord & Church, 1998). Alternative settings (e.g., feminist movement organizations,

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self-help/mutual-aid organizations) that emphasize peer support and political action can serve this purpose.

Another important facilitating factor is *providing tangible supports* to break down barriers to participation of people with limited income (Cameron et al., 1994; Church, 1995; Pancer & Cameron, 1994). Providing child care, transportation, and paying for expenses related to participation "up-front" are concrete ways of overcoming such barriers. However, we need to go beyond overcoming barriers to participation toward the goal of social justice. In this regard, it is important to examine how partnership resources are allocated and who decides how such resources are allocated. In this regard, Nelson, Ochocka, et al. (1998) have discussed the importance of *hiring and training people from oppressed groups*, so that they are able to gain access to education, employment, and income. We believe that the budgets for partnership projects with oppressed groups, be they program or research grants, should be on the table for discussion.

Challenging Ourselves

Diversity in social class (including levels of income and education), gender, race, ability, ethnicity, and culture pose challenges for partnerships (Bond, 1999; Unger & Wandersman, 1985). Bridging across differences to develop a mutually respectful relationship can be personally challenging for professionals (Lord & Church, 1998), which requires professionals to be willing to have their values challenged and disputed (Fowers & Richardson, 1996). This is not an easy task because professionals don't know ahead of time what values are going to be challenged and why. Some groups may challenge professional privilege, whereas others may question professional legitimacy in becoming involved in their lives.

Working in partnership with oppressed people requires a readiness to enter into an uncomfortable zone, a zone in which social and cultural norms may differ from that of professionals, and in which professionals may be unable to fall back on their customs and unquestioned assumptions. When dominant groups partner with oppressed people, members of the dominant group are likely to have "unsettling experiences" that may threaten professional and personal identities (Church, 1995; Huygens, 1997). An example of such an experience is that in a recent project, one of us was confronted by a consumer/survivor who wanted to know if the budget would all be going to "well-paid professionals" or if there would be some allocation of funds to directly benefit consumers/survivors (Nelson, Ochocka, et al., 1998). This tough question was raised at the beginning of the project, and in collaboration with our partners we decided to hire

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consumer/survivor researchers as research assistants. Unless community psychologists enter the partnership ready to be challenged and willing to accept different norms and expectations, value-based partnerships may not come to fruition.

One of the factors that can facilitate professionals' willingness to be challenged is a *supportive and safe organizational climate.* Such a climate can provide opportunities to discuss and explore challenging experiences, which are pregnant with potential for learning about power and change processes (Church, 1995; Curtis & Hodge, 1994). Butterfoss et al. (1993) found that a positive climate of member organizations is associated with a productive milieu for a partnership. We have found that the opportunity to discuss challenging issues with close colleagues helps us to take risks when people from oppressed groups are pushing for something that goes beyond our expectations. Thus, *peer support* can be a facilitating factor. Finally, MacGillivary and Nelson (1998) found that a *strong sense of self and self-esteem* on the part of professionals were strong facilitating factors of value-based partnerships. Self-esteem can help a person to take criticism constructively rather than as a personal attack.

Summary

Building relationships and trust, establishing norms and principles for working together, sharing power and resources, and being open to challenges are some of the key processes for value-based partnerships, no matter what the focus of the particular partnerships. Research on partnerships and our experiences suggest a number of factors that can be employed to facilitate each of these key partnership tasks. The particular guidelines that we have proposed for value-based partnerships are ones that are important for translating values into actions.

CONCLUSION

By providing a value-based framework for partnerships, we hope to mark a trail toward solidarity with oppressed groups. Although many different stakeholders may be involved in a partnership, our bottom line is that partnerships are ultimately for the benefit of the oppressed group. We see this as the major advantage of this particular type of partnership that we are proposing. Partnerships with oppressed groups that do not have a clearly defined value base run the risk of reinforcing the status quo (Prilleltensky, 1994b).

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One possible disadvantage of value-based partnerships is that professionals may encounter situations in which they feel confused or conflicted by their values and their professional and research integrity. For example, suppose that a community psychologist working in a research partnership with an oppressed group finds that an intervention (e.g., a prevention program or a self-help/mutual-aid initiative) does not have the expected impact. In such a situation, the community psychologist may be pressured not to release the findings or to distort the results in some way, as the findings may be perceived as damaging or threatening in some way to the oppressed group.

In situations such as these, it is important for community psychologists to make distinctions between their values and political allegiances, on the one hand, and their research integrity, on the other hand. In value-based partnerships, there is both an "is" and an "ought," and this difference needs to be born in mind. Although it may be a difficult posture to maintain in some circumstances, we may be strong in our allegiance to an oppressed group, but this does not mean that we become their "press agent" by promoting messages that are inconsistent with our best research evidence. In the example cited earlier, the test of the strength of the partnership becomes how the findings can be shared without causing harm to the oppressed group.

The major challenge for community psychologists involved in value-based partnerships is that abstract models are not easily put into practice. Rarely, is there a recipe for creating contexts necessary for successful partnering with people from oppressed groups. In the most difficult moments of partnering, when conflict is high and successes are low, questions arise such as, "Is this worth it? Why? What is the point?" These questions are precisely the reason why we propose a value-based framework for partnership. Being clear about the values of the partnership may be the needed focus to move a process forward to resolution and action. For example, from the point of view of professionals, it can be so much easier to not include oppressed groups when the oppressed people seem disinterested or hostile. Anchoring a partnership around a value like stakeholder participation and power sharing can push a group toward meaningful collaboration with oppressed groups. As we stated earlier, some values may get more attention at different times and in different situations (Prilleltensky & Nelson, 1997). Putting some values in the foreground and others in the background is often necessary in partnerships.

Not surprisingly, the personalities of people involved in the partnership play a crucial role in creating successful contexts (MacGillivary & Nelson, 1998). Bridging the distance between professionals and oppressed groups requires risk taking and a willingness to change one's personal and professional identity. Unless community psychologists bring many different parts of themselves to partnerships, the humanity and wholeness of the partnership

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relationship may be compromised. To address personality and personal style differences, the value of respecting human diversity needs to be central. Partnering often means linking people from diverse cultures and socioeconomic realities, which can result in very different communication styles. Partnering with oppressed groups can be time consuming and challenging. Put quite bluntly, our experience of partnerships is that they are often quite messy and rife with contradictions.

The framework that we propose is intended to be prescriptive about what value-based partnerships should be. In so doing, it is our hope that we as community psychologists will begin to reflect upon our experiences of partnership and to examine the processes and outcomes of the different partnerships in which we are engaged. We do not hold forth the concept of partnership as a panacea, but rather as an idea that will stimulate dialogue among community psychologists who work with oppressed groups. As such a dialogue unfolds, we anticipate that the limitations of our conceptualization of partnerships today will become apparent and that the values, research, and practice of partnerships will ultimately be enhanced.

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