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**Comprehensive and Integrative Planning
for Community Development**

Ronald Shiffman with Susan Motley

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Comprehensive and Integrative Planning for Community Development

Ronald Shiffman with Susan Motley

Over the years, both the public and nonprofit sectors have moved away from comprehensive, community-based planning strategies, lured by “quick fix” of a project-by-project development strategy. Unquestionably, these projects have directly benefited some poor individuals and families. More often than not, however, they do little to increase the economic vitality of the community in which the project is developed. To deal effectively with the issues of community disorganization and poverty and to broaden participation in the community renewal process, we must examine in today’s light the originally envisioned community development corporation model and its principles. We need to plan, initiate, and implement community development programs and projects based on a thoughtful and well-integrated model that is cognizant of the social, physical, and economic dynamics in our society and within individual communities.

The Origins of Community Development Corporations

Nineteen hundred and eighty-nine marks the twenty-fifth anniversary of the Great Society programs, the most ambitious initiative designed to address the problems of poverty in the United States. Fueled by the civil rights movement and a federal budget surplus, the Kennedy and Johnson administrations began to develop major policy initiatives to eradicate poverty. One of the key outcomes of these Great Society programs was the development and evolution of community development corporations (CDCs), which were conceived as vehicles to bring about social, economic, and physical revitalization in their communities. CDCs were a response to the growing awareness of poverty and the recognition that the slum clearance projects of the fifties and the urban renewal initiatives of the sixties had, in many cases, exacerbated the problems of poverty rather than increased opportunities for the nation’s low-income population.

Experience gained from urban renewal efforts and from the Gray Areas program initiatives of the Ford Foundation, the Marshall Plan in Europe, and United Nations’ initiatives in developing nations helped shape the concept of community development then prevalent in the United States. It was defined as a process to bring about economic, social, and physical revitalization and cultural growth of communities.

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Arguing that poor communities have the resources and the will to address their own problems, community development proponents called for full participation of the poor along with that of government. In their book, *Corrective Capitalism*, Neal R. Peirce and Carol F. Steinbach point out that:

By embracing community control and economic development, the early CDCs went beyond the federal, social service orientation of the 1960s "war on poverty." . . . the first CDCs carried the aura of a grand social experiment. Many were sizable organizations, with expansive agendas and sometimes great expectations, dozens of full-time professionals and technical consultants, multi-year commitments for operational funds, massive housing projects, commercial ventures, social service programs, venture capital arms, even trusts.¹

Successful community development, as originally envisioned, required an integrative and comprehensive planning approach that recognized all of the community's needs – social, economic, and physical – and that sought to develop opportunities for personal, group, and community growth.

Peirce and Steinbach quote Stewart Perry, whom they describe as a chronicler of the CDC movement, as saying:

The conception was that being poor is not an individual affair but rather a systematic disease that afflicts whole communities. Deteriorated housing, impaired health, nonexistent or low wages, the welfare assault on self-respect, high crime rates, low tax base and reduced police and school services, child neglect and wife abuse, and always the continuing export of human and financial capital – all these feed on each other, . . . nest together to create the impoverished community. [Thus the need for] a community-based and comprehensive approach to improving the local economy rather than trying desperately somehow to rebuild each individual so she or he can leave the impoverished conditions behind.²

This integrative approach is often alien to macroplanners, grants officers, and government officials, who tend to view things programmatically and categorically, but it is viewed as essential by area residents who experience the cumulative impact of all of these phenomena. Indeed, it is at the community and/or neighborhood level that one feels their impact and senses the potential for developing and delivering integrative approaches to achieve community development objectives. For this reason, the CDC movement and other integrative and comprehensive planning initiatives were embraced by many people and communities.³

Founding of an Early CDC

A coalition of grass-roots organizations in Brooklyn's Bedford-Stuyvesant area were among those who joined the community development movement in the early 1960s. Initially, the coalition attempted to attract municipal support for a comprehensive and integrative approach to the renewal of the community and discouraged the acceptance of the segmented renewal and social programs that were being offered to the community. Arguing that such an integrative approach would raise expectations that the City of New York could not meet, the City Planning Commission rejected the community's request to initiate a comprehensive development plan for

Bedford-Stuyvesant. The coalition responded by finding a way to organize the initiative itself. Thus, the idea of a self-incorporated group with the mission to initiate and promulgate a comprehensive community development effort emerged. As a result of this effort, one member of the City Planning Commission arranged for a meeting between the Bedford-Stuyvesant group and Senator Robert F. Kennedy. This meeting eventually led to the development of one of the nation's first CDCs.⁴

At a conference on community development held in Bedford-Stuyvesant on December 9, 1966, Senator Kennedy announced the formation of what was to become the Bedford-Stuyvesant Restoration Corporation. He said:

Eight months ago, we found our views on the crisis before us to be in close correspondence. You through a manifesto . . . and I in a series of speeches on the urban crisis, each proposed programs to meet this crisis in a comprehensive and coordinated effort, involving the resources and energies of government, of private industry, and of the community itself.

We urged that the necessary program begin with the physical reconstruction—because it is needed for its own sake to provide decent and pleasant homes and neighborhoods, but more importantly, as a base and focus for the creation of jobs—well-paying, dignified work, trades and skills which will be useful for a lifetime. Indeed, we set our aim as a vital, expanding economy throughout the community—creating jobs in manufacturing and commerce and service industries.⁵

Community-Based Institutions as Vehicles for Change

What Robert Kennedy outlined was a conceptual framework for a comprehensive and integrated community planning and development effort. His speech recognized that the efforts of community residents combined with those of the private sector and of government could bring about economic, social, and physical revitalization of some of our most impoverished areas. He said:

Through the fabric of all program components, as I emphasized in all my statements, run three critical threads:

- Cooperation with the private business community in self-sustaining, economically viable enterprises;
- Integration of programs for education, employment, and community developments under a coordinated overall plan;
- Impetus and direction to be given these efforts by the united strength of the community, working with private foundations, labor unions, and universities, in community development corporations organized for this purpose.

These in brief, were the programs we proposed.⁶

Vital to this approach was the recognition that community development requires the direct participation and involvement of community residents in all facets of the development process—not only in decision making but also in the production, management, and control of what is produced. This process creates what John McKnight refers to as a productive economy where “productive” is defined “not only as the generation of goods and services but the capacity for mutual support, care, and effective problem solving (citizenship).”⁷

This notion of community development not only connotes empowerment of area residents but also the formation, development, and maintenance of community-based institutions, including religious institutions, schools, day care facilities for young and old, health centers, stores, and recreational facilities.⁸ Strong local institutions provide the framework for the necessary social organization to emerge and provide for the necessary avenues of opportunity for residents of low-income communities.

As Senator Kennedy's 1966 remarks indicate, CDCs were conceived as locally based institutions that would have the capacity to plan, develop, respond to, and initiate innovative as well as traditional community development strategies. Equally important, CDCs would be responsible for providing the integrative planning framework within which these development initiatives would take place. They were to receive specialized technical assistance in their community planning and development efforts from governmental and nongovernmental sources. Essential to their success would be a consistent flow of support in the form of personnel, technical assistance, and funds.

The Evolution and Change of CDCs

Resources to sustain most CDCs were inconsistent, and the expectations from funding sources changed radically. Except for a handful of foundations, external sources of support simply ceased to fund the integrative planning efforts of community development corporations. Despite withdrawal of support by governmental sources, CDCs were able to carry out a number of highly successful development-related efforts, but these were often responses to centrally defined standards of accountability and productivity rather than activities planned to meet locally determined needs or priorities. The definition of an effective community development strategy inexorably moved toward quantifiable measurements; productivity became narrowly defined to "units produced." (Indeed, much of the Community Development Research Center's current thinking about evaluative criteria is predicated on this kind of measurement.)

The resulting emphasis on quantifiable (principally "hard") products has resulted in a deemphasis of qualitative (principally "soft") projects and programs that, in turn, has led to a shelving of strategies to integrate social, physical, and economic activities.⁹ Comprehensive and integrative planning has often been set aside. Qualitative activities, if they have existed at all, have focused on project planning and organizational strategic planning intended primarily to enhance the internal capacity of the organization to increase its productivity.

In many ways, this focus is positive, and the results have been and continue to be impressive. Housing units are being produced, jobs generated, new ventures established, and some commercial strips revitalized. Many CDCs continue to function effectively, and although some have floundered, on the whole the number of community-based development organizations (estimated to be in excess of 3,000) continues to grow. The most recent studies indicate that the production of quantifiable

“outputs” is impressive, and anecdotal reports indicate considerable achievement in, for example, local organizing and service delivery. However, identifying the impact of CDC activities on neighborhoods is hard to ascertain since the long-term outcomes of these activities are still unknown. The impact of CDCs nationally is also hard to measure, particularly given macro trends of economic scarcity and political conservatism.

At the same time, “success” and “failure” are defined more narrowly than originally envisioned. Instead of basing productivity measures on mutual support, care, and effective problem solving, productivity is usually measured only in terms of goods and services – and too often “services” are ignored as well. Comprehensive planning predicated on a community development process that emphasizes empowerment of the disenfranchised has given way to project planning and development as an end product.¹⁰

Dennis Keating recently wrote:

An early assessment of CDCs funded under OEO's [Office of Economic Opportunity's] Special Impact program found that CDCs were mostly successful. An evaluation of the [Neighborhood Self Help Demonstration] NSHD program analyzed approximately 100 grantees, 30 in depth. It concluded that these CDCs were generally successful in the development and implementation of most of the projects that they had begun. Key factors included skilled staff, strong leadership, and sufficient external support. . . .¹¹

However, as Keating goes on to point out, CDCs have failed to attain any appreciable political autonomy or economic independence, and most of them tend to be apolitical – despite the fact that many CDCs were spawned by grass-roots, activist organizations.

Contrary to the ideal of empowerment of the poor, many CDCs have a very narrow membership base and are mostly influenced by their staff and board of directors rather than residents of the community. CDC leaders still encourage citizen participation, at least in setting broad goals and policies for neighborhood revitalization, but not nearly as much in their implementation in the forms of projects and programs. This contradicts the goal of grass-roots citizen participation espoused by advocates of empowerment of the poor.¹²

The Problem of Persistent Poverty

The years since 1964 have brought many changes, both structural and attitudinal, that have had an adverse effect on low-income and disenfranchised communities. The “economic surpluses” of the sixties have evolved into the “scarcity” of the seventies and “deficits” of the eighties. Liberal initiatives of the sixties to empower low-income communities socially, economically, and politically shifted by the late sixties and early seventies to a service and maintenance strategy and, now in the eighties, to laissez-faire policies resulting in neglect. These shifts have exacerbated poverty and, commensurately, racism and class conflict.

The macroeconomic climate of the sixties that had enabled low- and moderate-income communities to achieve greater economic mobility has undergone basic structural change, leading, since the early seventies, to dramatic increases in joblessness, underemployment, overall poverty levels, welfare dependency, and severe social disruption marked by alarming increases in drug use and crime.¹³ These developments have undoubtedly been exacerbated by the policies of neglect that have dominated domestic policy for almost a decade. More disturbing, these trends – both in numbers of families affected by poverty and their geographic concentration – are likely to continue unless significant interventions are undertaken.¹⁴

Currently, urban sociologists, researchers, foundations, and public policy activists are again beginning to debate strategies to address the persistent poverty that prevails in many communities. To a great extent, the debate is concentrated among academics who focus on the nature and causes of persistent poverty. Policies to address these problems are being discussed primarily within narrow professional settings instead of among a broad array of professional sectors. Missing almost entirely in this discourse are the community-based practitioners and their constituencies.

Two major exceptions are public opinion surveys that have attempted to interview significant numbers of the poor directly. One survey (1986-87) was conducted by the Coalition for Human Needs, and another was prepared for the NAACP Legal Defense and Educational Fund by Louis Harris and Associates (January 1989). Both surveys indicate the need for policies and programs in education, health care, housing, criminal justice, and social services and public assistance. The Coalition on Human Needs study pointed out that:

Regardless of their personal circumstances, those interviewed shared similar opinions of what steps would help remedy poverty. The view that good jobs are the ultimate solution to poverty was shared by whites and blacks, people in small towns and inner cities, homemakers and exsteel workers, welfare recipients, and the working poor. . . .¹⁵

The coalition's poll indicated strong support for the development of programs that:

- Provide for basic health care, decent wages, and career opportunities;
- Encourage economic development of underdeveloped communities with the emphasis on creating jobs creation and expanding employment opportunities;
- Establish education and training programs to enable the poor – the unemployed and the underemployed – to gain access to the “better” jobs in the economy;
- Modify public assistance programs so that they adequately meet the needs of those unable to participate in the paid work force;
- Minimize bureaucratic procedures and discriminatory treatment that plague many programs designed to assist poor people.

Similarly, in the Louis Harris survey, respondents overwhelmingly supported similar proposals for special school programs, a federal youth corps, business development,

job programs (creation and training including the development of public-sector jobs), expansion of alcohol and drug treatment facilities, and housing programs. The report stated that:

The overwhelming support accorded these suggested approaches to the underclass problem indicates not only that both the white and black communities like and would support such programs, but that the underclass is a problem area where the country could well be united for serious and decisive action. Obviously, much more than simply describing programs is involved. The cost has not been spelled out — specifically the added taxes laid on the line to make the programs possible. But, certainly the results bespeak broad support for collective action. They also demonstrate that the plight of blacks in the underclass is deeply troubling to the American conscience.¹⁶

Despite these studies, we have witnessed a general acceptance by government and many funders of the inevitability of poverty and a growing sense that our ability to bring about positive social and economic change is severely limited. To the extent that CDCs feel compelled to meet these expectations, they appear to be limiting their scope and their perception of what can be accomplished to a narrow range of production activities. While this trend is not entirely negative, it has resulted in the severe diminution of potentially effective community-based development strategies that attempt to address a number of interrelated problems.¹⁷ Of course, it would be naive to believe that, given an adverse macroeconomic climate, a comprehensive community-based plan could significantly alter overall prospects for low-income residents. Nevertheless, as the executive panel of the Ford Foundation's Project on Social Welfare and the American Future states so eloquently:

... Americans ought not to have to choose between the public and private sectors as avenues for dealing with problems of social welfare. Both are intimately linked; they should complement and support each other. Nor can we rely on economic growth alone to guarantee social welfare. A healthy economy, while essential, will not of itself generate the human investment and mutual caring that are necessary for a strong, just society. And while America has grown properly skeptical of programs that foster dependency, it has also learned that it is futile to ask people to take greater personal responsibility for their lives unless they have a real chance to escape from the material conditions that foster insecurity and despair. The deeper issue is the need to create a fairer system in which all will share both obligations and benefits.¹⁸

Comprehensive policies for economic growth, as proposed by William Julius Wilson, a noted sociologist from the University of Chicago, are feasible only if they are supported by community or workplace organizing efforts, which, to repeat, can succeed only if we view CDCs or their successors as comprehensive community development agencies in which organizing, planning, development, and evaluation are ongoing processes. Without locally based organizing efforts, it would be impossible to achieve the national consensus needed to get macroeconomic policies adopted that would promote economic growth, job creation and housing development.¹⁹

Near the end of his 1966 speech announcing the formation of the Bedford-Stuyvesant CDC, Senator Robert F. Kennedy said:

If we here can meet and master our problems, if this community can become an avenue of opportunity and a place of pleasure and excitement for its people, then others will take heart from your example, and men all over the United States will remember your contribution with the deepest gratitude. But if this effort — with your community leadership, with the advantages of participation by the business community, with full cooperation from the city administration, with the help of the outstanding men in so many fields of American life — if this community fails, then others will falter, and a noble dream of equality and dignity in our cities will be sorely tried . . . and, I believe that we can succeed, that we can fulfill the commitment, and thereby help others to do so.²⁰

Evaluating CDCs

Our task here is to discuss methods of evaluating CDCs in the context of the “outstanding men [and women]” of business and government who, by withdrawing their support and resources, have failed to fulfill the commitment that Robert Kennedy and others sought.

In the last twenty-five years, we have learned important lessons about CDCs: that focused or targeted development does usually produce a product, and it is important to build upon those successes; that as intractable as they may appear, problems of poor communities can be solved by a strong and enduring partnership between community residents and private and public support; and, finally, that the problems are complex and multidimensional and require long-term, integrative approaches. It is critical that we remember these lessons and that we continue to apply them.

Given this historical and programmatic context, we believe that the function of community development corporations is, primarily, to improve the quality of life of the residents in their community or the particular constituencies they serve. Quality of life is improved by increasing the social, economic, and political opportunities available to their constituencies. Fundamental to that effort is empowerment provided by a range of choices, opportunities, and responsibilities that include, but far exceed, productivity as measured by units produced.

Given the complexity of the issues facing low-income communities, many organizations have focused their efforts on the physical and economic revitalization of their communities. This focus has been necessary to establish an accomplishable agenda, particularly since resources are often limited while the needs appear unlimited and seldom are clearly defined. CDCs, therefore, must establish measurable and achievable goals, developed and evaluated within a synergistic framework in which the production of a given number of jobs or units of housing must in some way address quality-of-life issues for the group’s constituency. In other words, measurable indicators must be viewed within a programmatic context. How one goes about establishing this contextual framework is the subject of much debate.

There are contextual or qualitative activities that create environments conducive to community empowerment and community economic development. Although the results of these activities are sometimes difficult to measure, we believe that they can be observed and subjected to objective description and analysis. In addition, we believe that these contextual or qualitative activities provide a more fertile environment for development and economic progress and that, in the long run, they produce more efficient and enduring results. Conversely, some development projects are easily quantified but do not appreciably improve the quality of life or the long-term economic, social, or political opportunities for the group's community or constituency.²¹

It would be presumptuous for us to propose a model of what a CDC should look like or what its community development activities should be. Obviously, each CDC should be responsive to locally defined needs and accountable to the community or constituency it is designed to serve. However, we do believe that there are a number of normative standards against which we can begin to assess a CDC's activities.

At a minimum, any evaluation or assessment of CDCs or of the CDC movement must:²²

- Be conducted in a consistent manner over a long period of time;²³
- Recognize the social, political, and economic circumstances prevalent at various stages of the organization's development, particularly at its birth, when initiatives are undertaken and when evaluations are being conducted;
- Include qualitative appraisals as well as quantitative information and data on specific accomplishments;
- Explore the synergistic impact of the CDC's activities by assessing the linkages between program activities and how they collectively benefit area residents or the organization's constituency;
- Assess the inputs in light of the CDC's mission statement and programmatic goals and measure, in quantitative and qualitative terms, both outputs and outcomes against that programmatic base;
- Assess staff and board understanding of the organizational mission, the community's needs, and the history of community-based development efforts;
- Review and evaluate the relationship between the CDC and its community and/or constituency.

The Community Development Plan

A critical element in any CDC effort is the degree to which the organization plans its development and program activities. By definition, most CDCs are geographically based, the exception being those CDCs, like the Mexican American Unity Council, that serve a particular ethnic/racial constituency or class of people (e.g., the chronically mentally ill). Even constituent-based CDCs usually focus their efforts on specific communities or neighborhoods. Therefore, one key element that should be looked at is

the CDC's community development plan or the plan that the CDC accepts as a guide for its development and program activities. The key questions concerning the plan are:

- Has the plan garnered a degree of community and organizational support?
- How was that plan developed and by whom?
- To what degree were residents, other organizations, board members, and staff involved in the development of the plan?
- Does the plan address the myriad of problems faced by area residents, including education and training, day care, recreation, health, social services, anticrime and criminal justice issues, transportation, housing, economic opportunity, and job creation?
- To what degree does the plan introduce integrative approaches to address problems of poverty in the area?
- What is the analytical framework or rubric used to collect and analyze data, and when looked at together do the data reflect the relevant community?
- Does the plan address the needs of all the area's residents, particularly those most in need – the poor, the young and the old, teenagers, the disabled, the homeless, the chronically ill, large families, the unemployed and the underemployed, single heads of households, and women and other victims of racism, sexism, and class discrimination?
- Given the problems and needs addressed, can the plans, goals, and proposed activities be accomplished? Have priorities been established, and if so, over what time frame and by whom?
- How are organizational roles determined and what niches or gaps in services, activities, and/or development functions have been identified, and how are they to be filled? What role, if any, does the CDC play in the process?
- What kinds of social, economic, and personal development opportunities are provided for area residents as a result of the planning and development process?
- Does the plan contain capacity-building strategies for staff, board, and targeted constituencies within the community?
- How, when, and by whom is the plan evaluated and modified?

Obviously, this list is not complete, but it does set the tone of the kinds of issues that should be considered. Prerequisite to any planning activity is an understanding that planning should not be a decision-avoidance process but a conscious effort to put into place a set of strategies and activities that enable the CDC to achieve its goals and objectives and to create a framework against which alternative strategies can be evaluated, decisions made, and actions initiated.

Constraints to Community Economic Development

As we all know, there are many obstacles to attaining community development objectives. These range from the lack of resources to political resistance and the lack of will by those in power. In addition, there are obstacles within the community that are the result of years of despair and institutional discrimination – problems such as the concentration of female-headed households; the high incidence of drug and

alcohol abuse; rising crime rates; a high incidence of health problems including high rates of infant mortality, a major indicator of poor medical attention; and high truancy and dropout rates. These and other related social issues cannot be ignored or remedial action indefinitely deferred. How such issues are handled and by whom are crucial questions. Whether or not it is within the ken of the CDC to address these problems directly is open to debate, and the answer will vary from group to group. However, what should not be in question is the need for some group within the community to address these issues and, if the CDC chooses not to take on the task itself, for the CDC to coordinate their efforts with this entity.

Key questions to be addressed are:

- How does the CDC view the interrelationship between community and economic development and the provision of social welfare and social service programs?
- How are these activities integrated with the development process?
- To what degree does the community development plan address such issues as access to health, educational, and social service programs?
- To what extent is the CDC cognizant of social welfare and social service programs? Is it aware of initiatives to reform and improve the delivery of such programs? Has the CDC participated in coalitions on a local, state, or national level to advocate for changes in these and related programs?
- To what extent does the CDC address and participate in efforts to improve the delivery of health, educational, public welfare, and social service programs within the community?
- To what degree are these programs integrated with the development effort?

Minority Participation in Community Economic Development

Increasing minority group involvement in the work of CDCs would be a major step in the right direction, but it would still be insufficient. One of the major disappointments of the CDC movement has been the *decrease* in the number of African Americans, Latinos, and other impacted minorities that have entered the community economic development field. This decrease can be explained, in part, by the shift in focus from a synergistic development approach to a more physically oriented and quantitative one and, in part, by the demise of the antipoverty and CETA [Comprehensive Employment and Training Act] programs that were natural entry points for many into the community development field.

Whatever the reason, CDCs must make a concerted effort to recruit and train minority community residents so that they can participate in every aspect of the organization's operation. As we indicated earlier, the CDC must model the behavior that it wants to achieve. If we fail to provide employment and leadership opportunities to these groups, how can we address the greater society in reference to these issues? Therefore, one major indicator of the success of a CDC is the extent to which it develops community leadership and provides opportunities to its staff.

In sum, the key factors to look at include:

- To what degree does the CDC recruit, train, and employ area residents?
- What training or capacity-building programs has the CDC developed or participated in to provide staff, particularly indigenous staff, with the skills to advance within the organization?
- To what degree are staff members encouraged to pursue educational and training opportunities?
- Does the CDC have an affirmative action committee, and if so, how does it carry out its mandate?

Employment Opportunities for Community Residents

A related but somewhat independent set of issues concerns the employment opportunities that are developed for minority and community residents as a result of the CDC's programmatic efforts and the extent to which the CDC facilitates this process. For instance:

- Does the CDC attempt to develop or advocate for economic development projects that provide employment opportunities for local residents, or is the targeting of jobs a secondary consideration?
- Has the CDC established and/or utilized employment training and counseling services to assist area residents to fill the jobs that may become or are available?
- Has the CDC identified obstacles to local employability, such as poor or high-cost transportation, lack of day care facilities, poor educational or training programs, language barriers, and health problems, and how has the CDC attempted to mitigate these problems?

The Development and Maintenance of Organizational Linkages

A critical element in the success of any CDC is its relationship to its community and/or constituency. In an orthodox sense, a CDC should model its commitment to empowerment in the way the CDC itself is structured and by the way it carries out its development activities. Therefore, the degree to which the CDC is accountable to its constituency is a factor that should be evaluated and that should guide CDC operations.

- What is the support base for the CDC within the community?
- How is the CDC governed and to what degree is it accountable to the community?
- What efforts are underway to deepen the base of support for community-based development efforts within the community?
- Is the CDC involved in any organizing or advocacy work either on its own or with allied organizations and/or other organized constituency groups?
- To what degree has the CDC attempted to build *horizontal linkages* (within the community, city, county, region, or state) with other organizations by (1) bringing together sets of constituencies and allies to address issues of common concern, and (2) bringing together various issue groups such as health advocacy organizations, tenant rights organizations and day care advocates, to address issues common to all?

- To what degree has the CDC attempted to build *vertical linkages* (between community, city, county, region, state, and national levels) with others by (1) encouraging a working relationship between organizers and community development practitioners functioning as advocates and lobbyists and community-based organizers, grass-roots leaders, and constituent and allied groups, and (2) linking organizational and community economic development efforts on a community, local government, state, and national level?

CDCs and Their Staffs

It has long been recognized and confirmed by a number of studies that the key element in any successful CDC is its staff capacity and the leadership of its director. Usually cited are such factors as:

- Strong, committed, and stable long-term leadership with “entrepreneurial instincts”;
- Technically proficient and experienced staff;
- Ability to adapt to varying social, political, and economic climates; and,
- An affinity to work with and be supportive of community-based boards.

While these ingredients are essential, they are insufficient if CDCs are to focus their efforts on comprehensive community development approaches. Other staff and directorship characteristics that we would suggest are crucial and that should be considered by any CDC evaluation include:

- “Technical proficiency” that includes an understanding of community development theory and practices;
- A working knowledge of the history of the antipoverty, civil rights, and other social and human development movements;
- An ability to work across disciplines in order to participate in a more synergistic approach to dealing with poverty and community economic development issues;
- An understanding and knowledge of planning theory and practices;
- An understanding and knowledge of domestic public policy and social welfare issues;
- An understanding and commitment to participatory planning and development processes, including an ability to communicate, educate, listen, and learn;
- An understanding of human, organizational, and community dynamics;
- A working knowledge of innovative approaches to community and economic development in the United States and in other developed and developing nations;
- A vision and belief that social and community change is possible; and finally,
- An understanding of advocacy and organizing techniques and their applicability to community and economic development.

Board and Community Capacity Building

If the board of the CDC and the community also understand the factors noted above then the CDC’s chances for success over time are significantly enhanced. Therefore, CDC staff must develop techniques to transfer information and skills to their boards

and communities. This function, in and of itself, becomes a means of empowerment, for it enables the community to make informed choices about its future.

Influencing Public Policy

Vertical linkages are particularly important to broader advocacy efforts that seek to change state or national social welfare and development policies. There is, unfortunately, a large gap between CDCs, other constituent-based groups, and the advocates and lobbyists who participate daily in domestic policy battles on a daily basis. This troubling separation between local political muscle and national public policy efforts has resulted in minimal grass-roots participation in and influence on domestic policy issues. Consequently, we have seen a diminution in financial support at all levels of government for domestic social and development programs and the enactment of legislation that often does not reflect locally defined needs. As a result, a gap exists between public policy initiatives and recent public opinion surveys that indicate broader public support for antipoverty and community development initiatives than present-day policies would suggest. Indeed, as Peirce and Steinbach indicate:

... in the rush to do projects, today's CDCs may be ignoring other important aspects of economic development. "Projects constitute no more than 10 percent of community development," says Pablo Eisenberg, President of the Washington, D.C.-based Center for Community Change. He's concerned that too many CDCs shy away from confrontation on such major issues as how massive public subsidies are used, how credit is allocated, and who makes crucial zoning and infrastructure decisions. Cumulatively, he says, these issues may have far more impact on a community than individual economic development projects.²⁴

Peirce, Eisenberg, and many others point out that the dearth of general support for organizing, training, and organizational capacity building, coupled with the emphasis on deal making and complex project development has forced CDCs to shift their focus away from:

... traditional CDC goals such as developing minority leaders or empowering poor residents. The more technocratic orientation, some say, threatens to weaken CDC constituency support. "Some CDCs may end up becoming development corporations in search of a neighborhood," says Graham Finney, a consultant who evaluates CDC performance.²⁵

Organizing, Social Action, and Advocacy

Perhaps the greatest void in CDC influence has been in the in the areas of advocacy and organizing. The common perception that there is an evolutionary continuum from organizing to development is ill-conceived. Organizing, social action, and advocacy when used properly can be extremely effective in providing economic and development opportunities. More important, they are critical factors in the development of human capital, often reaching those that traditional educational and training programs bypass. In 1964, Kenneth Clark, in the study that initiated HARYOU-Act, the antipoverty program in Harlem, wrote:

Attempts will be made to involve the youth of Harlem in real and meaningful programs of social action which can be successful only if a substantial proportion of the individuals are equipped to plan and follow them through. . . .

If it is possible to establish a core program of social action, it would be reasonable to expect that the energies required, and which must be mobilized for constructive and desirable social change, would not then be available for antisocial and self-destructive patterns of behavior. In this regard it should be pointed out that in those communities such as Montgomery, Alabama, where Negroes mobilized themselves for sustained protest and action against prevailing racial injustice, the incidence of antisocial behavior and delinquency decreased almost to a vanishing point during the period of protest.²⁶

Examples of legal advocacy efforts fostering community development abound. For example, the Mental Health Law Project (MHLP), a Washington, D.C.-based legal advocacy group representing a class of 4,000 New York State chronically mentally ill residents, sued the Social Security Administration (SSA) to reinstate benefits that had been denied their clients as the result of a series of public policy initiatives adopted by the Reagan administration. The administration claimed that this class of chronically mentally ill people was functional enough so that it did not need supplementary income support from the SSA. After a protracted battle, the courts ruled that all members of the class were entitled to have their cases reopened and could potentially receive not only future benefits but also the back benefits previously denied them. The only caveat was that the class members had to spend down their back benefits within a discrete period of months in order not to jeopardize future benefits since SSA recipients, by law, must have limited financial assets. The MHLP, working with housing and community development experts from the Pratt Center for Community and Environmental Development, devised an innovative approach for class members to shelter their back benefits by enabling them to invest their funds in a mutual housing system, thereby excluding that investment from their asset base.

The ultimate result of this advocacy effort is unknown; however, if only half the group receive their back benefits, and if those benefits average \$10,000 per recipient, the strategy will result in the transfer of over \$70 million to this class of people. In addition, they will receive their present benefits and be the beneficiaries of whatever housing these resources are able to leverage. At this point in time, an MHLP Mutual Housing Association is being developed and over three hundred and fifty units of low-cost housing for members of the class are being planned with the City of New York. The MHLP, with the support of the Robert Wood Johnson Foundation, is also providing counseling and outreach services to the members of the class in order to assure a higher rate of reinstatement of benefits than has occurred in comparable class action cases in the past.

There are other excellent examples of community development objectives being achieved through concerted advocacy effort such as the work of ACORN [Association of Community Organizations for Reform Now] and National Peoples Action in reference to community reinvestment legislation and their more recent efforts to build

a broad-based coalition to force Congress to link community development needs to proposals to bail out the savings and loan industry. Unfortunately, for too long a time, CDCs have been absent from the advocacy arena. If CDCs are to become more effective, they must once again begin to involve themselves in:

- Monitoring and evaluating development activities;
- Preparing and initiating class action suits;
- Engaging in advocacy activities in conjunction with other development organizations and legal and civil rights organizations;
- Organizing and participating in local, regional, and national campaigns.

These essential development strategies are too often ignored or avoided by CDCs, in large part, because they fear retribution by their funding sources and, in part, because they have become too distanced from their roots and their constituencies.

Conclusion

If CDCs are to be the effective force for social and economic change that many believed they would be, they must once again seek progressive solutions to some of society's most intractable problems. Rooted in their communities, CDCs have the opportunity and the obligation to address the plethora of problems that affect the way people live. Unlike other corporations, CDCs are not mobile; they cannot move to areas of greater opportunity or run away from the area's problems. Therefore, they must develop the techniques and the capacity to address the development-related issues that are paramount in the minds of the residents of their communities. They must learn from those that have tried before them and must constantly assess their own activities and abilities. CDCs must have a clear vision and plan of what they want to achieve. They must have a sense of what is realistic, not to limit their options but in order to reach achievable and desirable ends.

[Clearly,] whatever their limitations, community organizations have conclusively proven their worth. When well managed and adequately funded, they have displayed an ability to plan and implement complex physical and economic development projects, to offer an array of needed social service programs and to assure that all residents share in the fruits of their activities, whether in the form of better housing, jobs or services. . . . They represent a critical mass of development and programming potential more available and accountable to community people than the traditional public or private sectors.²⁷

The past twenty-five years have been extraordinarily significant for CDCs. The most important lessons that have been learned is that there is no one solution to neighborhood revitalization and that community-based development activity plays a critical role in the long-term success of community development. We must again confirm that the legitimate role of CDCs, in concert with government, private corporations, and foundations, is to improve the quality of life for people who are poor and who live in communities beset by poverty, and we must be forthright about the complexity of that mandate.

Targeted physical development carried out by community-based development groups does produce a tangible product. The successful production of a project must rightly be acknowledged. It does represent success, and, as Saul Alinsky, founder of the modern community organizing movement, stated, picking winnable wars is the first step toward transformation. However, the physical development process and the product are only very small pieces of a very large and complex set of problems. Community development corporations can do more. CDCs are needed in strong and enduring partnerships with the public and private sectors in any successful effort to resolve the seemingly intractable problems of poor communities. These problems are complex and multidimensional and require long-term integrative approaches to their solution.

Having learned these lessons, we must acknowledge the extraordinary role funders play in shaping the goals and products that CDCs choose to pursue. We know that if funders tell CDCs that they will be evaluated solely by numbers of units produced, that is what CDCs will focus on. If funders tell CDCs that in order to access funds they must be apolitical, then they are less likely to be actively involved in advocacy issues. If funders tell CDCs that programmatic success can best be delivered by technocrats, then that is who CDCs will hire to provide leadership.

By confirming that improving the quality of life is critical to the long-term survival of our communities and that success can be approached with the intelligence and experience of those who live in those communities, we will have begun the process of integrative planning and community development in the truest sense.

In shaping the criteria by which they evaluate CDCs, researchers are indeed determining what success is and how it should be encouraged. Including integrative planning and quality issues as an organizing concept in the evaluation process ensures that these notions are a fundamental part of the thinking of the CDCs. As important, the concept allows evaluators to acknowledge the complexity of community development and to give credence to experiences at the neighborhood level.

Community development, as we have come to know it over the past twenty-five years, has been both exciting and frustrating. All of the participants in this process have learned important lessons and have witnessed wonderful successes. We have also seen neighborhoods continue to decline and lives filled with despair. Fundamental change has, in many neighborhoods, been illusive; problems have overwhelmed progress. The most important lesson is that there is no magic answer. Physical development, economic and political development, and people development must all occur, each at its own pace, each with its own integrity. Let us acknowledge the complexity and reward the effort.

Notes

1. Neil R. Peirce and Carol F. Steinbach, *Corrective Capitalism—A Report to the Ford Foundation* (New York: Ford Foundation, July 1987).
2. Ibid.
3. As Armand Lauffer points out:

The proliferation of sectorial planning bodies and programs aimed at specific populations poses the problem of coordination and the need for more comprehensive approaches. Accordingly, a number of coordinating, allocating, and intersectorial planning bodies have grown up during the first two-thirds of the 20th century. At the local level, these have included welfare councils, sectarian federations, community action agencies, model-cities boards, community mental health boards, and human resources commissions (and CDCs). . . . Their major function has been to further cooperative relationships. . . . to raise standards of professional practice, and to stimulate the planning and coordination of new services [and programs—both “hard” and “soft”]. “Social Planning in the United States: An Overview and Some Predictions,” in Joan Levin and Armand Lauffer, *Community Organizers and Social Planners* (New York: John Wiley and Sons, Inc. and the Council on Social Work Education, 1972).-
4. Unfortunately, the early history of the grass-roots organizing and planning efforts in Bedford-Stuyvesant that led to the development of the CDC has been ignored by many academics and writers. This has given many the impression that it was a top-down initiative rather than a result of a shared vision and cooperative effort of the community and Senator Robert F. Kennedy.
5. From “Statement by Senator Robert F. Kennedy” at the One Day Conference on Community Development in Bedford Stuyvesant held at Public School 305 and sponsored by the Central Brooklyn Coordinating Council and the Pratt Center for Community Improvement (now the Pratt Institute Center for Community and Environmental Development), Brooklyn, N.Y., December 9, 1966.
6. Ibid.
7. John L. McKnight, *The Future of Low-Income Neighborhoods and the People Who Reside There: A Capacity-Oriented Strategy for Neighborhood Development* (Evanston, Ill.: Center for Urban Affairs and Policy Research, Northwestern University, June 1987).
8. We define empowerment as the ability to make informed choices and to have the social, political, and economic capability contributing meaningfully to the realization of those choices.
9. Some people would argue, and we would concur, that positing the issue as quantifiable versus qualitative is incorrect since there are techniques for quantifying “soft” activities. The key issue is who asks the questions. If practitioners and community residents aren’t full partners with academics and researchers in framing the parameters of a study and the questions to be asked, then the issues we raise will inevitably apply. Unfortunately, this is too often the practice.
10. Our intention is not to give the impression that comprehensive and integrative planning is a panacea that will inevitably lead to the solution of the myriad of problems facing our communities. However, we do believe that such planning is an absolute necessity in order to rationalize the efforts already underway and to organize affected constituencies, identify new initiatives, prioritize and allocate scarce resources, and mobilize support.
11. Dennis W. Keating, “The Emergence of Community Development Corporations—Their Impact on Housing and Neighborhoods,” *Shelterforce*, (Orange, N.J.) February-March-April 1989.
12. Ibid.
13. “In the nation’s fifty largest cities the poverty population rose by 12 percent and the number of persons living in poverty areas (i.e., census tracts of a poverty rate of at least 20 percent) increased by more than 20 percent from 1970 to 1980, despite a 5 percent reduction in the total population in these cities during

this period." William Julius Wilson, *The Truly Disadvantaged—The Inner City, the Underclass, and Public Policy* (Chicago: University of Chicago Press, 1987).

14. For instance, MIT's Phillip L. Clay predicts that from 1983 to 2003, the number of poor households will increase 44.5 percent. From *At Risk of Loss: The Endangered Future of Low-Income Rental Housing Resources*, as quoted in the *Washington Post*, June 3, 1987.

15. Coalition on Human Needs, *How The Poor Would Remedy Poverty* (Washington, D.C., 1986-87).

16. Louis Harris and Associates, *The Unfinished Agenda on Race in America*, a national poll prepared for the NAACP Legal Defense and Educational Fund, Inc., New York, N.Y., January 1989.

17. Comprehensive strategies have rarely been tried in this country. The efforts at comprehensive planning and development that were alluded to earlier and that were initiated under the auspices of the Model Cities program or by CDCs were never fully tested. While planning initiatives were funded, the resources that were promised for implementation, development, and delivery of services never materialized. The approach since then has usually been either planning without development or development without planning. We believe that both must be undertaken together.

18. The Ford Foundation, *The Common Good/Social Welfare and the American Future: Policy Recommendations of the Executive Panel* (New York, May 1989).

19. In their introduction to Lee Staples's book, *Roots to Power* (New York: Praeger Special Studies, 1984), Richard A. Cloward and Frances Fox Piven write:

... national and international, community organizing is both by definition and by necessity local. Ordinary people have always been moved to political action in the local settings where they live and work. ... The skill of the organizer cannot overcome the constraints of localism; it can only discover ... opportunities that are buried in local institutional relationships. Whether people band together as tenants, workers, minority members, women, or environmental and peace activists, it is their neighborhoods, factories, housing projects and churches that provide the nexus for mobilization. ... We think it is wrong to conclude that electoral and political concentration has made local organizing futile, for local mobilizations can sometimes have powerful reverberations on national power. The problem is to identify the contextual conditions and the action strategies by which local protest can influence centralized power. In the 1930s, the industrial workers' movement won large concessions from the Roosevelt administration, and it did so by means of an unprecedented wave of locally organized industrial strikes. ... The southern civil rights movement provides an example of a different kind of strategy by which local resources were mobilized for national influence. ... These experiences suggest, in contrast to the usual wisdom, that centralization may, under some conditions, actually increase the potential leverage of local protests.

20. "Statement by Senator Robert F. Kennedy," op. cit.

21. For instance, in New York City at one point it was possible to receive funding for large transitional facilities for homeless families. At the same time, it was difficult to obtain funding for more permanent housing that integrates homeless and other low-income families. Advocating for changes in the city policy were in the end more productive than agreeing to sponsor and develop the transitional facilities, even though more units might have been produced at an earlier date.

22. These elements are not meant to substitute for quantitative measures. Our objective is not to diminish the importance of the quantifiable outputs of CDCs but to increase our understanding of community development issues that do not lend themselves easily to quantification or, for that matter, to evaluation. In some cases, there aren't any right or wrong answers, just questions that must be considered. The answers vary depending on the context.

23. Longitudinal analyses of CDC efforts have rarely been carried out. Given the activities that CDCs are involved in and the fact that it may take years before their efforts result in tangible benefits, longitudinal assessments are crucial if we are to get a better understanding of community development processes.

24. Peirce and Steinbach, op. cit.

25. Ibid.

26. Kenneth B. Clark, *Youth in the Ghetto—A Study of Powerlessness and a Blueprint for Change* (New York: Harlem Youth Opportunities Unlimited, Inc., 1964). We would venture to say that for those who were involved with HARYOU and similar efforts for the limited period of time that social action activities were actively supported, Clark's observation applies. Unfortunately, for a variety of reasons, principally those involving local politics, social action activities were quickly curtailed and the approach espoused was never really tested.

27. The Ford Foundation, Division of National Affairs, "Communities and Neighborhoods—Possible Private Sector Initiatives for the 1980s," a discussion paper, New York, N.Y., January 2, 1979.