**THE SOCIAL CHANGE ROLE OF COMMUNITY-BASED DEVELOPMENT
CORPORATIONS: A QUIET TRANSFORMATION OF PRIVATE LIVES
AND LOCAL INSTITUTIONS**

**A DISSERTATION SUBMITTED TO
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DEDICATION

This work is dedicated to the people in my life who have wondered what my work is all about…to my parents and my siblings who kept wondering when I would become an architect…to my college buddies and my first wife who wondered when I would get a real job…to my children who trusted that I knew what I was doing and loved marching in neighborhood parades…to Bill Widowson, Don Lenz, and Robert Porter who provided friendship and support along the way…to my committee members who posted timely detour signs… and to Dee who is coming along with me the rest of the way.

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ABSTRACT

THE SOCIAL CHANGE ROLE OF COMMUNITY DEVELOPMENT CORPORATIONS: A
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This dissertation examines the critique that contemporary CDCs have abandoned their
1960s commitment to empower poor communities. By asking CDC directors how their
organizations accomplish social change, this research seeks a more nuanced description
of the transformative intent of their work. These practitioner perspectives are then placed
in the context of Post WWII new social movement theory in order to discover the
conceptual basis for an alternative explanation for the social change role being played by
today's CDCs.

This study finds that a majority of today's CDC practitioners expect to achieve social
change by implementing local projects and programs. CDC directors provide rich
qualitative descriptions of how they transform the private lives of individuals and
influence the social commitments of local institutions. These qualitative themes yield a
normative theory of how CDCs practice social change that is substantially different from
the public policy remedies their critics expect them to pursue.

Rather than abandoning their commitment to empower the poor, this investigation finds that CDC practitioners share a common motivation to help oppressed populations achieve social outcomes not available in a market economy. When the social change explanations of CDC practitioners are compared to empirical evidence of the continuing activism of former 1960s student protestors and new social movement theories, this study finds that the 'localized' empowerment objectives of CDCs substantively correspond with contemporary concepts of social change activity like civic learning and a re-emerging associationalism.

This research concludes that the conceptualization of social change underlying the perceptions of CDC directors has a different ideological footing than that embraced by its critics. Instead of top-down government solutions, CDC's employ bottom-up self-governance strategies. This difference in ideology means that instead of marginalizing the local empowerment strategies and cooperative partnerships formed by today's CDCs, these practices should become a central focus of empirical research and theoretical analysis. This alternative explanation means that university curriculums should recognize the relevance of new social movement theory and that government and philanthropic funders should focus on current CDC practice in order to measure the success of their investments in poor communities.

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I. INTRODUCTION

Community-based development corporations (CDCs) are private nonprofit organizations

formed and governed by the residents of poor urban neighborhoods for the purpose of

taking local action to address the physical and human conditions of poverty found in their

own communities. The first CDCs in the United States were incorporated in the midst of

the 1960s national civil rights movement for social justice. In this formative stage, the

mission of CDCs was perceived to be the eventual social and economic transformation of

poor minority-populated communities that have been abandoned by the market leaving a

landscape of decaying housing and high rates of crime and joblessness.

After a brief period in the national spotlight of the federal government's War on Poverty,

the growth of the CDC movement has continued quietly throughout the closing decades

of 20th century. While the CDC movement secured some important national legislation -

the Community Reinvestment Act governing lending practices and Low Income Housing

Tax Credits to encourage private investors- the role of the federal government in funding

and promoting CDC projects and programs has been declining since the early days of the

Nixon administration in the 1970s.

Yet despite diminished federal support, the CDC movement has continued to grow. The

National Congress of Community Economic Development recently estimated there are

well over 4000 CDCs and the CDC movement has spread to rural towns and distant

regions throughout the country. At the same time, the impact the CDC movement has had

on living conditions in poor neighborhoods and towns is difficult to see. The continuing

presence of high levels of urban decay and rural disinvestment make it hard to appreciate the relatively modest accomplishments made by CDCs.

As a result, there is a dissonance between the continuing growth of CDCs amid lingering doubt about their socio-economic impact, and this dissonance has fostered an ideological debate about the actual social change role being played by contemporary CDCs. This debate has been conducted primarily in the literature on CDCs but the skepticism it represents is also reflected in the lack of academic research and curricular content that promotes specific knowledge and understanding of the social justice activities of CDCs.

This ideological debate over the social change role of CDCs revolves around the question of whether or not contemporary CDCs are still committed to empowering the poor to overcome the dire social and economic conditions found in their communities. Empirical data from practitioner interviews indicate that CDC practitioners think they are fulfilling their activist mission by implementing local development projects and programs that empower low income individuals and influence the development agendas of local institutions (Rubin, 1994; Goetz and Sidney, 1995; Clavel, Pitt, and Yin, 1997). According to this testimony the terms of community empowerment are no longer based on 1960s activist politics, but the social change commitment of today's CDC practitioners is manifest in the goals they embrace and the strategies they employ.

On the other hand, there are many critics in the literature who question whether the CDC movement is still committed to the 1960s social justice agenda to empower the poor.

These CDC critics include political theorists, economic development experts, even institutional supporters of the CDC movement who have become discouraged with the lack of tangible social change outcomes. More specifically, CDC critics expect to see redistributive shifts in government policy and convincing data on social and economic gains in poor communities as evidence of the transformative impact of CDCs. Instead, they observe that government policy has become evermore regressive and the visible signs of community empowerment and the eventual economic transformation of poor communities are all but invisible.

Their harshest critics claim that today's CDCs have "sold out" to their government and corporate funding partners and that their cooperative relationships with the state prove they have abandoned their original activist mission to achieve social transformation in poor communities. (Gittell, 1980; Smith, Rathgeb, and Lipsky, 1993; Stoecker, 1997; Robson, 2000; Filner, 2001). This negative assessment of the social change impact of CDCs tends to be dominated by 1960s ideas about political advocacy as the exclusive path to social change. But whether today's CDCs are still committed to social change or not can only be determined through a more complete understanding of the community empowerment activities CDCs *do* undertake and the social change ideas their practitioners currently embrace. Accordingly, the purpose of this inquiry is to seek out an alternative explanation that more accurately describes the social change role that is being played by today's CDCs.

SOCIAL CHANGE CONTEXT

The present academic debate over the social change role played by contemporary CDCs tends to be conducted in the shadow of 1960s activist politics. That is, in the absence of evidence that CDCs are engaged in empowering citizens to advocate for redistributive legislation and/or federal intervention to address the social and economic problems in poor communities, their critics conclude that CDCs are not committed to social change the way they used to be when the CDC movement began in late 1960s.

For CDC critics, the terms of 1960s activist politics are pre-determined by the classic Marxian formula for social change – class conflict with state power in order to secure public relief for the oppressed. According to this thinking the exercise of political action is still the most valid measure of the impact of CDC social change activity in the contemporary social context. That is, CDC critics expect to see progressive government legislation and subsequent changes in the rates of poverty, unemployment, and crime in poor communities as the evidence of CDC success in achieving social transformation.

On the other hand, empirical evidence from practitioner interviews with CDC directors indicates they consider the tactics of 1960s social activism to be marginal, and as an alternative, playing a direct mediating role between low income people and large bureaucratic institutions eventually leads to social change (Peirce and Steinbach, 1987; Buecher, 1995; Rubin, 2000). This view holds that rather than relying on government

reform, using public and private funds to do what is necessary to achieve social justice in your own community is the most valid empowerment strategy.

Research on the views of CDC practitioners, however, is not well known and it is tucked away in various consulting reports delivered to philanthropic organizations and intermediary CDC institutions. With the exception of Rubin's more methodical research, this practitioner testimony has had little effect on the sway of the more dominant CDC empowerment critique found in the CDC literature. The debate over the social change role played by CDCs is thus decidedly lopsided and the result has been a generalized lack of institutional confidence (governmental, philanthropic, and academic) that today's CDCs are committed to the social transformation of poor communities.

What is required, therefore, is a more rigorous conceptualization of the way today's CDC practitioners think about social change, how they put these ideas into practice through the work of their organizations, and what it means in the historic struggle to achieve social justice for the poor in the contemporary social context. Accordingly, the main objective of this research is to find out if CDC practitioners believe they are still on a path to social change that is consistent with the transformational goal often associated with their activist heritage, and if so, how their community empowerment mission differs from 1960s ideas about social activism.

This approach reaches beyond the purposes of Rubin and other CDC interviewers in that it asks CDC practitioners to explain <u>how</u> they achieve social change through the work of

their organizations and it intentionally seeks to link the significance of these findings to a more contemporary social justice movement context. It is anticipated that these practitioner explanations will demonstrate that the social transformation of poor communities is still foremost on their minds and their organizations are practicing social change on a local level their critics have largely failed to acknowledge or explore.

In addition to asking practitioners to explain how their organizations accomplish social change and finding out more about the origins of their social change ideas, this research cites relevant research findings from outside of the community development field. By comparing current practitioner perspectives with empirical studies on the continuing local activism of 1960s student protestors and various new social movement theories, this research also attempts to place current CDC practice in a more up-to-date context in which the social change role of today's CDCs becomes more apparent.

CONCEPTUAL LIMITS

For the purposes of this research, social change is taken to mean the establishment of a social order in which the poor and excluded are able to attain positive development outcomes otherwise not allowed by the current market system. Although the precise wording of this definition may be subject to debate, CDC practitioners and their critics alike subscribe to a similar transformational goal for society. Accordingly, the CDC empowerment debate is not so much concerned with what social change is as much as it is over how CDCs should be practicing it.

This research does not attempt to argue that the activist (protest) politics that characterized the national social justice movement of the 1960s is not an appropriate response to social injustice or the exclusion of the poor in the contemporary social context. It does, however, take issue with the tendency to invoke 1960s political activism as the exclusive conceptual basis for judging the social change commitment of today's CDCs and its practitioners, and with this in mind, it seeks an alternative explanation that provides a better fit to what today's CDCs *are* actually doing to achieve social change.

This research attempts to create an alternative explanation of the social change role played by today's CDCs by asking practitioners to explain how their organizations actually practice social change in their work. It does not undertake other measures of the social change activity of CDCs such as the testimony of their low income beneficiaries and their institutional partners, or more objective measures of the services CDCs provide and the impact they have on the living standards of recipients. Instead, this research attempts to deal with the fundamental problem that evaluating the social change impacts of CDCs should not take place in a conceptual vacuum, and that the current conceptualization of social change activity found in the CDC literature is flawed.

Directly challenging the primacy of the traditional class versus state conflict model as the only ideological premise for judging the social change impact of today's CDCs has not been attempted by other scholars. Rubin attempts to supply a theoretical context that explains the social change aspirations expressed by the CDC directors he interviewed, but he does not challenge the exclusive tendency of CDC critics to rely on 1960s ideas about

social activism to judge the social change commitment of today's CDCs and its practitioners.

What is at stake by not challenging basic assumptions about the nature of the social change activity undertaken by CDCs is a generalized lack of institutional confidence that today's CDCs are committed to the social transformation of poor communities. In large part, this lack of confidence is reinforced by the fact that redistributive government policies and the resulting economic transformation of poor communities is not readily apparent. This research does not attempt to refute this summative argument by claiming that these measures are irrelevant or that they simply haven't been administered properly. Instead, this research argues that change measures based on a different (practitioner's) conceptualization of CDC practice are being overlooked and they are significant when placed in a more contemporary social context.

Finally, this investigation does not directly address the long term implications of the social change role being played by today's CDCs. How the "small miracles" performed everyday by CDCs will eventually lead to large order social change is left to another day and other researchers. Instead, this research intends only to provide empirical and theoretical evidence that supports the claim that CDC practitioners are nevertheless on a path to social change that is consistent with the transformational heritage typically associated with the CDCs of the 1960s, and this important work deserves more scrutiny.

Chapter Two: The CDC empowerment debate

The academic literature on the impact of contemporary CDCs features the common criticism that they have abandoned their activist roots and their relations with the state are too cooperative to achieve social change because they are inevitably co-opted by state power. CDC critics think in terms of the confrontational politics employed to achieve social gains in the 1960s and they expect to see redistributive shifts in government policy and statistically significant gains in poor communities as the evidence that CDCs are having an impact.

Practitioner interviews indicate that the terms of community empowerment have changed since the 1960s, but their perspectives on social transformation are not well known because the academic literature on CDCs is dominated by 1960s ideas about the meaning of social change. Empirical research from outside the community development field and a growing body of theory on Post WWII social movements provide a different ideological footing on which to judge the social change role played by today's CDCs.

The Activist Origins of CDCs

Many commentators trace the origins of community-based development corporations (CDCs) in the United States to the struggle for civil rights in the late 1950s and early 1960s. Goetz and Sidney (1995) say that CDCs have their roots in neighborhood-based political activity to promote civil rights and community control. Benjamin Marquez

(1993) believes CDCs represent an "institutionalization of minority insurgency" that amounts to a concession to the political demands of the 1960s. Similarly, Charles Hampden-Turner (1974) says "...the idea of CDCs arose in reaction to the success and failure of the civil rights movement."

Community organizing-based accounts, however, take a longer historical view of the early influences on CDCs. Berndt (1977) maintains that " While the CDC concept is seen as an innovation of the 1960s, it is an outgrowth of ideas that have shaped 'poverty programs' at least since the early 19th century.". He suggests that "Robert Owen's villages of cooperation were the forerunners of today's CDCs" in that Owen suggested the poor be placed in specially designated areas, given grants, and "…be expected to make their own way through self-discipline and hard work" (Berndt, p. 4).

Delgado claims "The roots of modern community organizing are as intertwined with the settlement house movement of the nineteenth century, …as they are with the protest movements of the 1960s" (1994). But Delgado states that most writers on the origins of modern community organizing begin in the 1940s with Saul Alinsky's Back of the Yard organization in Chicago. He says Alinsky was a frustrated social worker who advocated that beyond the mere leveraging of needed goods and services, community organizing should focus on "…building organizations of poor people that could challenge the existing balance of power" (Delgado, p 19).

Sara Evans (1979) reaches back to the latter 19th century to account for the roots of

modern community organizing and the social change context of the late 1950s and early

1960s in which CDCs first emerge. Based on her research of the prominent role played

by southern white women in the early civil rights movement (on the Student Nonviolent

Coordinating Committee) and then again in the New Left movement (in Students for a

Democratic Society), Evans claims that women's organizations rooted in southern

Protestantism and its radical critique of American society first opened the way to

community-based insurgency in the 1870s:

> In the 1870s women all over the south began to organize missionary societies.
> Within such societies and the YWCA, women created semi-autonomous arenas in
> which to learn organizational skills, gain in self-confidence, and experiment with new
> patterns of behavior… Although reluctant to challenge overtly cultural definitions of either
> race or sex, they nonetheless began to act on their religious values in a way that drew
> them inexorably into social action…they founded Home Missions to provide basic
> services to the poor despite the continuing opposition of ecclesiastical hierarchies.
> Thus they initiated the settlement house movement and the social work profession
> in the south. (Evans, p.27)

Rather than a social ideal, however, the concrete goal of the southern Protestant-inspired

insurgency of the late 1950s and early 1960s was the creation of a "beloved community"

that was both a vision of the future to be obtained through nonviolent action and a

statement about the egalitarian nature of the movement itself i.e. "black and white

together" (Evans, p. 37). Evans uses the writings of student activists of the period to show

how the search for a beloved community eventually employs a community-based

organizing strategy in northern ghettos to achieve social change. One of these activist

explains the reasoning behind this shift from national politics to building community

institutions:

The first task, I think, is expanding the group of people really committed to democratic change…toward the end of creating institutions of power for those who have no power. In trying to build such institutions for the poor I think we've learned a few things about building and sustaining a radical movement: People need institutions that belong to them, that they can experiment with and shape. In that process it's possible to develop new forms for activity which can provide new models for how people can work together so participants can think radically about how society could operate… (Casey Haden, 1966, p.9-10).

In contrast to placing the historical roots of CDCs in the context of modern community organizing or a southern Protestant-inspired search for the beloved community, another school of thought is that the formation of CDCs was a direct outcome of the federal government's War on Poverty. In his comparative case study of the federal government's War on Poverty, Ralph Kramer (1969) says that a "community development" approach to social action was originally conceived as one of four parts to "an unprecedented governmental effort to induce social change in the local community" (p. 1).

More specifically, Berndt (1977) tells us that it was under the auspices of the Office of Economic Opportunity's (OEO's) local Community Action Programs (CAPs) that the poor were expected to be directly involved in the planning and delivery of social services to improve their daily living conditions -. "Note: 4. The OEO designated areas for Community Action Agencies (CAAs) for the establishment of community corporations to administer the categorical grant programs established by Congress…". Similarly, Clavel, Pitt and Yin (1997) suggest that "CDCs had originally developed as the economic arm of the 1960s poverty program, a complement to the human services-oriented Community Action Programs." (Clavel, Pitt and Yin, p. 440).

Other government program-inspired explanations fix the emergence of community-run development organizations at an even more precise time and place. Filner (2001) says that community development was a federal attempt to rectify the failures of urban renewal policy. Similarly, Randy Stoecker (1997) attributes the origin of the first generation of CDCs to a tour Robert Kennedy took in the Bedford-Stuyvesant area of New York City, and the subsequent Special Impact Amendment to the Economic Opportunity Act that focused on job creation (Stoecker, p. 2).

Greenstone and Peterson (1973) say OEO's unique community participation goals evolved from President Kennedy's 1961 Committee on Juvenile Delinquency and Youth Crime and its premise that youth crime results from a lack of social opportunities to get ahead vs. the psychological problems of the poor. Thus, in addition to CAP's more traditional economic elements (job training and better government service coordination to serve individuals needs), OEO embraced the notion that poverty had a political dimension that made it necessary to mobilize community organizations to articulate their own interests (Greenstone and Peterson, p. 4).

> OEO's 'Community Action' Workbook accordingly recommended to local CAAs that a "promising method" was to assist the poor in developing autonomous and self-managed organizations which are competent to exert political influence on behalf of their own self-interest. Only such steps could make political resources available to poor and minority groups. (Greenstone and Peterson, pp.5-6)

Kramer (1969) attributes the notion of the political empowerment of community organizations to OEO's underlying views on the causes and appropriate response to poverty:

> …, this orientation saw target area residents in control of the CAP, with planning, policy making and administrative authority decentralized and invested in neighborhood organizations that should be given the greatest autonomy. In this view the CAP was regarded more as a social movement whose success was to be measured by increased power accruing to the poor and by changes in institutions so they function more equitably for the poor. (Kramer, p. 5)

But eventually, government sponsorship of social action through autonomous community groups becomes problematic… Although strong support for "the creation of new power centers" came from a host of religious, student, new left, and especially from civil rights interest groups ("to utilize the CAP structure to help ethnic minorities make the transition from 'protest to politics' "), local political elites eventually object to this power sharing arrangement (Kramer, p. 14-15).

By the early 1970s events conspire to bring an early end to state-sponsored community participation. Congress passes the Green Amendment to restore political control of CAAs to local mayors, the failure of redistributive programs like Model Cities becomes self-evident, and the reduction of federal responsibility under Nixon's New Federalism policies proves to be the final blow (Bellah, 1985; Moynihan, 1969; Mollenkopf, 1983; Filner, 2001). Based on this government program-inspired account of the origins of CDCs, one would expect that the withdrawal of government support for community empowerment programs also leads to the demise of the CDC movement.

As we now know, however, these events actually precede two explosive periods of CDC growth in the mid-70s and early 80s (Peirce and Steinbach, 1997). So it appears we need to look beyond the explanation that CDCs were purely an instrument of federal

government programs in order to understand the roots of their community empowerment

mission and why the movement did not disappear in the early 1970s. In this regard,

political analysis of this critical period in history may provide important insight into the

social change role of CDCs.

Greenstone and Peterson (1973) say that although OEO's community participation goals

only succeeded in the actual redistribution of political power to the poor on occasion,

there was a deeper significance in the role played by the CAPs because it tapped into

deeper political yearning in poor communities:

> OEO's attack on political poverty was nonetheless sustained by a basic insight
> which gave the CAP its greatest importance. The authoritative 'federally legislated'
> call for participation by the poor in local political and administrative processes
> sanctioned and thus helped to make manifest new political aspirations among
> inner city residents. (Greenstone and Peterson, p.5-6)

Hamden-Turner also concludes that OEO's War on Poverty sparked a deeper need for

political expression. He says that its important innovation was "the concept of re-

institutionalizing the ghettos" (Hamden-Turner, 1974, p. 108). He challenges

Moynihan's central argument that 'maximum feasible participation' is flawed by idealism

and counters that it simply lacked realizable goals i.e. " What was needed was the ideal

possibility, and occasional reality, of persons creating, controlling and using institutional

structures for their own development." (p.108).

Thus, it is in the context of a 60s generation commitment to community organizing to

achieve social justice, a brief period of federal intervention and retreat from community

empowerment programs, and the awakened dream of community-controlled institutions that neighborhood activists begin to take matters of substandard housing, chronic unemployment, and deteriorating public services into their own hands. They do this in large part by forming CDCs to build the housing, create the jobs, and provide the support services that government social programs fail to provide (Bingham and Mier, 1993; Forester, 1989; Wiewel, Teitz and Giloth, 1993).

Today, despite the continuing withdraw of federal support under successive conservative administrations since the 1970s, the numbers and the individual successes of CDCs continue to grow (Clavel, Pitt and Yin, 1997). By some accounts, especially data collected by the National Congress for Community Economic Development, their numbers now range from 4,000 to 5,000 and their presence is felt in towns and cities nationwide. Yet despite the many 'small miracles' performed by today's CDCs (Peirce and Steinbach, 1997), their precise social change role remains unclear to CDC critics and their institutional supporters alike.

The social change motives of contemporary CDC practitioners
In-depth interviews with CDC practitioners reveal they frequently talk about their community empowerment mission, and they talk about it primarily in operational terms. Accordingly, CDC practitioners use different criteria than either CDC's critics or CDCs supporters in order to evaluate the social change impact of their organizations. Practitioners tend to focus on implementation strategies and the beneficial effects these

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strategies are having on their clients and their industry partners vs. ideological or idealized concepts.

For example, the counter-critique that CDCs' critics tend to define community empowerment in very narrow terms is made by Goetz and Sidney (1995) as a result of their interviews with twenty-nine CDCs in the Minneapolis–St. Paul metropolitan area. They claim "There are three important dimensions to community-based advocacy that are rarely distinguished in the literature but essential to evaluating the demobilization hypothesis [that CDCs necessarily abandon their empowerment mission for a range of organizational and structural reasons]." (Goetz and Sidney, p.4).

According to Goetz and Sidney the first dimension is the basic premise of the demobilization hypothesis, that there's a clear separation between advocacy and development activities. They point out that Herbert Rubin's practitioner interviews (1993a; 1994b) revealed that these activities necessarily overlap, that community-based development *is* empowerment that increases political efficacy. The second dimension is the distinction between internally-directed and externally-directed advocacy. They find that CDCs engage in both - internally via resident representation on decision-making boards and externally via trade association coalitions that lobby for progressive housing policies (Goetz and Sidney, p. 12).

The third dimension Goetz and Sidney talk about is the distinction between activism that serves CDC survival interests (like promoting their projects at city hall) and activism that

serves the political interests of the community at large. Once again, they found evidence in Minneapolis-St.Paul that both kinds of activism are in common practice. This result and the citizen efficacy vs. political empowerment argument made by Taub (1990) both suggest that different levels of community empowerment exist, and this has a significant effect on how one assesses the social change impact of CDCs.

Goetz and Sidney state that while the perceived "division of labor" between community advocacy organizations and the technical development expertise of CDCs "is an appealing construct, it is not an accurate empirical description of CDCs and community organizations" (Goetz and Sidney, p. 5). As a result, they ultimately conclude "The Lenz (1988) and Gittell (1980) argument that CDCs lose their political edge to a technocratic orientation is overstated." (Goetz and Sidney, p.16). Other practitioner-oriented research on the political activities of CDCs support this judgment.

Tony Robinson's 1996 in-depth study of one San Francisco neighborhood led him to conclude: that "increasingly professional CDCs incorporated in relationships with government and private developers, have become more, not less, powerful" (Robinson, p.1660); that experience gained working with CDCs actually tended to "politicise residents, leading them to widening circles of involvement in their neighborhoods and cities." (p.1661); and that CDCs achieve their aims "by altering the local political landscape as much as by producing sheer numbers of housing units" (p.1650).

These practitioner interviews in Minneapolis-St. Paul and San Francisco seem to suggest that when looking for the evidence of social transformation, it matters who you ask and how they talk about it. Robinson makes this point explicitly:

> When one looks on 'high' at the abstracted process of global economic transformation, national fiscal retrenchment or world-historical evolution, plenty of evidence can be found that localities and their politics are peripheral, marginal and ultimately meaningless. But when one shifts perspective to the individual neighborhood and the testimony of those that live and work there, different realities come into focus. (Robinson, p.1667)

He concludes that:

> Those that dismiss such successes of CDCs as anomalous or marginal (in the context of declining federal support of the innercity, global capital mobility and the emergence of brutally divided 'dual cities') are also dismissing the experience and the testimony of dozens of degraded neighborhoods and their residents who have been positively transformed by such community developments. (Robinson, p.1648)

CDC supporters talk about some of these same examples of individual and community empowerment, yet they are unable to account for how these results are achieved. Empirical research based on in-depth practitioner interviews tends to focus on how community-based development practitioners are achieving social transformation in the context of the everyday decisions and commitments of their clients and their institutional partners. That is, practitioners believe it's the way CDCs practice development that makes a critical difference i.e. leads to social change.

This approach to social transformation comes to light in the extensive in-depth interviews Herbert Rubin conducted with over 160 executive directors of community development

corporations (CDCs) in the early 1990's. He found that practitioners see their direct

efforts to help low income people accumulate assets, their daily negotiations with public

and private institutions to obtain scarce development resources, and their use of symbolic

narratives about neighborhood change as the means to social change (Rubin, 1994b).

Far from ignoring community empowerment goals, Rubin discovered that CDC

practitioners insisted on talking about their struggle to define community empowerment

by communicating "organic theories of development" within the process of implementing

their projects (Rubin, p. 406). That is, by "defining the conceptual and theoretical terms

in which development is discussed" CDC practitioners show residents and funders alike

how community concerns determine the goals for each project (Rubin, p. 407).

> For developmental activists, a theory that provides guidance in
> doing community work is by itself important. It creates a logic to
> determine which projects become the endeavors that articulate the
> purpose of the organization; by giving definition to the hoped-for
> future community. Their arguments contest with the funders and
> government agencies that want to turn CBDOs [community-based
> development organizations] into service delivery systems; CBDOs
> argue that strengthening community is as vital as the development
> of physical projects. (Rubin, p. 420)

Rubin's 1994 research suggests that the approach taken by CDC practitioners constitutes

an organic theory of holistic development in which neighborhood control of its own

assets (community autarchy) is important, and true empowerment comes about "…when

the poor are responsible for maintaining these assets that root them to the social

community".

> Within the community development movement, an organic theory
> provides reasons why a narrow concern with physical production

devoid of attention to community empowerment will fail. It
communicates that building homes and businesses are a means to
achieve broader values, not an end in and of themselves. An organic
theory communicates to the staff of the CBDO, to funders, and to the
developmental activists themselves that "doing the deal" involves
more than a technical solution to a narrowly defined problem. (Rubin,
p. 434)

Rubin's more recent findings (2000), also based on CDC practitioner interviews, can be
seen as a direct challenge to the co-optation argument of CDC critics. In this case he
examines the influence process between funders and CDCs in case studies on six-dozen
CDCs and their transactions with foundations, intermediaries, and their government
partners. While these case studies demonstrate CDC vulnerabilities to changes in their
support environment, they also show that by participating in the collective agendas of
coalitions and trade associations, even small CDCs can shape the beliefs of funders about
what is to be done (Rubin, p. xiii).

The notion that social change takes place by influencing the community agendas of local
institutions is also the subject of a 1997 article by Clavel, Pitt, and Yin titled, "The
Community Option in Urban Policy". The authors claim the urban growth coalition and
its large scale government intervention policies were already in decline by the 1980s
when CDCs first begin to position themselves to take advantage of government subsidy
and bank regulation initiatives that devolve public and private resources to the local level.
The fact that CDCs continue to thrive despite the federal budget cutbacks of the mid-
1990s leads Clavel, Pitt, and Yin to "attribute this to a level of organization not present a
decade or so earlier" (p.436).

Of particular relevance to the present research hypothesis that CDCs are engaging in social change at a level that is being overlooked, Clavel, Pitt, and Yin find that this level of CDC sophistication has been little noted in the literature except by Shearer (1989), and his optimism about the community option contrasts with much of the thinking on urban economic development. Significantly, they believe the institutional growth of CDCs has more potential to effect change than is being recognized. That is, "If it means movement energy attaching itself to institutions and creating new institutions, analysts need to be as attentive to the gains as they are to the losses." (Clavel, Pitt and Yin, p.439).

Similar to the results obtained by Rubin and others (Sullivan, 1993; Lauria, 1984), Clavel, Pitt and Yin interviewed forty-three CDCs in seven cities and they find that contrary to the criticism that CDCs avoid political involvement or find it to be incompatible with development activities, their direct and indirect impact on local politics is enormous in many cities, and that CDCs have in fact become a political force precisely by becoming developers and providing other services.

Thus Clavel, Pitt, and Yin point out that the context for assessing the social change impact of CDCs has changed, and that something else is going on here that CDCs critics are overlooking.

> The concern about co-optation and sell-out voiced by the critics of CDCs, although reflecting a fundamental truth, needs to be placed in the context f a different reality from that of the embattled left of a decade or two ago… Their growth in the face of the opposing ideological forces that gathered during the Reagan administration and their resilience upon encountering the more intense and cumulated conservative energies after 1994 suggest a basic strength and reality. (Clavel, Pitt and Yin, p.451)

The research of Rubin and Clavel, Pitt, and Yin that suggests that the social change impact of CDCs is manifest in the transformative influence CDCs are having on individuals and local institutions, is a critical point of departure for the present search for an alternative explanation for the social change role played by contemporary CDCs. Rather than pressing for government intervention to solve social problems, Peirce and Steinbach (1987) observe a range of social services now provided by CDCs that "mediate between individuals in need and a society that provides cold and bureaucratic services, if any" (Peirce and Steinbach, p. 8). Rubin (2000) concludes that community development corporations are quietly practicing an agenda for social change by playing a mediating role between community empowerment needs and the capitalist demands of their funding sources.

Finally, Buecher (1995) posits that through ongoing iterative negotiations with funders and policy makers and symbolic actions to help socially oppressed groups build tangible capital assets, CDC practitioners are indeed establishing the basis for political and cultural change. This strategic mediating role that CDCs quietly play may help to explain why CDCs critics may have overlooked the social change outcomes of their work. Rather than talking to practitioners and gathering data on how CDCs transform lives and local institutions at the local level, they have been looking at the dearth of progressive national legislation and redistributive economic data, and in many cases, simply applying ideological class-based constructs to conclude that today's CDCs cannot possibly achieve social change for a host of organizational and structural reasons.

The CDC empowerment critique

There is a substantial body of literature that questions whether contemporary CDCs remain committed to a social change agenda that directly empowers the poor. This criticism, which I will refer to collectively as the *CDC empowerment critique,* takes numerous forms. Some of these critics are actually CDC advocates who are concerned that CDCs have lost their way and are in need of a course correction. Some I refer to as victim-of-the-system analysts who believe that the best intentions of CDCs are inevitably subverted by the bureaucratic imperatives of centralized power. And finally, there are the political skeptics who charge that CDCs are co-opted by state power and that the CDC model is an infeasible vehicle to accomplish radical community change.

Taken together, the CDC empowerment critique takes root in a lack of confidence that CDCs are on the right track i.e. that the current practice of community-based development corporations is properly focused on empowering the community to achieve social change. They believe that since their initial appearance during the social unrest of the 1960s, CDC practitioners have abandoned their activist origins in order to follow the government program dollars they need to survive; that CDCs cannot afford to bite the hand that feeds them anymore, and therefore, they are no longer willing to press the government for the redistributive policies necessary to achieve social justice (Lipsky and Levi, 1975).

The CDC advocates who subscribe to the empowerment critique seem to believe in the social change potential of the CDC model. Nevertheless, they say that CDCs have not

had the impact they expect i.e. a visible reversal of the effects of neighborhood decline (Peirce and Steinbach, 1997; Rubin, 1994; Berndt, 1977). Other CDC advocates find that indicators of community development success such as changes in personal empowerment or community stability are not much in evidence (Taub, 1990). Ultimately, many advocates are forced to admit that CDCs fail to achieve the broad social goals of political and economic self-sufficiency that many had hoped they would achieve (Keating, Rasey, and Krumholz, 1990).

The victim-of-the-system critics include some advocates who feel that CDC practitioners have become too professionalized and that building affordable housing and developing commercial real estate has led them to ignore community organizing and neighborhood issues. According to Goetz and Sidney (1995), victim-of-the-system critics argue that the legal incorporation and growing size and complexity of CDCs necessarily diminishes their role as neighborhood advocates. They call this the "demobilization hypothesis" in that it suggests that CDCs "eventually abandon that [community empowerment] purpose for a range of institutional, structural, and organizational reasons" (Goetz and Sidney, p.2).

For example, Gunn and Gunn (1991) suggest there's a natural tension between the profit-based logic of land development and the inclusive decision-making structure of CDCs, and that this tension eventually erodes the community-based side of the operation. Similarly, Medoff and Sklar (1994) argue that development activity has the inherent potential to exclude grassroots participation and in this regard can be "disempowering".

Finally, Cooper (1980) and Lauria (1986) state that all community organizations have problems maintaining their participatory base as they grow. In other words, the bureaucratic requirements of succeeding in our market-driven social order eventually subvert our best efforts at empowering the poor.

Another segment of this victim-of-the-system niche believes that the growing lack of public subsidies and the resulting reliance on private sources of capital have made a turn toward professionalism inevitable. Marquez (1993) asserts that as government financing has disappeared CDCs have accommodated rather than redirected the free market. In his study of three Mexican-American CDCs Marquez finds that:

> …, market constraints have limited the scope of CDC activities and minimized community input. CDC projects are now determined, in large part, by their potential to produce a sizable profit rather than pressing community needs or resident preferences. (Marquez, p.287-288)

Peirce and Steinbach (1997) make a similar point about the potential impact of reduced public funding.

> For the CDC's emerging in the 1980's, the dearth of funding for operating expenses has obliged many to become so project oriented that some longtime CDC supporters fear they may be giving short shrift to such traditional CDC goals as developing minority leaders or empowering poor residents. (Peirce and Steinbach, p. 32)

Based on his study of three organizations Marquez concludes "All CDCs have come under the same pressure to sacrifice democratic control over decision making in order to

insure survival." (Marquez, p. 290). He deduces that as CDCs become pressed financially

they adopt professional business standards that foster a bureaucratic mode of operation

and make community control a moot point. Lenz (1988) and Taub (1990) both conclude

that CDCs have simply become another developer following a supply-side free market

approach rather than fighting for social change.

Perhaps the most popular form of the CDC empowerment critique comes from the

political skeptics who believe that CDCs have "sold out" in the face of state power. These

critics point to the cooperative relationships that CDCs have cultivated with government

funding agencies and they conclude that CDCs are overwhelmed or "co-opted" by the

state and a dominant growth regime that disregard's the community development agenda

(Gittell, 1980; Robson, 2000; Filner, 2001).

Filner (2001) attributes both the rise and fall of CDCs as citizen empowerment vehicles

to successive turns in federal anti-poverty policy. He says the Special Impact Program

provided federal funds directly to nonprofit partnerships that include citizen participants

as well as government and business representation, but soon thereafter, Title IX

reinterpreted HUD's definition of 'maximum feasible participation' to mean participation

by private investors in housing programs and projects. Accordingly, Filner says:

> Community development thus shifted slightly but significantly from a
> program meant to activate citizens to one seeking to activate private
> investment. This shift would prove crucial in the movement of community
> development – initially away from the growth logic of urban renewal,
> but quickly back to a material focus under the staunch criticism of
> influential theorists such as Moynihan. (Filner, p.68)

Based on his case study of community development in Minneapolis, Minnesota, Filner's thesis is that even in the most progressive cities CDCs become agents of a political growth regime.

> As incorporated institutions in the growth regime, CDCs employ a variety of financial and political structures that effectively narrow and constrain (citizen) participation to ensure a focus on growth. Serving both as advocates for low-wealth citizens, and as incorporated Partners in the growth regime, CDCs must constantly balance the interests of low-wealth citizens against those who favor unlimited growth…What results is a series of very difficult, if not tragic, choices that CDCs face – choices that render them relatively unable to accomplish their twin goals of reducing poverty and increasing citizen power. (Filner, p.29)

A similar government co-option theory is proposed by Robson (2000). He theorizes that as a result of the failure of the liberal left to bridge the gap between rich and poor, community (vs. class) is expected to be the new engine of social change. The problem with this, according to Robson, is that the dominant class exploits the community 'self-help' process as a means of bringing local communities under the influence of the prevailing social order, and instead, "the community movement emerges as an agent of the dominant ideology" (Robson, p.9).

According to Robson and Filner, the fact that CDC practitioners no longer press the federal government to re-authorize state-administered social programming is proof that the community-based development movement has abandoned its social change roots. Because in his view CDCs no longer adhere to a radical critique of society, Robson comes to a general conclusion shared by many of CDC critics and advocates alike that,

"The main problem is that community development has been characterized by a lack of theoretical ideas…" and its advocates "…promote a process of social change which is bereft of a theoretical base" (Robson, p. 80).

Cummings and Glaser (1985) share this same skepticism of the theoretical pedigree and apolitical practices that characterize today's community development movement. They observe that while "the theory and rhetoric of community control" is still being used in the 70s and 80s, "there is still no comprehensive community development policy directed toward low-income populations"(Cummings and Glaser, p.269).

The co-optation niche of the CDC empowerment critique is shared by those who are less forgiving of the choices made by CDCs. They claim that CDCs have knowingly become consumed with wining government contracts, and as a direct result they are blinded to the priority of empowering poor citizens. Smith and Lipsky (1993) charge that CDCs have become part of a "contracting regime" in which the government dominates the nonprofits they hire to implement housing and economic renewal programs.

The most extreme political criticism comes from those who deduce that the concept of 'community control' is now irrelevant and that CDCs are just another small business struggling against larger political and economic forces.

> Radical social scientists, in particular, attribute little or no importance
> to urban neighborhoods as potentially powerful agents of social change
> (Molotch, 1979). Because radical critics see urban neighborhoods as
> impotent and tertiary features of the larger social order, they maintain
> that community control is an irrelevant strategic approach to improve
> the lives of the urban poor and working class. (Cummings and Glaser, p.273)

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This branch of the cooptation niche also includes those who suggest that CDCs never really had social change roots in the first place. Randy Stoecker (1997) says it's not CDCs themselves that are the problem, "but the model we hold up for CDCs to meet and the U.S. political economy that are the problem" (p. 4). Stoecker explains that the CDC model was supposed to accomplish bottom-up, comprehensive social and physical redevelopment that empowers whole communities within the existing supply-side, free market context.

Stoecker says the problems with this model include: (1) the smallness and amateurism of CDCs limits their access to the capital and expertise required to do the job; (2) that poor communities must depend on outside capital that tends to resist supporting development that maintains community control; and (3) when CDCs behave like market-oriented organizations "they become part of the same disorganizing forces" that destroy poor communities in the first place (Stoecker, p. 10).

Filner (2001) renders a similar judgment about the CDC approach. " Because the limits of participation are externally defined [by conventional political structures and institutions], community development has proven to be an inadequate response to urban poverty and political disempowerment."(Filner, p.27). Cummings and Glaser also attempt to demystify the theory of community-controlled development:

> 'Community control' was viewed by many local activists as a strategic response
> to powerlessness, a tangible way to ensure that public resources could be captured
> and controlled by residents of the neighborhood being served. The community
> control movement, however, had few successes. (Cummings and Glaser, p.268)

Stoecker goes even further by questioning whether CDC advocates even know what community organizing is. He cites Traynor (1992) who says that the CDC model confuses building power with building structures. Thus, for Stoecker, "The classic community organizing model does not appear to fit the CDC definition that uses advocacy synonymously with organizing". He suggests that if may even be dangerous for CDCs to attempt to be the neighborhood voice as they may compete for public attention with more legitimate groups (Stoecker, 1994,1995a), and that ultimately, CDCs cannot effectively provide social services and undertake community organizing at the same time (Stoecker, p.11).

Thus, the CDC empowerment critique has three components: the apparent absence of transformative political and economic data, the voluntary abandonment of CDCs community empowerment mission in the face of overwhelming market and/or state forces, and a deficient theoretical basis on which to sustain a social change movement. Its adherents either reluctantly surrender to or fully rely upon an ideological argument that deductively assumes that CDCs cannot possibly play a significant social change role either because they are forced to choose between the task of community empowerment and their own survival or they simply capitulate to the demands of government and private funders who have no interest in empowering the poor.

Other descriptions of the social change role of CDCs
CDC advocates include national intermediary organizations, urban research institutions, and a handful of philanthropic allies that have stepped in to provide important technical

and financial resources no longer coming from the federal government. These organizations routinely gather grant performance data in the field and often employ independent consultants to evaluate the performance of specific CDCs in their jurisdiction. The result is a less ideological although often idealized approach to describing the social change impact of CDCs.

In their report to the Ford Foundation (1997), Peirce and Steinbach observe that although the community development movement only had a brief moment in the spotlight (Robert Kennedy's effort on behalf of the Bedford-Stuyvesant Restoration Corporation), it has matured quietly and "it has spread to nearly every state, into cities large and small and remote rural areas". With regard to their social change mission they conclude that " CDCs, in their quiet way, have become a major component of corrective capitalism: in this free-enterprise nation they are finding ways to open doors to classes and individuals otherwise excluded from the American dream." (Peirce and Steinbach, p.9).

This characterization suggests that CDCs are agents of some larger social phenomenon called "corrective capitalism", and there are other agents, possibly other movements working to change the existing social order. Unfortunately, these other corrective capitalism movements and their agents are not identified in the Ford Foundation report and we are left to imagine what they might be, how they are manifest in contemporary CDC practice, and how this approach fits with a broader vision of social change.

Germane to the topic at hand, Peirce and Steinbach do however address the perceived

dichotomy between advocating for the poor and compromising this agenda by keeping

company with private and government development partners (the victim-of-the-system

critique). They believe the gap is narrowing between these opposing views. They cite

William Duncan, president of a Kentucky community development association, who

claims "the dichotomy is 'obsolete', a 'red herring' ".

> CDCs can increase their net power, Duncan believes, when they 'put advocacy
> and development traditions together. We can become development technicians
> with a political orientation and political activists with technical development
> skills'. (Peirce and Steinbach, 1997, p.35)

In their 1993 report to the Ford Foundation's Local Initiative Support Corporation

(LISC), Leiterman and Stillman also react to the victim-of-the-system critique. They

maintain that while it's true CDCs have produced hundreds of thousands of housing

units, "a recent survey reports that more than two-thirds of CDCs nationwide are active

not only in physical, but also social community development (defined as public and

private institutions working together to address the needs of the community as a whole)"

Leiterman and Stillman, p.17.

Contrary to the claim that CDCs have abandoned their community empowerment

mission, Leiterman and Stillman say the CDCs they studied are now engaged in the

practice of "community building" in order to arrest the process of "social disintegration".

In this concept of social transformation "the medium is the message" in that the very act

of bringing people together around community issues makes the community more stable.

Accordingly, " Community building is not a magic bullet, but a foundation for hope and change." (Leiterman and Stillman, p.7).

Unlike Peirce and Steinbach, Leiterman and Stillman provide us with some hints as to how community building may be operationalized in contemporary CDC practice, but they fail to inform us how this idea relates to a comprehensive theory of social transformation.

> CDC's objective in building housing has never been solely for the purpose of providing shelter. Building housing provides a tangible result that involves community residents and meets individual's needs. It stands as a symbol of reinvestment and renewal, reinforces positive community values, and changes individual and institutional expectations and behavior. (Leiterman and Stillman, p.18)

Also,

> [CDC] Groups bring residents together – not around abstract ideals of mutual interdependence and reciprocity upon which social stability rests – but around practical day-to-day issues that are urgent and motivate people to action. (Leiterman and Stillman, p.7)

In their examination of CDC participants from 23 cities in the National Community Development Initiative, Walker and Weinheimer (1998) report to the Urban Institute that CDCs "have helped to create the conditions for sustained positive change". The evidence they offer is that many of these cities are relying on CDCs to take on a broad range of nonphysical development activities "including such endeavors as public safety, job training, child care, health programs, and community advocacy" (p.6).

Like Leiterman and Stillman, they refer to this broader CDC role as "community building" and they describe how CDCs operationalize it in broad terms:

> Community-building aims for improved structural access to opportunity for 'all' members of the community. It has been aptly described more as a way of doing things than as a set of prescribed activities. Joan Walsh, in her review of stories of renewal in urban America, suggests that "community building is not a model that can be replicated, but a set of values and principles that must be nurtured and encouraged." Although community building is not a programmatic approach, activities that often embrace elements of community building include resident goal-setting, asset-mapping, comprehensive planning, local leadership development, partnership formation, and reinforcement of community values. (Walker and Weinheimer, p.76)

Finally, Sviridoff and Ryan do address the big picture by attempting to update the meaning of community empowerment, but they neglect the operational detail that helps connect the dots to a satisfactory conceptualization of social change. In their 1996 report to the Surdna Foundation they determine that the 5 CDC participants in the South Bronx Comprehensive Community Revitalization Program (CCRP) are attempting to implement "holistic revitalization strategies" in their neighborhoods. They say CDC practitioners recently determined the need for a new approach to community empowerment that gives "more attention to the goals of public safety, family self-sufficiency, and overall neighborhood stability more directly if their improved housing stock is to endure" (Sviridoff and Ryan, p.5).

Sviridoff and Ryan talk about this renewed CDC approach to community development in terms of the "engaged citizen". They say, "It is the process of creating connections between residents and local institutions that shape the life of their community." (Sviridoff and Ryan, p. 15) In this characterization of the contemporary CDC mission they rely on the distinction made by Richard Taub between what he calls "efficacy" and the "politically oriented empowerment path":

> Instead of looking at the question of empowerment – in the sense of
> having a political impact on large, impersonal forces – it might make
> more sense to think about efficacy, the capacity of individuals to
> believe that they can change the course of their own lives by their own efforts…
> [It's a mistake to] think of empowerment as only or primarily a
> political phenomenon. Helping to create the conditions that make it
> possible for people to get control over their own lives is also empowerment.
> (Nuance and Meaning in Community Development: Finding Community and
> Development, New York: Community Development Research Center,
> New School for Social Research, 1990, Taub, p. 16.)

Collectively speaking, the notion being promoted by CDC institutional advocates is that CDCs have recently evolved to undertake a broader social change role through concepts like corrective capitalism, community building, and by nurturing resident efficacy. Using empirical data gained through case studies, they seem to be responding to two critical elements of the CDC empowerment critique - that CDCs have voluntarily abandoned their community empowerment mission and that they lack a theoretical basis to sustain a social change movement**.** They do this by attempting to articulate a mostly ephemeral approach to social transformation that they believe has only recently been embraced by CDC practitioners. The principal weaknesses of this argument is that it fails to adequately show how CDCs integrate these concepts into daily practice, and in turn, how these practices might relate to a more comprehensive understanding of social change.

Studies on the continuing local activism of 1960s student protesters

Interestingly, research from outside of the community development field supports the counterview that the social activism born of the 1960s has survived, and parallel to the contemporary community development movement, it has evolved into a different kind of community empowerment movement. Whalen and Flacks (1989) find that contrary to

popular media images of 1960s radicals having sold out, the activist commitment to social change born of the 1960s has matured into less visible yet ideologically consistent forms of resistance. They claim this ongoing resistance is not well known because, "Images of sustained commitment, of persistent principle, of adult idealism rarely enter popular discourse, and the processes by which people struggle to sustain and fulfill their aspirations for autonomous and socially responsible lives are rarely studied." (p.3).

Whalen and Flacks find there are numerous studies of former civil rights workers that, "…lend little support to the view that student rebels abandoned their convictions after they left university and ventured into the adult world" (p.4). After tracking the lives of former student activists ("bank burners") from the University of Southern California's Isla Vista campus for nine years, they conclude the opposite to be true - that even though their level of political involvement declined over the intervening years, "their current political, vocational, and moral commitments exhibit many continuities with their movement past" (p.4).

A reconfigured commitment to 1960s social change goals is also found in a twenty-five year longitudinal study of black and white student activists that were on Florida State University's Tallahassee campus during the student uprisings there (Fendrich, 1993). Using multi-dimensional measures of citizenship and a comparison with a national sample of non-activists from the same age and education cohort, Fendrich finds that, "The activists scored higher than other groups on every dimension of active political participation." (p.116).

Fendrich attributes the popular cultural myth that 60's political activists have sold out to the mainstream media that portrays moderate ex-radicals in a way that attempts to "depoliticize the movement's goals and its participants". His research leads him to conclude that, "The cumulative findings clearly indicate that this popular myth is false." (p. 134). Similarly, based on his study of the journals of white activists that participated in the Mississippi Freedom Summer Project, Doug McAdam (1988) concludes that the volunteers did not "fade away" or "sell out", but instead their lives are, "…much more continuous with the Sixties than the popular accounts suggest". (p.200)

To the contrary, McAdam feels that early white participation in voting rights activities in Mississippi provided a bridge between the southern black struggle and the northern college campus actions of SDS and the New Left. According to McAdam and of direct relevance to this research, the Freedom Summer Project led to a diffusion of tactics and ideology that produced a single activist politics that spawned several other national movements including the neighborhood movement:

> …, while activism may have declined in the Seventies, it certainly
> did not disappear. The women's, environmental, and anti-nuclear
> movements grew stronger, not weaker, during the decade. The Seventies
> also saw the proliferation of local neighborhood movements
> throughout the country. (McAdam, p.201)

This is significant because, for many CDC practitioners including myself, the neighborhood movement was the immediate predecessor to and in many important ways indistinguishable from the contemporary CDC movement. That is, for many CDC practitioners a fundamental identification with and commitment to resolving social and

economic problems within the borders of your own neighborhood was and continues to be the moral basis of the CDC movement today.

McAdam says the students returning north from the Freedom Summer Project sought to apply the lessons of the voting rights movement to " a broader transformation of American society". (p.127). In particular, he says they sought to reproduce the same sense of community, "the beloved community", that they experienced in Mississippi (p.93). This idea of building a beloved community in the context of the urban neighborhood movement may be a key to understanding the crossover between the activist spirit commonly associated with social change in the 1960s and the community-centered activism that emerged in the form of CDCs in the early 1970s and beyond. This notion is reinforced by Sara Evans' research on former student activists from the 1960s.

Evans (1979) says the beloved community ideal was in fact translated into a community organizing strategy by Students for a Democratic Society (SDS) and it took the form of Economic Research and Action Projects (ERAPs) in Chicago and other major U.S. cities (p.129). The participants themselves say these organizing projects provided a "formative radicalizing experience" for SDS in that they began to see neighborhood organizations as the means to "…a basic challenge to the whole system of a welfare state" (Nanci Hollander, former SDS activist, p.131).

The notion that community-based initiatives could be seen as an important vehicle for sustaining the 1960s social change movement is succinctly expressed in this inside account of the ERAP experience:

> One thing that has happened is that we have begun to see JOIN [Jobs Or Income Now] as the focus for building…a movement around a community…We don't want to lose perspective and begin to see JOIN as a charity organization, but we are beginning to become less defensive and see that those kinds of activities (hair dressing and legal advice) are ways of building a community around JOIN. Of tying people together, making JOIN a place where people come for various parts of their lives, various normal life activities, which are movement activities as well. To build an alternative community around a political movement. (Richard Rothstein, "Chicago JOIN Project", <u>Studies on the Left</u> , 5, Summer 1965, 123)

Taken as a collective body of empirical evidence, these studies of former student protesters provide substantial support for the conclusion that 1960s activist commitment to accomplish social change moved off campus and into the community where it still persists in many localized forms, and of particular interest here, through the work of community-based development organizations. Although Whalen and Flacks do not specifically cite CDCs, their findings clearly trace the lines of social change activism directly from the national political stage to local community development concerns:

> In literally hundreds of American towns and neighborhoods and work settings, such continuing activism has fostered increased grassroots participation, more equitable policies and practices, and more protection for individual rights and community interests against the depredations of economic and political power. (Whalen and Flacks, 1989, p.258)

This research on the continuing influence of the 1960s activist commitment to social change suggests that if you're looking for evidence of a national social change

movement, don't look for it in the form of a national party or a political platform that espouses New Left ideology or one that carries the trappings of the SDS. Based on the stories of former student activists, Whalen and Flacks conclude that "…no national group today attracts the support and allegiance of the majority of activists who identify with American radical traditions". (p.285).

Therefore, with respect to these findings on a 'localized' reinterpretation of the 1960s activist commitment to social change, if we are to arrive at alternative understanding i.e. that the pressure for social change is now manifest in numerous community-centered initiatives, what phenomenological form(s) does this social movement take? If not the classic Marxist class-based struggle to overthrow state-sponsored oppression, what theoretical construct helps us to understand how this localized social change activity achieves its transformative purpose?

According to Whalen and Flacks, student movement veterans themselves were concerned about the big picture, and in 1967 they held a conference to discuss the future of their radical political agenda. The final conference report (Haber and Haber, 1969) identifies three strategic models or possible scenarios for future social transformation. The first two are rooted in classic Marxist theory in which a new working class emerges to press for revolutionary reforms, and the third, which is more germane to the search here for an alternative explanation, imagines a "…multiplicity of modes of organization, lines of action, and alternative building", in what the Haber's call a "pluralistic revolution" (p. 257).

Whalen and Flacks say it's this third conceptual model that found the most support among conferees at the time and eventually proves to be prophetic in the 1970s. They found that New Left activists dispersed to many different locales to create alternative work and lifestyles to make "…an ongoing contribution to political and cultural change while finding ways to live and work over the long term" (p.257). As we learned from the testimony of the former student radicals Evans followed, many of them turned to community organizing and neighborhood organizations as the means to carry on the struggle for social justice.

Correlations in political and economic theory

The conceptualization of contemporary insurgency based on "a myriad of localized frameworks of political activism" vs. " a single logic of social change" (Whalen and Flacks, p. 257) can also be found in various political analyses of the period immediately following the civils rights movement. Fainstein and Fainstein (1974) use the term 'urban political movements' to differentiate 1960s social movements on behalf of blacks, Latins and other nonwhites from the progressive political movements on behalf of poor immigrants in the early 20th century. Much like Whalen and Flacks, the Fainsteins conclude that the impact of these nonwhite groups is felt primarily at the local level. That is, "To the extent that there is a national movement of poor blacks and Latins, it exists in the combined activities of a multitude of local efforts" (p. xiii).

This is particularly relevant here because, based on my own CDC experience and the CDC literature, a majority of the organizations formed in the beginning of the CDC

movement were located in inner city minority neighborhoods and were seen as a local

expression of black and Latin political aspirations to take more control over their

immediate living conditions. In this regard, the CDC movement can be seen as an

important expression of the wider urban political movements of the period.

According to Fainstein and Fainstein, urban political movements are different than the

progressive movements of the Protestant middle and upper class because the goal is not

assimilation of poor immigrants into mainstream institutions, but rather community

control over the institutions that serve the community. They conclude that instead of

reformist shifts in government policies and programs, urban political movements gain

their momentum through the political demands of multiple groups that amount to a

generalized pressure to decentralize power.

As it relates to discovering a more comprehensive theory about how the community

development movement accomplishes social change, Fainstein and Faintsein believe

urban political movements cumulatively have a redistributive effect:

> The general political importance of urban political movements
> therefore depends on the accumulation of numerous small successes.
> The constituency that any particular movement can mobilize is small
> and its effectiveness limited. Nevertheless, the awareness of government
> and business that they are being monitored and the increasing influence
> of the previously excluded within the structure of municipal government
> can lead to a change in the overall distribution of power and benefits. (p. 57)

It is significant that rather than government reform, this gradual appropriation of

institutional power at the community level is very similar to the thinking CDC

practitioners have expressed in previous interviews. Peirce and Steinbach (1997) report that the CDC movement leaders they spoke to believe that an accumulation of small "CDC miracles" will eventually lead to long-term social transformation. Rubin's (1994b) interviews with CDC directors lead him to observe that CDCs act as niche organizations constantly mediating between individuals and institutions. Together these observations provide important clues in the search for an explanation as to how CDCs achieve social transformation in poor communities on an incremental basis that is difficult to see.

The importance of the reciprocal relationship between local institutional context and the nature of social change activity in the Post WW II era is articulated by Piven and Cloward (1977). They say that the basic error of the liberal left is that its class vs. state notion of protest is based on received Marxist doctrine vs. the particular social context in which people seek change. They believe that contemporary insurgency "has its own logic and direction" and it "flows from historically specific circumstances" rather than conforming to a 19th century dialectic based on the conditions of capitalist production (p. xi).

In other words, rather than broad ideological campaigns, Piven and Cloward believe that social change today is a product of specific institutional arrangements, the ability of those disadvantaged by those arrangements to disrupt them, and eventually, the reaction of these institutions to limit this disruption. For example, they posit that in the 1960s the disruptive force of the black insurgency was primarily experienced in the electoral

process and eventually dissipated through voting system reforms that resulted in access to local political office, particularly for Southern blacks.

In turn, Piven and Cloward reason that the turn of 1960s political activism to local economic issues and the urban unrest that followed was eventually absorbed and transformed by the rise of National Welfare Rights Organizations and municipal anti-poverty programs. According to some observers cited here, the CDC movement is a direct product of these federal and municipal anti-poverty programs. According to others it grew out of an earlier community organizing movement to create the 'beloved community'. In either case it is consistent with Piven and Cloward's analysis that the CDC movement was a response to the urban unrest of the late 1960s, and as it relates to this research, how this urban political struggle for social justice is or is not being carried forward in contemporary CDC practice is the fundamental issue at the center of the CDC empowerment debate.

In addition to longitudinal studies of 60s activists and urban political movement theorists, analysts from other disciplines are talking about the shift in focus of political advocacy and economic innovation from federal policy to the institutional context of local communities. Writers on a broad range of economic development issues are talking about a return of economic power to the local level in response to the perils of the mobility of global capital. These writers maintain that a community-centered approach is better for business and that communities can only achieve their social and political goals through community-controlled economic activity.

The pro-community business advocates include Henton, Melville, and Walesh (1997) who predict the rise of "economic communities" that effectively leverage local assets and practice regional "collaborative advantage" in order to compete globally (p. xvi). They say that in order to restore civil society where America has historically pioneered new institutions to advance the common good, "Success is likely to come from the bottom up, one economic community at a time." (p. xvii-xviii).

Michael Shuman (2000) talks about the emergence of a countermovement among diverse labor, environmental, and entrepreneurial constituencies who promote "sustainable development" and "…a new philosophy of business that meets people's basic needs with responsible production methods, and nurtures the well-being of communities" (p. 26). He proposes an economics of place that would shift the development goal of towns and cities across America to community self-reliance (p. 28).

Making a broad connection between the pursuit of political and economic interests, Williamson, Imbroscio and Alperovitz, (2002) assert that a new basis for community economic security must be established in order to preserve meaningful self-governance and a rich democracy. They define "community economic stability " as the condition in which a city or town possesses job opportunities and sufficient economic activity to provide a decent standard of living over a sustained period of time. They explain that because "…the U.S. political-economic system explicitly devalues community as a relevant good" (p. xiv), we must encourage economic restructuring at the level of local

communities to confront the triple threat of globalization, the movement of capital and jobs within the U.S., and suburban sprawl.

Similarly, William Simon (2001) writes about the profusion of new institutional forms that have emerged from the community economic development movement to subject economic forces to local democratic control. Of particular relevance to the present search for an alternative explanation of the social change role of CDCs and their preoccupation with local versus national interests, Simon finds that the operating premise of most CDCs is based on Saul Alinsky's concept of intentionally detaching local issues from national and regional ones, and redefining them in practical terms such as the provision of public goods vs. abstract ideology (p.130).

Therefore, when you look outside of the community development field, there is substantial political and economic analyses that points to the significance of the locally-focused activism of contemporary CDCs. Indeed , Simon's observation that CDCs are making a strategic choice to separate the local struggle for public goods from national politics in the pursuit of social change proves to be more than a hunch when the discussion turns to the connections between CDC practice and various new social movement theories.

New social movements and the re-emergence of citizen-centered governance
The perspective of new social movement theorists on the world-wide emergence of localized grass-roots organizing provides a broad phenomenological context in which to

place the social change practices of today's CDCs. Although not necessarily in agreement

about their precise transformative effect, observers of these new social movements are

unanimous in their conclusion about the growing significance of community-based

initiatives in the continuing struggle for social change:

> …it has been obvious for a long time that American working people
> have not undertaken collective action in terms of a class-identified
> politics. Indeed, the major social movements since World War II
> have been organized around nonclass collectivities: the civil rights
> and black empowerment movements, the student/anti-war movements,
> the women's movement, and, in recent decades, the community
> organization and citizen action movement. (Posner in Kling and
> Posner, 1990, p. 3)

Robert Fisher explains that "old social movements" were grounded in labor insurgency as

a response to the excesses of industrial capitalism. He says they were usually tied to

Marxist or Keynesian ideology and they attempted to win state power to limit employer

exploitation of the working class. But as increasing globalization of the world economy

undermines the ability of old social movements to successfully pressure the state to

redistribute resources, the welfare state is now in crisis. Consequently, in Western Europe

and the United States, "… the challenges of the new social movements to the postwar

political economy, while somewhat different in each region and locality and emerging at

different times, took a common form". (Fisher and Kling, 1983, p.5-6).

According to Fisher, five elements distinguish new social movements from the old ones:

they are community based rather than workplace based; they supersede class as the one

and only constituency group; their ideological glue is a democratic politics whose

organizational form is small, open and adaptable to changing circumstances; the struggle over culture and social identity play a bigger role than in past insurgency; and their strategies focus on community self-help and empowerment (p. 6-7).

Fisher says the 1970s and 80s witnessed a proliferation of grass-roots activism in many diverse community-based initiatives that share these common features. The empirical research cited here on the continuing commitments of former student protesters describes this same turn in activism towards the democratic conduct of local cultural affairs. In a corresponding pattern, the interviews with CDC practitioners cited here yield a profile of local community development activity that is preoccupied with the integrity of internal, democratic decision-making rituals and their intended community empowerment benefits (Goetz and Sidney, Rubin, and Clavel, Pitt and Yin).

Indeed, Herbert Rubin draws directly on the insights of new social movement theorists Polletta (1998) and Snow and Benford (1992) to help explain his conclusion that the means of addressing institutionalized poverty employed by CDCs are hard to see yet strategic in their intent to influence others through shared narratives about how things ought to be done (2001). Accordingly, the localized brand of political activism and community self-empowerment quietly practiced by contemporary CDCs comports quite well with Fisher's five elements distinguishing new social movements from older workplace-based movements.

The political ideals that former student activists and contemporary CDC practitioners express also conform to Fisher's definition of the insurgent consciousness behind new social movements. Fisher says community participation is a legitimate means to give oppressed populations a voice as a means of democratizing society, and that organizing around aspects of daily living are necessarily tied to the collective goals of society (p.16-17). Significantly, Rubin's interviews with practitioners reveal a fundamental CDC commitment to create and sustain an egalitarian and participatory environment in the process of addressing the daily challenges posed by the housing, employment, and educational deficits found in poor communities.

In fact, Fischer posits that, "Most commentators tend to see the focus on democracy as the essence of new social movement insurgent consciousness and the source of its potential." (p. 17). He cites Frank and Fuentes (1990) who claim that new social movements "are the most important agents of social transformation in that their praxis promotes participatory democracy in civil society" (p. 142). Likewise he cites Pitkin and Shumer (1982, p.43) who say that "…the revolutionary idea of our time" is democracy:

This local participatory approach to social transformation is also found in new citizen-centered theories of social change. Harry Boyte (1980) says that the contemporary wave of citizen organizing pioneered by Saul Alinsky, Ed Chambers, and Ralph Nader has an identifiable history that is rooted in our social fabric, that seeks to build democratic organizations through which people can wield power, and that adapts readily "to the changing terrain of American life" (p. xiii). It is significant to the search for an alternative explanation of the social change role of CDCs, therefore, that Simon places the

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contemporary CDC movement squarely in the tradition of Alinsky's organizing tactics that include a fundamental commitment to democratic decision making principals within small neighborhood organizations.

Different than conventional views of left or right political ideology, Boyte explains that popular resistance today takes root in diverse spaces in society whose "organic" relations have not yet been refashioned by the marketplace. Based on his interviews with numerous citizen activists he concludes the modern citizen's movement is "a kind of vast schooling in democracy" (p. xiv) and that it is "…a revolt aptly described by the *Christian Science Monitor* as 'a groundswell movement of citizens calling for the return of political and economic power to the local level' " (p. 3).

Boyte and Evans (1986) explain that our heritage of democratic protest originates from groups marginalized by the terms of citizenship that enable some citizens to participate in public life more than others (i.e. property owners). Although during the 19th century democracy meant active citizen participation in community affairs and government was the instrument of citizens, by the 20th century, progressive reforms like the New Deal brought a shift away from voluntary associations and community action to government itself as the primary means of democracy. Along with it came a growing sense that the world is shaped by distant forces over which citizens have little control (p. 13).

In response to this sense of powerlessness, Boyte and Evans conclude that the neighborhood and citizen movements of the 1970s and 1980s articulate a broad and

inclusive vision of direct participation that renews an earlier conception of democracy and fashions practical skills and voluntary organizations to realize these aspirations (p. 16). In a refinement of the earlier connection made between the CDC movement and the urban political movements of the 1970s, it appears that the evolution of CDCs is fundamentally linked to the neighborhood and citizens movements of the period.

This is no coincidence, however, as Boyte and Evans remind us, democratic social movements have historically begun in such community-based organizations. Box (1998) says this emphasis on the importance of citizenship in community-based organizations is an example of "citizen-centered governance". He explains that it is at the local level where people feel they can make a difference and he concludes this is a return to the historical roots of local democratic control. As we learned earlier with Fisher's definition of new social movements, this yearning for local control over the material conditions in one's own community is a fitting description of the origins of the CDC movement.

Even more valuable to the search for an alternative explanation of the transformational role played by today's CDCs play is Sirianni and Friedland's theory of the late 20th century phenomenon of "civic renewal" and the specific contribution being made by community-based development organizations (2001). Sirianni and Freidland say that local communities are engaging in a self-conscious process of civic learning to secure valued social goods. They refer to the current community-based development movement as a prominent example of civic innovation which they characterize as an invisible

process of social learning extending back to the participatory democracy days of the 1960s and 1970s (p. ix).

In this concept of civic learning, Sirianni and Freidland provide a specific theoretical basis on which to counter the claim made by their critics that contemporary CDCs have abandoned their activist roots. Moreover their analysis upholds the validity of the principle hypothesis underlying this research – that CDCs are still committed to social change and they are practicing it a level their critics have failed to recognize. That is, Sirianni and Freidman specifically observe that the significance of the vital process of citizen social learning and capacity building first incubated by Community Action Agencies and the Model Cities programs and still being implemented by CDCs today, is essentially being overlooked!

Ironically, rather than the negative interpretation of their cooperative relationships with government entities that is articulated by CDC critics, Sirianni and Friedland say the evidence of social learning can be found in activists biographies and in the community partnerships practitioners form using the civic language of collaborative problem solving. They observe that today's CDCs are standing outside of these partnerships as they continue to "…refine their local political strategies to shape agendas, design policy, and develop trust as responsible partners, while keeping a critical distance from partisan campaigns" (p. 80). The clear implication is that Sirianni and Freidman believe CDC practitioners are able to maintain their social change agenda apart from their necessary

partnerships with public and private funding sources and apart from the conventional political process.

In accord with Sirianni and Friedland's civic learning theory, the previously recorded testimony of contemporary CDC practitioners emphasizes the central importance of establishing small-scale participatory democracy in order to achieve social change. Similarly, in her study of the journals of former student activists, Sara Evans determines that as an ideology undergirding the community organizing work of SDS, the vision of a participatory democracy was both goal and method, "…people getting together, acting together and eventually wining some power over their lives" (p. 135).

> After a year of community organizing experiences, SDS had come
> to express its goals for the future most clearly in terms of the internal
> working of the movement itself. A vision of "participatory democracy"
> was the key, "a kind of democracy in which those who are affected by
> decisions make those decisions, whether the institutions in question
> be the welfare department, the university, the factory, the farm,
> the neighborhood, the country." (p. 135)

Evans believes that this fundamental pursuit of a participatory democracy is in fact a reincarnation of the beloved community youth activists experienced in Mississippi in the Summer of 1964. Similarly, Fendrich's explanation of his findings on the citizenship patterns of former FSU student activists corresponds with Richard Flacks' 1988 description of the Left's fundamental commitment to democratic procedures and principles:

> The central thrust of the movement was to promote the democratization
> of institutional life and the empowerment of people at the level of
> communities, workplace, and neighborhoods. (Flacks, p. 135)

Mollenkopf (1983) says the self-styled neighborhood movement (in which CDCs emerge) provides "a working model of how things might be done differently" by stressing ideas like "citizen participation" and "neighborhood control over government programs" (p. 289). Peirce and Steinbach (1997) think the community development movement mirrors the democratic qualities of American society that so impressed DeToqueville in 1830s (p. 9). CDC practitioners themselves talk about their efforts to empower people to become stakeholders "in decisions that affect individuals in the community and the community as a whole" (Rubin, 1994b, p. 420). Thus today's CDCs appear to be firmly rooted in a citizen-centered tradition of democratic social change.

Even more rigorously than the notion of civic learning, the theory of a re-emerging associative democracy provides a conceptual context conducive to developing an alternative explanation for the social change role being played by today's CDCs. Paul Hirst (1994) explains that 'associationalism' makes the basic political claim that, "individual liberty and human welfare are both best served when as many of the affairs of society as possible are managed by voluntary and democratically self-governing associations" (p. 19).

> Associationalism seeks to square the aims of freedom for the
> individual in pursuing his or her chosen goals with the effective
> governance of social affairs…, it contends that freedom can only
> be pursued affectively by the majority of persons if they are both
> enabled and supported by society in joining with their fellows in

voluntary associations in order to do so. Associations must,
therefore, be protected by public power that can enforce the rule
of law and also, where necessary, be funded by the public through
taxation. (p. 19-20)

Hirst claims that the late 20th century presents new conditions for developing an

alternative, radical means of reorganizing economic and social governance that was

originally promoted in the late 19th and early 20th centuries by proponents like G.D.H.

Cole and Harold J. Laski. Hirst states that associationalism is once again becoming

relevant after decades of being overshadowed by the totalizing ideologies of state

socialist and liberal democratic ideas of social organization (p. 2).

Hirst explains that with the fall of authoritarian forms of socialism, representative

democracy has had to stand on its own in terms of being responsive to the wishes of

everyday citizens, and by its own standards of accountability, it's failing badly (p.3). Like

Fisher and Kling (1983), he says times have changed - the growing internationalization of

economics and the end of the Cold War – and politics are moving away from the singular

structure of right and left oppositions around one big social question such as the forms of

property that are to prevail (p. 8).

> The new political forces are too diverse, too concerned with different
> issues, to be placed on a single spectrum. There are new types of nationalist
> and regional autonomist parties, and ethnic and religious-based campaigns.
> There are also new forms of politics centered on resistance to racism,
> gender issues, the environmental question and on lifestyles. New political
> problems and new social expectations are ill-accommodated by the old
> party systems in many Western states, and the traditional parties of both
> left and right command less and less popular support. (Hirst, p. 9)

Hirst maintains that the main threats to stability in this new political context, "are no longer class war within or enemy states without", but instead, "diffuse social problems and sources of unrest" leading to a growing conflict between elements of crime and deviance and authoritarian countermeasures to protect the 'haves' from the 'have-nots' (p. 9). Part of the answer, he feels, is a decentralized approach to democratic decision making. The other part is creating institutions that emphasize the quality of decision making, a conception of "democracy as communication" best expressed by Durkheim in his Lectures on Civic Morals (1957):

> For him democracy is, in its most important aspect, a process
> of effective two-way communication between an independent
> public power (the state) and organized social groups representing
> the main occupational interests. The state is an organ of social
> coordination, not a mere medium for the registration of the wills
> of social majorities:…(Hirst, p. 35)

Of direct relevance to the counter-claim that the traditional Marxian ideology that sustains the CDC empowerment critique is inadequate to the task at hand, Hirst states the political forces of the left have eliminated themselves from the task of social progress by advocating the "failed collectivist solutions" of the welfare state, while it is religious and community groups who see the need for a combination of activism with cooperation to build a 'civil society' for the poor and excluded (p. 10).

Hirst's theory challenges both the basic assumption underlying the CDC empowerment critique - that confronting the power of the welfare state is the path to social transformation - as well as the deductive conclusion that CDCs are necessarily co-opted

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by their cooperative relationships with Public and private funding sources. To the contrary, Hirst finds that the re-emergence of associationalism indicates that the community-centered movement to hold representative democracy accountable to support local problem-solving associations is the proper course.

According to Hirst, an associative democracy calls for publicly supported, self-governing voluntary associations that help the oppressed to organize themselves vs. the top-down, state centered approach that is ill-adapted to a pluralist society (p.10). In this regard, a contemporary CDC movement that uses public support in the service of governing its own programs and strategies to transform the lives of the residents and institutions in poor communities substantially conforms to Hirst's vision of a re-emerging form of associationalism as a means of achieving fundamental social change.

Summary

Practitioner interviews indicate that CDCs pursue social transformation in the daily process of implementing their projects and programs. Rubin found that CDC practitioners communicate organic theories of how things should be in a society where low income populations can lift themselves out of poverty. Of particular relevance to the search for an alternative explanation for the social change role played by today's CDCs is observation that CDCs are practicing social change at a level that is being overlooked - Clavel, Pitt, and Yin find that CDCs undertake their local empowerment mission at a level of sophistication that has been little noted in the literature.

However, there is a dominant critique in the CDC literature that concludes today's CDCs are no longer committed to a social change agenda to empower the poor. This CDC empowerment critique holds that CDCs have "sold out" in the face of state power because they are no longer focused on advocating for state-administered social programs. This critique presumes that CDCs have voluntarily abandoned their community empowerment mission, that there is an absence of transformative political and economic data to demonstrate their impact, and that the CDC practice suffers from a deficient theoretical foundation on which to sustain a radical social change movement.

Research outside of the community development field finds that the activism born of the 1960s has matured into less visible yet ideologically consistent forms of resistance, and of particular interest here, through community-based development work. Based on interviews with former student activists, Whalen and Flacks report an ongoing insurgency based on the collective effects of numerous local sources of political pressure rather than a single logic of social change. Additionally, Fainstein and Fainstein point out that the urban political movements of the 1960s and 1970s (in which CDCs first emerge) are different than the progressive movements of the past because the goal is not assimilation of the poor into mainstream institutions, but rather community control over the local institutions that serve their immediate needs.

Economic development analysts find that in view of the mobility of global capital, a community-centered approach is better for business and that communities can only achieve their social and political goals through community-controlled economic activity.

Of particular relevance here, the perspective of new social movement theorists on the world-wide emergence of grass-roots organizing provides a broad phenomenological context that is conducive to talking about the specific democratic practices of CDCs

Fisher says new social movements are community based rather than workplace based, they supercede class, their ideological glue is small scale democratic politics, and their strategies focus on community self-help and empowerment. Fisher says participation at the community level is a legitimate means to give oppressed populations a voice and that organizing around aspects of daily living such as housing and jobs are necessarily tied to the collective goals of society. This local participatory approach to social transformation is also found in new citizen-centered theories of social change.

Boyte and Evans explain that our heritage of democratic protest originates from groups marginalized by the terms of citizenship and that democratic social movements have historically begun in such community-based organizations. Box says this emphasis on the importance of citizenship in community-based organizations is a return to citizen-centered governance and local democratic control. Sirianni and Freidland find that community development organizations are engaging in a self-conscious process of civic learning to secure valued social goods. In contradiction to the CDC empowerment critique that CDCs are no longer on a path to social change consistent with the goals associated with their activist heritage, Sirianni and Freidland claim this social learning is an invisible process extending back to the participatory democracy days of the 1960s and 1970s.

Finally, the notion of a re-emerging associative democracy provides a specific theoretical context that points to a uniform explanation for the social change role being played by today's CDCs. That is, Hirst says the late 20th century presents new conditions for pursuing a radical means of reorganizing economic and social life, and that under these conditions, self-governing voluntary associations that help the oppressed to organize themselves are preferable to the traditional top-down, state centered approach to social change. The theory of a re-emerging associationalism affirms that by using government funds to govern their own programs and strategies for social transformation, today's CDCs are on a path to achieving social change.

Ch.3: Methodology for examining the social change perceptions of CDC practitioners

I. <u>Research Objective</u>

The main objective of this research is to find out if CDC practitioners are still on a path to social change that is consistent with the transformational goal often associated with their activist heritage, and if so, how the terms of their community empowerment mission differ from 1960s ideas about social activism. This is done by asking CDC practitioners to explain the social change aspects of their work and by comparing their responses to what other empirical and theoretical studies conclude about the nature of social change practice in the contemporary Post WWII context. Accordingly, this research seeks an alternative to the narrow argument that CDCs are no longer committed to empowering the poor because they no longer advocate for redistributive government policy.

The research undertaken here employs an inductive logic in a search of an alternative explanation for the social change role played by CDCs. Instead of deductively drawing conclusions based on what CDCs have failed to accomplish, this research asks CDC practitioners to describe the transformative aspects of their work in order to reach a better understanding of what *is* being accomplished. This study also compares these CDC practitioner perspectives to empirical studies and theoretical explanations of the evolving Post WWII social change context. In this way, it's hoped the transformative achievements of contemporary CDCs and its theoretical connection to a broader democratic social change movement will become more apparent.

II. Research Design

This investigation is a search for the conceptual structure at the core of contemporary CDC practice that more adequately explains the social change role played by today's CDCs. The decision to interview practitioners in order to explore the nature of the social change activities undertaken by today's CDCs is driven by two practical considerations. The first is that a body of empirical research based on practitioner interviews already suggests that there is an alternative to the narrow, redistributive policy perspective that underlies the CDC empowerment critique – namely, that CDC practitioners envision the accomplishment of social change within the process of implementing their projects and programs (Pierce and Steinbach, 1987; Rubin, 1994; Clavel, Pitt and Yin, 1997).

Additional CDC practitioner interviews thus have the potential to build on an existing body of qualitative research. The second practical consideration is that practitioner interviews provide access to first-hand knowledge of the social change practices of contemporary CDCs. For the purposes of reaching a more complete understanding of what CDCs actually do to accomplish social change, practitioner perceptions are superior to the deductive reasoning behind expert interpretations of the social change impacts of contemporary CDCs.

In addition to these practical considerations, undertaking practitioner interviews is a strategic response to the lack of data on the social change significance of contemporary CDC practice. The CDC literature is dominated by adherents to the CDC empowerment critique implying that there is a singular conceptual footing on which to judge the social

change impact of CDCs (class confrontation with state power). Giving more credence to practitioner perceptions indicates there is more than one conceptual footing on which the debate should be conducted. In order to establish a better picture of the conceptual territory being explored here, a graphic representation of both these perspectives in the current CDC empowerment debate is shown below in Figure 1.

Figure 1. CDC Empowerment Debate (Do CDCs accomplish social change?)

I. CDC Empowerment Critique — CDC Practitioner Interviews

II. Redistributive Government Policy — vs. — Individual Asset & Local Institution Building

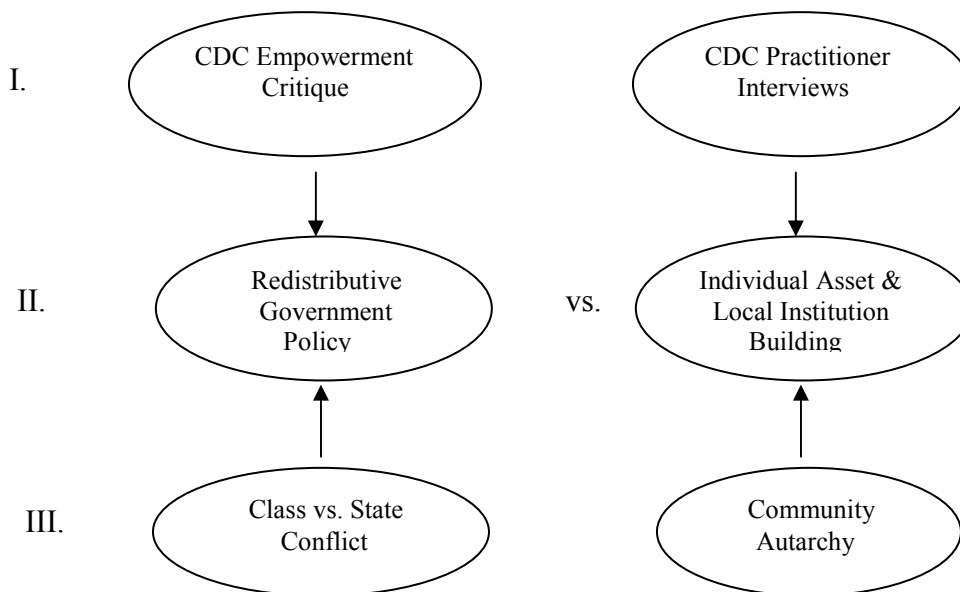III. Class vs. State Conflict — Community Autarchy

Figure 1. indicates that the CDC empowerment critique found in the CDC literature is based on a class versus state conceptualization of social transformation in that government intervention to solve social problems is the principle means. On the other side, based on the practitioner interviews conducted by Rubin (1994b), community

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autarchy is the conceptualization of social change that underlies community-based initiatives to build resident assets and local institutions. Although Figure 1. is not the subject of this study, it is offered here to illustrate these two distinctly different perspectives on the social change role of CDCs. (A more detailed explanation of the terms used in this diagram is provided in APPENDIX A. A Conceptual Model of the CDC Empowerment Debate).

It is also important to a fuller understanding of the conceptual context of this research to see the CDC empowerment debate within the parameters of the broader debate over the viability of politics as a means to enable people to forge collective identities and pursue notions of the public good through social change practice (Boggs, 2000). Boggs' thesis is that there's a pervasive mood of "antipolitics" in American society such that the public domain is looked at as hopelessly ineffective and traditional reformist ideas about refurbishing the national governmental apparatus are inadequate (p.19-22). This critical analysis of the limited efficacy of political solutions to social problems is parallel to the assumption behind this research that an alternative to the class versus state mindset is required to adequately explain the social change role played by today's CDCs.

Moreover, Boggs' political critique provides a specific theoretical framework in which the argument can be made that by operating independent of state policy to solve social problems, CDCs have strategically positioned themselves to effect social change by reinvigorating local community life in order to pursue public goods the state and

corporate sectors have failed to deliver. In order to sustain this argument, however, there are three secondary objectives addressed by this investigation:

(1) to show that CDC practitioners are still pursuing the democratic ideals of collective empowerment, self-actualization, and direct action to solve social problems;

(2) to demonstrate that the narrow terms of the CDC empowerment critique do not account for the importance of the localized empowerment objectives of contemporary practitioners; and

(3) to show that there are substantive empirical and theoretical findings that support the significance of the local, community-centered empowerment vision of CDC practitioners.

(A fuller discussion of the parallels between Boggs' political analysis and these secondary research objectives is provided in APPENDIX B. Rationale for Research Design, Part A: Secondary research objectives.)

In general terms: this study presents the CDC empowerment critique as the dominant theoretical perspective in the CDC literature; it develops an alternative to this critique by extending the reach of the existing body of empirical data on the social change perceptions of CDC practitioners; and finally, it explains the conceptual significance of the community-centered perspective of CDC practitioners by using relevant empirical and theoretical findings from outside of the community development field. This research design is diagramed below in Figure 2.

Figure 2. Research Design (How do CDCs achieve social change?)
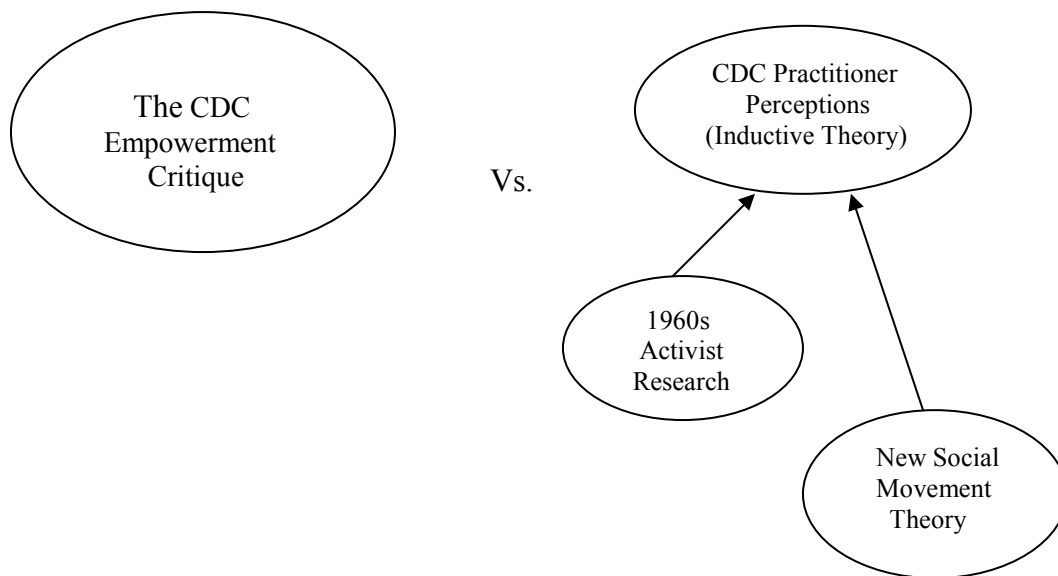
According to Figure 2. the CDC empowerment critique is represented as the dominant view on the social change role played by contemporary CDCs based on a collection of writings that share the same basic premise that contemporary CDCs are no longer committed to empowering the poor. As a body of literature it is largely deductive theory intended to explain the absence of CDC advocacy for redistributive public policy as well as the lack of visible economic gains for the residents of poor communities served by CDCs.

Alternatively, Figure 2. shows that the existing empirical research on CDC practitioners is typically inductive theory about the social change implications of the mediating role CDCs play between low income citizens and the forces of the market and the state.

Consequently, this research seeks to extend the significance of the inductive theory on the empowerment role played by today's CDCs by asking practitioners to provide detailed descriptions of their social change practices. This research also seeks to improve the descriptive power of the insight gained from previous CDC practitioner interviews by introducing relevant empirical and theoretical findings from outside of the community development field.

In order to accomplish this dual purpose, this study employs a two-part strategy. Part One uses a series of qualitative in-depth interviews to further articulate CDC practitioner perspectives on how CDCs achieve social change. Part Two is a qualitative analysis of the congruencies between the social change perspectives of today's CDC practitioners and empirical findings on the continuing legacy of 1960s political activism as well as new social movement theories about the localized context for democratic social change movements in the Post WWII period.

III. Research Procedures

PART ONE QUALITATIVE INTERVIEWS:

Part One in this investigation employs a "responsive interviewing" model designed to learn something in-depth from another person's perspective (Rubin and Rubin, 2004, p.ii). The Rubins state that while surveys and data analysis may help us to answer general questions, qualitative interviewing allows researchers to explore more complex social problems, in this case, the social change role played by contemporary CDCs. Indeed, responsive interviewing is particularly well

suited to the purposes of this investigation on the social change meaning that more experienced CDC practitioners impart to their community empowerment practices. (A more detailed discussion of the rationale for using the Rubins' responsive interviewing model in this investigation is available in APPENDIX B. Rationale for Research Design, Part B: In-depth interviewing.)

The principle research question in Part One of this study has two components: do CDC practitioners perceive that they are on a path to social change, and secondly, is this path consistent with the activist goals often associated with the heritage of CDCs? Accordingly, the opening interview question in the first round of interviews (Round One) is: "How do you accomplish social change in the work of your organization?"

In order to encourage interviewees to engage in a full discussion of the theoretical implications of this question, a list of follow-up discussion points is used to encourage CDC practitioners to consider the social change implications of: (1) the strategies they employ to recruit members and build organizational capacity; (2) the design and administration of client services; (3) their advocacy efforts to obtain financial resources and regulatory approvals; (4) the negotiating techniques used to foster innovative development partnerships.

It is expected that Round One interviews will help to answer the following related research questions:

1. Do CDC practitioners expect to achieve social change in the process of implementing their projects?

2. What kind(s) of social change do CDC practitioners expect to achieve?

3. What role does advocacy for government policy reform play in current CDC practice?

The opening interview question for the second round of interviews (Round Two) is: "Where did your ideas about social change come from?". The follow-up discussion points offered for consideration in Round Two interviews on the personal experiences that underlie the social change motives of CDC practitioners includes the possible influences of: (1) their cultural heritage including the events of the 60s; (2) educational exposure such as their college experiences; (3) political or moral ideals about social progress and equal treatment; and (4) on-the-job learning as a result of CDC practice.

It is expected that Round Two interviews will help to answer the following related research questions:

1. What are the origins of the social change motives of CDC practitioners?

2. Do the social change motives of CDC practitioners share a common rationale?

3. How does this common rationale manifest itself in terms of social change ideology?

SAMPLING:

The participants in this study include a purposive sample of 40 experienced CDC directors who administer a wide spectrum of community development programs in regions throughout the United States. The decision to limit this sample to experienced CDC directors reflects the heart of the CDC empowerment critique that today's CDCs have abandoned their 1960s community empowerment mission. That is, by interviewing the most experienced CDC directors, the chances of gaining insight into the perceptions of those practitioners most likely to have struggled with mission drift away from community empowerment activities are maximized.

In order to select this purposive sample, a strategy is employed that is recommended by Dr. Herbert Rubin, an experienced researcher who has interviewed hundreds of CDC directors over the past fifteen years. This sampling strategy involves the selection of six successful state CDC associations in different regions around the country whose administrators were asked to nominate seven to ten of their most seasoned CDC directors. The participating state CDC associations include those from Rhode Island on the East Coast, Florida in the South, Texas in the Southwest, California on the West Coast, Minnesota in the Plains States, and Ohio in the Mid-West.

The six participating state CDC association administrators are asked by the investigator to use two criteria in making their nominations: that the executive director have at least 5-10 years of experience and that the CDCs included in each state sample represent a

variety of program types (e.g. housing development, job creation, commercial real estate development, family support services, etc.).

DATA MANAGEMENT:

Data collection from the interviews consists of full-text transcriptions of recorded phone conversations typically lasting from 30 to 45 minutes with each interviewee. The transcription data from Round One interviews is initially sorted according to three broad categories that represent a prototypical social change construct as adapted by this investigator from Boggs' deconstruction of Post WWII social change movements- a comprehensive social change theory, specific social change implementation strategies, and tangible social development outcomes. This categorization technique is employed to improve data management efficiency and to introduce a conceptual framework that brings a broad level of coherence to the social change perceptions of CDC practitioners.

This same categorization technique is also used to select a sub-sample of fifteen of the original forty interviewees to conduct Round Two interviews that probe into the personal experiences and formative events that may have shaped CDC practitioner ideas about social change. That is, the selection of interview subjects for Round Two interviews is based on the relative strength of the connection Round One interviewees made between a particular theory about social change and their current CDC strategies and outcomes. Five Round One interviewees are selected because this connection is strong, five were selected because this connection is made indirectly, and five were selected because a weak link or no link was made between theory and practice.

The purpose of Round Two interviews is to search for clues about the possible linkages between the activist origins of the CDC movement and how the transformational goals often associated with these origins manifest themselves in contemporary CDC practice. The transcription data generated by the interviews in Rounds One and Two are coded using a graphic display technique that is illustrated in APPENDIX C. CDC Practitioner Perspectives and APPENDIX D. Origins of Social Change Ideation, respectively. This display technique (Miles and Huberman, 1994) groups practitioner responses according to similar response patterns that yield common social change themes for data analysis purposes.

PART TWO QUALITATIVE COMPARISON:

Part Two of this research is a qualitative analysis comparing the social change themes and perspectives emerging from Part One practitioner interviews with empirical findings on the continuing legacy of 1960s political activism and theoretical explanations of the new social movements of the Post WW II era. This narrative exercise is undertaken in order to reveal an alternative conceptual context that helps to explain the relevance of the social change practices of today's CDC practitioners.

This qualitative comparison is accomplished by highlighting the congruencies between practitioner perceptions and related findings on the continuing activism of 1960s student protesters and the emerging body of theory on Post WWII democratic social change movements. This analytical exercise is expected to provide the theoretical basis for

different terms on which the current debate about the social change role being played by CDCs can be conducted.

BIOGRAPHICAL DATA:

Biographical information about these organizations is collected in order to provide an organizational profile on each CDC including: location; years of operation; number of staff; whether or not they have designated community empowerment staff; and the types of programming they administer. This profile information is gathered in order to see if the social change perceptions of experienced CDC practitioners are relatively uniform across the variables of geography, size, and program area content. Personal information on the gender, race, and age of the interviewees themselves was also collected to help determine if there are significant variations in the responses that may be attributable to different racial and/or gender perspectives.

III. Trustworthiness, Limitations, and Significance

The interview instrument employed in this research is directly adapted from Irene and Herbert Rubin's responsive interviewing model. This model is designed to probe for a greater depth of understanding on a research topic with which the interviewee is very familiar, in this case, how experienced CDC practitioners perceive the achievement of social change through the activities of their organizations.

The Rubins claim that the data gained from interviews has more credibility when the interviewees are experienced and possess first hand knowledge about the research problem (p.80). The Rubins recommend that you look for "en-cultured informants", people who "know the culture well and take it as their responsibility to explain what it means" (p.83). Thus, the decision to interview experienced CDC directors to learn how they perceive social change in their work is based on sound methodological considerations as well as the empirical findings of Rubin (1994b) and other CDC interviewers who discovered that CDC directors are, in fact, eager to share their social change theories with constituents and development partners alike.

It is important to note, however, that this sampling technique is not intended to produce results that are representative of the views of all CDC practitioners (esp. those under the age of 40). Rather, it is intended to be indicative of the thinking of a sample of those CDC directors most likely to have struggled with preserving the transformational goals often associated with the origins of the CDC movement. In other words, if the CDC empowerment critique is aimed at those practitioners who have supposedly neglected their historic commitment to empower the poor, then the longest serving CDC directors are the practitioners who need to be interviewed to find out how they have faired in keeping their commitment to community change.

The Rubins warn that if interview questions are too general, qualitative interviewing may lead nowhere unless the interviewer anticipates core concepts and themes that help to build a theory of how informants see the world (2004, p.66). With this limitation in mind,

a list of specific discussion points is employed in the present research in order to encourage interviewees to consider several possibilities when talking about how CDCs implement their social change goals. The discussion points used here are also based upon the findings of previous practitioner interviews that indicate CDC directors tend to talk about social change in terms of "organic theories" about their daily activity to help individual clients build assets and engage local institutions to participate in partnerships that transform the way they do business (Rubin, 1994b, p.403).

In order to test the usefulness of these discussion points and gain experience with the responsive interviewing model, a nonrandom sample of six experienced CDC practitioners from New England is selected by the interviewer to administer test interviews. In order to select the principle sample of experienced CDC directors, the interviewer employs a strategy recommended by Dr. Herbert Rubin, a seasoned interviewer and community development theorist. The strategy includes the selection of six state CDC associations that could make an informed recommendation as to the longest serving CDC practitioners in jurisdictions located all over the United States.

Furthermore, in order to enhance the reliability of the data gathered in this research, rather than the interviewer selecting the eventual sample of practitioners, a list of experienced CDC directors is submitted by the administrators of the six state CDC associations involved in the study. In this way, the final list of interviewees is determined by these state CDC association administrators according to the same criteria – that each informant has a significant number of years of CDC management experience, and that the

organizations on each state list represent a variety of CDC program specializations (housing development, job creation, commercial real estate development, family support service delivery, etc.).

The data management phase of this study employs two established analytical constructs. A prototypical social change movement construct (social change theory, strategy, and outcomes) is adapted from Boggs (2000) in order to organize and determine the general relevance of the data in the search for a core structure within contemporary social change practice. The search for social change themes and scenarios within this data follows the guidelines for conceptual pattern coding recommended by Miles and Huberman (1994). Accordingly, the process used to collect and analyze the data for this study is transparent in a way that provides other researchers with specific data selection criteria and an established analytical framework within which they can reach their own conclusions.

Other ways in which the trustworthiness of the findings of this research is established include the following techniques recommended by the Rubins: (1) questioning informants in a way that challenges contradictory statements, fills in missing information, and respects the limits of what interviewees are willing to talk about; (2) using direct quotes from the interviewees whenever possible to support major finds and conclusions; and (3) including a data summary in the appendix of the study so that readers can determine for themselves if the researcher misconstrued what the interviewee actually said.

The principle strength of the methodology employed in this study is that it rests on the testimony of experienced CDC practitioners with first hand knowledge vs. the deductive application of a class vs. state power construct by outside experts. Other practitioner interviewers have made the empirical observation that it's one thing to speculate on the broad theoretical implications of current CDC practice, but it's another to explain away consistent evidence of the "small miracles" CDCs achieve every day (Clavel, Pitt, and Yin, 1997). Methodologically speaking, taking an inductive approach to discover the social change theory inherent in existing CDC practice is considerably more promising than trying to make current practice conform to conventional social change theory.

This research follows the lead of earlier practitioner research that found that CDC practice is intended to empower individuals and organizations to govern resources and achieve social development outcomes that are otherwise not available in a market economy. It is theoretically significant in that it attempts to identify the conceptual basis for an alternative explanation of the social change role played by today's CDCs. If a more satisfactory explanation for the social change role played by contemporary CDCs can be articulated, the benefits for education and research will be substantial.

A more tangible explanation for the social change role played by today's CDCs means that community development educators can present CDC practice within a coherent theoretical context that guides the next generation of practitioners in their thinking about community development as a strategic political response to the imbalance of power between poor communities and institutional bureaucracies. Similarly, a tangible

explanation for the social change role played by today's CDCs means community development research can be guided in the direction of asking and seeking answers to questions that are more relevant to a comprehensive understanding of community-based change and what is required to achieve it.

Finally, by bringing attention to the common conceptual territory shared by CDC practitioners and social researchers from outside of the community development field, it is expected that this research will inform and enrich the debate over the social change impact of CDCs. While it is true that the cause and effect relationship between the local projects and programs administered by today's CDCs and the eventual achievement of large order social change is not addressed by this study, it does attempt to provide CDC practitioners and their institutional collaborators with a coherent approach to understanding the social change role CDCs may be playing in their own community.

Ch. 4: Findings on CDC practitioner perspectives of social change

Research Context

The main objective of this research is to find out if today's CDC practitioners are still committed to the transformational goals often associated with the activist heritage of CDCs and how the terms of their community empowerment mission have changed since the 1960s. The hypothesis behind this research is that CDC practitioner explanations of how they accomplish social change in everyday practice demonstrate that social transformation is foremost in their minds and they are implementing it on a local level that CDC critics have largely failed to recognize or explore.

Round One data management and findings (Part A)

The interviews completed in Round One of this investigation include a nation-wide sample of forty experienced CDC directors. Although forty separate interviews were conducted, the audio files for three of these interviews could not be successfully transcribed. Accordingly, the data set for this study includes the results of thirty-seven interviews transcribed into two hundred pages of written text.

Round One data was initially sorted by isolating practitioner statements that contained one or some combination of three basic essential social change elements i.e. theory, strategy, and outcomes (Boggs, 2000). This exercise resulted in a reduction of the

original data set from two hundred down to fifty pages of written text for the purposes of analysis.

Although Boggs suggests that all three elements must be present in a viable a social change movement, these categories were not used here to establish the social change veracity of today's CDC practice. Instead, the filtering of Round One data according to Boggs' three essential social change elements is used to create an initial taxonomy in order to compare and analyze CDC practitioner statements within an available and replicable social change construct.

FINDINGS:

No preconceived definition of social change was offered by the investigator during the interviews. As a result, each interviewee was encouraged to define social change in his/her own terms. Even though a small number of interviewees expressed uncertainty that they were achieving "actual" social change at the outset of their interview, the vast majority of interviewees freely provided specific ideas and examples of how they were attempting to achieve social change in the context of their present programs and projects.

The investigator planned to use four discussion points (the social change implications of their community organizing strategies, their service delivery techniques, their resource advocacy, and their approach to public-private negotiations) as needed to encourage a broad discussion of each respondent's social change ideas. As it turned out, these discussion points were rarely used as most interviewees had little trouble expressing

themselves at length on the topic of social change. In order to encourage interviewees to illustrate their ideas the investigator did, however, ask each interviewee to give specific examples of what social change looked like when they felt they had accomplished it.

The initial finding of this investigation is that only three CDC practitioners (8.1%) failed to say they expected to achieve social change as a direct outcome of the present work of their organization. The director of a CDC that primarily acts as a clearinghouse for apartment rentals in a suburb of Cleveland explained that creating diverse, integrated communities was difficult to do when you're dealing with big (subsidized) projects in the middle of the community. The director of an historic preservation-oriented CDC in Rhode Island felt that change is ultimately driven by market forces, but in the meantime, they were slowing down the rate of gentrification by developing affordable historic housing that improves the way the neighborhood looks and thereby increases the quality of life for the people who live there.

A third director from St. Paul, Minnesota said CDCs occupy a niche in which they can be effective and deliver services that make a difference, but he felt that weak indigenous leadership was preventing many communities from bringing people together and moving in a positive direction. He gave an example in which his CDC joined with three other CDCs to foster the development of a successful Latino mini-mall that evolved into a sort of community outreach center. The community participants in this project eventually decided to split off and form their own 501(c)3 to undertake a political advocacy agenda. He felt they had lost sight of their community development role, and as a result, he

wondered whether introducing the Hispanic community to mainstream American business practices in this fashion was a good idea or a bad one.

On the other hand, those interviewees who expected to achieve social change as a result of their present CDC practice (91.9% of the sample) offered a variety of descriptions about the kind of social change they expected to see and how it is being accomplished. An adaptation of Boggs' social change deconstruction of Post WWII social movements (2000) was used to categorize these descriptions in terms of whether they reflected social change theories, social change strategies, social change outcomes, or some combination of these three elements. While nearly all the interviewees who expected to achieve social change made statements that included all three of these elements, they tended to differentiate themselves by relying more heavily on one particular element verses the other two in order to express their social change perceptions.

Accordingly, a second early finding of this inquiry is that CDC practitioners who expected to achieve social change through the work of their organization can be characterized in at least three different ways: (1). Theorists – those practitioners who see their CDC projects and programs primarily as vehicles for empowering poor communities (59.5%); (2). Strategists – those practitioners who feel their CDC projects and programs eventually lead to social change by enabling low income families to become self-sufficient, thereby stabilizing their communities (21.6%); and (3). Service Providers – those practitioners who say their CDC projects and programs help people who are in need of services the market fails to provide (18.9%).

As a subgroup, those practitioners who expressed themselves primarily in terms of a theory of social change include different factions. Some practitioners talked about the qualitative verses the quantitative nature of their social change work. For example, one director talked about his CDC as a catalyst for change rather than an assembly line of social services:

> The basics are that we are changing since we're catalysts and we're not just here to crank out so many widgets of child care service hours or measurements of homes that we've weatherized. (Tom Tenario, Community Action Agency of Butte County, Oroville, CA)

Perhaps the richest description of this qualitative verses quantitative approach to community development came from a CDC practitioner whose explanation seems to challenge the basic contention of the empowerment critique i.e. that CDCs no longer advocate for the poor because they do not push for redistributive government policies:

> When we talk about change, in my opinion, change is really in the head. Change is—we always say to people the solution is you. The solution is not somebody else. It is not a program. It is not somebody to come in and save you. The solution has got to be you. What you need is a support mechanism. What you need is someone that will meet you halfway. That will allow you to be able to get those tools. The real solution is how do I get you to look at me just as a human being, and that's not going to come through legislation. That's not going to come through policy change. It is going to come from me convincing you and interacting with you in a manner that will have real change. (David Arizmendi, Proyecto Azteca, San Juan, TX)

A large subgroup of those interviewees who tended to express themselves in terms of a social change theory emphasized the individual empowerment focus of their practice. A CDC director from Manchester, NH summarized it this way: "I think again, for me, the

fundaments of social change are getting low-income people to affect their own situation."

(Felix Torres, Manchester Neighborhood Housing Services). Similarly, a director from

Chelsea, MA said taking the contributions of each person in the organization seriously is

the most basic way to implement social change (Ann Houston, Chelsea Neighborhood

Housing Services).

A CDC director from Rhode Island described how this individual empowerment actually

transpires:

> I think the bottom line is resident engagement and a word that
> I don't like to use, which is (empowerment), but for us it means
> information and helping people learn how to use the information
> (audio gap) giving them the tools and the courage to use it. A lot of
> what we do is relationship building. It's based on, "I figured out how
> to get it done" or "It didn't scare me to do it, so how did that work
> for me and how do I pass that on?" (Sharon Wells, West Elmwood
> Neighborhood Development Corp., Providence, RI)

Other CDC practitioners in this empowerment subgroup talked about social change in

terms of the community as well as the individual. A director from St. Paul, MN said

social change is about, " Clarifying values in the community and then working with the

community out of those values."(Brian Miller, Seward Design, Inc.). A CDC director

from Dallas, TX said, "We try to change the mindset of how people feel about

themselves and how the community feels about themselves. They think they can't do it,

but they can. Collectively they can do a lot." (Sherman Roberts, Operation Relief CDC,

Dallas, TX). A CDC director from Goulds, FL explained how her organization helped

organize other CDCs after Hurricane Andrew. She said it was "… an effort to organize

the community on a social level, to begin to empower people, and establish organizations, thereby, creating an identity for the community and a voice for the community" (Robin Oxford, Goulds CDC).

Finally, of the those CDC practitioners who tended to perceive social change in terms of theory, several interviewees talked about creating an empowering culture of social interaction within their organization. For instance, in Houston, TX a CDC set up a facility called The Power Center as "an empowerment model". The director said, "That whole philosophy just permeated basically what we did inside the staff and what we did for the individual family and what we did for the individual projects that were started or birthed out of the Power Center…" (Tina Moore, Pyramid CDC, Houston, TX). Another interviewee offered the following explanation of the pivotal role his board of neighborhood residents plays:

> A lot of our method—the method to our madness, that direction
> sort of comes from the board, very generally…There's an expectation
> that we don't just own these properties that we're a real (phone beep)
> part of community life. We have after-school programs. When we
> developed (inaudible), we developed a community center. We have an art
> center…your normal run-of-the-mill developer could care less about
> that stuff. I think that comes from that (inaudible) with the community
> in creating these other little neighborhood institutions that come out of
> a board of directors. (Joe Garlic, Woonsocket Neighborhood
> Development Corp., Woonsocket, RI)

Indeed, some of the CDC directors in this latter subgroup were quite eloquent in describing the dynamic forces underlying the culture of empowerment they attempt to sustain in their work:

There has to be balance between process and results. In other words one person going out and pressuring the local authorities to put in a stop sign on their corner does change the physical circumstances of the community... But 10 people on the block getting together creating some kind of common agreement about what they want on that corner and then lobbying to together creates a much stronger level of social change. Because it's not only changed the outcome, it's not only created the stop sign, but it's also created more interaction in the community. It's gotten all those people to know each other and it's empowered all those people. Now they know they can make something happen and how they can do that together. (Georgia Berland, Human Services Design/Cooperative Action for Community Change, Healdsburg, CA)

Out of our partnerships' key successes a certain momentum has developed, when people form partnerships and do things, it leads to a desire to do it again. Do it more often. Do it from one area to another area to a citywide, to do it area-wide, and then once an organization has sort of established enough vitality, it's able to branch out into other areas when new opportunities arise. It's sort of a catalytic agent socially. (Normand Grenier, Neighborhood Housing Services of the South Shore, Quincy, MA)

We use what we call a self-help model. The basic idea of that comes from (Ceaser Chavez). What he basically said was the people themselves have a duty and obligation to come together, and that through their collective action, they can begin to address their own problems. The problem is what is that mechanism for collective action. There you have to form a people kind of organization, but it is not a people type of organization that takes the form of a program, but rather a form of a vision. From those visions comes out programs, but the programs are not the ones with big change. The programs are set up as institutions that are helping to create opportunities. They are not in it of themselves, the function. How we are structured we have what we would call (Lupa). (Lupa) (Spanish spoken), which is a community union. (David Arizmendi, Proyecto Azteca, San Juan, TX)

The second group of interviewees in this sample can be classified as CDC strategists i.e. CDC projects and programs lead to social change by enabling families to become self-sufficient, thus stabilizing their community. As a group, their views on social change appeared to be less stratified than those practitioners who expressed themselves in more theoretical terms. That is, this group includes those CDC practitioners who believe that

change in the economic wellbeing of poor families will eventually lead to change in their social status.

Remembering his early days in the CDC movement, one director described this role this way:

> The real goal was to have change in the physical environment
> in hopes that would bring on a change of the lifestyle of the person
> who lived there by stabilizing the community, having people who
> have resources to stay in the community, and then to track people
> back to the community who've left or who are looking for a place to live.
> (Jim King, Walnut Hills Redevelopment Foundation/ Avondale
> Redevelopment Corp., Cincinnati, OH)

For many community development strategists the current mission of their organization summed up their perspective on its social change role. As one CDC director put it, "The whole mission of the organization, not just for the housing department, but of the corporation is to empower people to become self-reliant… " (Antonio Silva, California Human Development Corp., Sacramento, CA).

For some CDC strategists, this singular focus on achieving family self-sufficiency is seen in terms of increasing income and facilitating the acquisition of financial management skills. For example, one interviewee proclaimed that, "At the end of the day, it is about putting food on your plate. It is about sending your kids to a quality education. It is about buying a home. The only way you can do that is if you have a decent income." (Henry Crespo, 79th Street Corridor Neighborhood Initiative, Miami, FL). Similarly, another CDC director said, "Our programs are geared towards creating jobs, or placing people in

jobs, ... Then providing those people with financial literacy skills and services to better

utilize their resources to improve their lives and their communities." (Roberto Berragan,

Valley Economic Development Center, Van Nuys, CA).

Another member of this family self-sufficiency group takes this explanation a step

further. She suggested that social change at the community level is the future dividend

paid to small business owners who develop the capacity to take more control over their

lives in the present. She said, "We think that social change for us is brought about by

bringing capacity for people to have more control over their future and their children's

future." (Margo Weisz, Austin CDC, Austin, TX).

The smallest group of interviewees in this sample are those who can be classified as CDC

service providers i.e. CDC projects and programs help people who are in need of services

the market fails to provide. The practitioners in this group seemed to share the view that

social change is inherent in helping individuals who would otherwise not have access to

good jobs or decent housing and the opportunity this provides. For one CDC director this

was simply a matter of making sure people can afford to live where they grew up:

> What it means, to me, is that we have job opportunities for
> the people that are born and raised in the Brainerd community.
> So they do not have to necessarily leave our marketplace to find
> good employment opportunities. Job opportunities that offer pay scales,
> educational attainments that people can fulfill their own personal dreams
> and aspirations. (Sheila Wasnie Havercamp, Brainard Lakes Area
> Development, Brainard, MN)

For others it was about helping people take advantage of the resources that are already

available. For instance, one interviewee said, "I think social change is bringing

everybody into the 21st century, …having everybody, in each community, up to date on what's going on in the world around them, and being able to use the tools that are available." (Cynthia Tisdol, DEEDCO, Homestead, FL). Another director whose CDC primarily focuses on housing explained that "… it's all tied together in that we have a tax clinic… get access to programs or benefits that they may not be aware of, like the earned income child credit and stuff like that**."** (Karen Reid, Neighborhood Development Alliance, Minnesota, MN).

Round One data management and findings (Part B)

The second level of analysis applied to this Round One interview data is a coding exercise. The coding protocol used here is called "conceptual pattern coding" (Miles and Huberman, 1994). This protocol involves graphically reproducing whole statements and/or key phrases contained in interviewee responses, and then grouping them together based on their reliance on similar concepts or insights. Accordingly, key phrases and themes contained within the social change statements made by the interviewees (categorized as either social change theory, strategy, or outcomes) can be identified for the purposes of comparison.

Rubin says such themes can either be built out of the interviewer's own understanding of the concepts and response patterns of informants, or sometimes the informants themselves state themes that can move the investigator rapidly towards an inductive theory (2004, p.71). The findings in the present investigation exclusively reflect the social change phrases and theme patterns expressed by the CDC practitioners in these

interviews. The ordering of these social change themes and the relationships drawn between them represent the interviewer's own understanding of the collective response pattern that were attributed to the CDC practitioners in this purposive sample.

FINDINGS:

A summary of the empowerment phrases and themes most frequently expressed by the CDC directors in this study produced six themes that are taken here to be indicative of the contemporary thinking of practitioners on the social change role of CDCs. These social change themes include a series of operational activities and CDC practices intentionally undertaken to achieve change. While the details and specific circumstances surrounding the examples of social change activity offered by interviewees differ, the re-occurrence of these core themes over the course of thirty-seven interviews was the principle criteria for their selection.

The relative frequency with which these six empowerment themes were used by interviewees to explain how they achieve social change in everyday CDC practice and a generalized explanation of each of these core themes follows.

(a). "achieving economic self-sufficiency" (expressed by 70.3% of interviewees) – This refers to the ultimate goal of social change activity, i.e. that low income families and the communities they live in will eventually be able to accumulate and maintain the assets necessary to control their own economic destiny despite market forces that otherwise work against them.

(b). " changing attitudes/mindsets and overcoming barriers" (67.6%) – This refers to ongoing educational efforts aimed at helping low income individuals overcome their preconceptions of failure and acquire the cultural skills that the dominant market system fails to provide in poor communities.

(c). "bringing people together" (54.1%) - This refers to the community organizing requirement to recruit and bring people of different and sometimes conflicting racial backgrounds and political interests together in order to facilitate their cooperation in the process of undertaking community development projects and programs.

(d). "communicating/decision making with dignity/respect" (51.4%) – This refers to a way of treating people that continually lets everyone know they have something of value to contribute and they have a legitimate role in making important decisions in community-based organizations.

(e). "building individual/community self-confidence" (45.9%) – This refers to an overall development objective to encourage low income individuals and community-based organizations to raise their expectations of social wellbeing and acquire the capacities necessary to reach those expectations.

(f). "recognizing common values and creating a vision" (37.8%) – This refers to a community organizing technique that seeks to generate a consensus among people of

different and sometimes conflicting backgrounds and interests by drawing attention to their common goals and translating them into a vision for community action.

With regard to the extent that these six themes represent the social change perceptions of the CDC directors in this sample, the least often cited of these empowerment themes (recognizing common values and creating a common vision) was expressed by over one third of the interviewees, and the most frequently cited theme (achieving economic self-sufficiency) was mentioned by more than two thirds of the interviewees in this nation-wide sample.

Another measure of the frequency with which these six empowerment themes were cited by CDC directors is the number of different themes invoked by each interviewee to explain how they achieve social change in daily practice. The results of this calculation are as follows:

1. 0 themes (cited by 10.8% of the interviewees)
2. 1 themes (10.8%)
3. 2 themes (13.5%)
4. 3 themes (10.8%)
5. 4 themes (27.0%)
6. 5 themes (21.6%)
7. 6 themes (8.1%)

In other words, nearly half of all interviewees (48.6%) said their organizations combined at least four or five of these activities together to achieve social change in daily CDC practice. Taking this frequency of use measurement a step further, a comparison of the particular empowerment activities favored by each type of CDC practitioner as defined by the social change taxonomy employed in this study (CDC theorist, CDC strategist, and CDC service provider), revealed the following sub-group tendencies:

a. Social change theorists - practitioners who see their CDC projects and programs as vehicles for empowering poor communities. This group talked frequently about social change activities that change people's mindsets/attitudes in order to overcome barriers (86.4% of this group), that bring people together (77.30%), that communicate/make decisions with dignity/respect (72.7%), and that achieve economic self-sufficiency (72.7%). More often than not, the members of this group also talked about activities that build individual/community self- confidence (63.6%)and create a common vision (54.5%). Thus it can be said the majority of CDC theorists in this sample regularly engage in all six of these activities to achieve social change.

b. Social change strategists - practitioners who feel their CDC projects and programs lead to social change by enabling low income families to become self-sufficient thus stabilizing their community. This group has a clear tendency to talk about social change in terms of activities that achieve

economic self-sufficiency (87.5% of this group) versus any of the other themes expressed by the practitioners in this study. The next activity cited most often by CDC strategists is changing attitudes/mindsets and overcoming barriers (50%).

c. <u>Social change service providers</u> - practitioners who say CDC projects and programs help people in need of services the market fails to provide. Members of this group do not express a strong tendency to talk about any of these social change activities to the exclusion of the others. However, 42.9% of the interviewees in this group did talk about achieving economic self-sufficiency and 28.6% talked about changing attitudes/mindsets and overcoming barriers when describing the social change role of their organization.

The frequent combination of these six core themes by interviewees to describe the social change role of their organizations is clearly demonstrated in the interview transcripts, especially by the CDC theorists. (The usage patterns of these themes are graphically illustrated in APPENDIX C. CDC Practitioner Perspectives.) Taken as a whole, this data set demonstrated that these empowerment themes have a somewhat linear relationship to each other in that certain activities tend to proceed or succeed each other in daily CDC practice. This normative observation is reinforced in two important ways explained in more detail below: (1) an overall perspective of social change as a "continuum" of

activities that was frequently expressed by the CDC directors in this sample; and (2) it is consistent with this interviewer's own experience as a CDC director.

(1) A substantial number of CDC directors in this sample (72.7% of CDC theorists and 45.9% overall) characterized their practice as a "continuum" of different activities or a "holistic" approach to social change. Two CDC directors used this terminology specifically: a director from St. Paul, MN introduced the whole discussion of his practice by saying, "It's really a kind of continuum of work."; a second director from Providence, RI summed up her remarks by saying, "…it follows on a continuum". Other interviewees invoked a similar comprehensive approach to their work: a director from Houston, TX said, "Everything we would do would be empowering the individual family"; a director from Cleveland, OH explained, "our goal is to get them with stable housing and then provide them with opportunities to look at how they can succeed on a lot of different levels"; in describing the wide range of programs he administers, from a preschool to home building, a director in Oroville, CA concludes, " They're all a common theme and direct service related, as opposed to more indirect and catalytic."; another CDC director from Rhode Island states, " We have tried to create a stepping stone of opportunities for people…"; and finally, an interviewee from Miami, FL

explains, "Our role is anything and everything we can make of it, every opportunity we can act upon to improve the quality of life."

(2) The notion that community-based development projects and programs necessarily include a combination of some or even all of the six empowerment themes/practices isolated in this study is consistent with my own experience as a practitioner. That is, based on my conversations and working relationships with my CDC peers at both local and national venues, practices of this kind are typically seen as the precursors or the foundation on which every community development project and program is planned and implemented. For instance, without getting people of different racial and sometimes conflicting political interests to come together and being ever mindful of conducting meetings and making decisions in a way that respects their differing agendas, one cannot effectively secure the consent and cooperation one needs to form an organization that will help the residents of poor communities work with each other and outside experts to address their economic problems. Similarly, without challenging cultural stereotypes about the limited aspirations and skills capacity of poor populations and focusing the organization and the individuals it serves on a concrete vision of success, one cannot inspire the hope and commitment required to overcome the many social and economic barriers to the progress of poor people in American

society. And finally, without nurturing the self-confidence of low

income families and the community institutions that serve them by

helping them to obtain tangible economic assets (in housing,

employment, education, and increased access to other public goods

and services), one cannot ultimately expect to alter the social

development outcomes in poor communities that must continue to

endure the destabilizing forces of a dominant market economy.

Accordingly, the final finding of this Round One analysis is a manifestation of Rubin's

claim that sometimes informants themselves state themes that can move the investigator

rapidly towards an inductive theory (2004, p.71). That is, the six empowerment themes

employed by the CDC directors in this study to describe how their organizations achieve

social change in daily practice have a relatively linear relationship in that they are

typically combined in sequence during the course of planning and implementing

community development projects and programs.

As represented in these interview transcripts, the particular order and the combination of

these six empowerment themes/practices or the exclusion of others in any one case

appears to be less relevant than their cyclical use in descriptions of the community

development process. However, for the purposes of inductively forming a normative

theory about how CDCs accomplish social change based on the findings of this study, the

following ordering of these core themes is implicit in the testimony of the CDC directors.

This normative ordering thus provides a useful theoretical framework to represent the

empowerment activities CDC practitioners undertake and to explain how they are often aligned in community development work.

1. bringing people together

2. communicating/decision making with dignity/respect

3. changing attitudes/mindsets and overcoming barriers

4. recognizing common goals and creating a vision

5. building individual/community self-confidence

6. achieving economic self-sufficiency

This particular sequence of empowerment themes/practices suggests a normative understanding of the underlying social change intent of the community development process as perceived by the CDC practitioners in this study. That is, the first practice set (bringing people of different interests together and communicating/decision making with dignity/respect) implies the democratic footing on which community-based development projects and programs are commonly constructed. The second practice set (changing attitudes/mindsets and overcoming barriers by recognizing common goals and creating a vision) describes essential development strategies employed by practitioners to guide community action in the desired direction. And finally, the third practice set (building individual/community self-confidence to achieve economic self-sufficiency) states the principal objective and expected outcome of community development work.

Round Two data management and findings

The initial categorization of interviewee responses (into theory, strategy, and outcomes) was also used as the rationale to select a sub-sample of fifteen CDC directors in order to conduct a second round of interviews to probe into the personal experiences and formative events that shape practitioner ideas about social change. The selection of subjects for Round Two interviews was based on the relative strength of the conceptual grasp interviewees held on the social change nature of their work i.e. the strength of the connection they made between a theory of social change and their current CDC practice.

Round One findings indicate that this connection is, generally speaking, a strong one for CDC theorists, moderate for CDC strategist, and weak or nonexistent for CDC service providers. Thus, in order to represent their respective numbers in the original sample, seven CDC theorists, four CDC strategists, and four CDC service providers were selected for Round Two interviews. The purpose in asking Round Two interviewees to talk about the origins of their social change ideas was to look for clues of possible linkages between the activist origins of the community development movement and contemporary CDC practice. In other words, are today's CDC practitioners still guided by a 1960s' passion for achieving social and economic justice?

FINDINGS:

Round Two interviews began with a summary of some of the more salient comments about social change each interviewee made in their Round One interview. This summary was provided both to refresh the interviewee on their previous testimony as to how they

accomplish social change in their work, and to highlight the different purpose of the Round Two interview. The interviewer then asked each subject to explain where their ideas about social change might have come from including such possible sources as their formal education, religious orientation, or their on-the-job experience.

Similar to the results of the Round One interviews on how CDC directors accomplish social change, the use of additional discussion points by the interviewer to encourage a rich discussion of probable sources of their social change ideas was for the most part unnecessary. After numerous attempts to re-interview all fifteen practitioners selected for Round Two interviews, however, one CDC director could not be contacted for the second interview. As a result, these findings reflect the views of fourteen practitioners including seven CDC theorists (31.8% of this sub-group), three CDC strategists (35%), and four CDC service providers (57.1%).

The initial and unexpected finding of this second round of interviews is that upon further conversations with three of the eight directors classified as CDC strategists (those who feel their CDC projects and programs eventually lead to social change by enabling low income families to become self-sufficient), two directors provided additional testimony that convinced the interviewer that like their peers categorized here as CDC theorists, they envision and manage their CDC projects and programs as the principle means to the end of achieving social change.

In her first interview the CDC director from Austin, TX talked exclusively about her work with small business owners so that they can become economically self-sufficient and the model of success this created for others in the community. In the second interview, however, she talked about her core value, "to minimize pain and maximize health and well-being for everybody", and how this drives all of her business decisions. Indeed, she further clarified that "…its not the business aspect [of community development work]" that is foremost, it's "How do we provide more stability and opportunity for people" (Margo Weisz, Austin CDC).

Similarly, in his initial interview the director from Cincinnati, OH recited the history of different projects and programs his organization has undertaken and he stated that the hoped for impact was a change in the behavior of community residents. In his second interview he shared his underlying belief that "showing people how things are done" is central to his vision "to empower people to pursue the things they can do" (Jim King, Walnut Hills Redevelopment Foundation/ Avondale Redevelopment Corp.). He further explained this time that his approach to empowerment is founded on a childhood memory of a neighborhood grocery store owner who taught him the importance of treating everyone with respect regardless of their social status.

This result led to a revision of an earlier finding in this study with regard to the number of practitioners who see their CDC projects and programs primarily as vehicles for empowering poor communities i.e. the number of directors categorized as CDC theorists. Accordingly, twenty-four of the original thirty-seven interviewees or 64.9% of the

community development practitioners in this sample perceive the work of their organization primarily in terms of achieving social change through individual and community empowerment activities.

In response to the question "Where do your ideas about social change come from?", the responses from the fourteen CDC directors selected for Round Two interviews fell into five categories ranging from cultural influences to more concrete job experiences (see APPENDIX D. Origins of Social Change Ideation). As a group, CDC theorists heavily stressed factors relating to their family/community upbringing and their personal/political values, and secondarily they cited their college education and/or on-the-job learning experiences. On the other hand, CDC strategists tended to emphasize family/community upbringing, personal/political values, and their religious affiliation as opposed to college and on-the-job experience. Finally, CDC service providers did not express a clear preference for any of these influences over the others.

In a comparison of all three interview groups, the frequency of responses in each of these categories was heavily weighted towards factors relating to family/community upbringing. The influence of personal/political values formed as adults was the next best explanation for the origins of their social change perspectives:

1. family/community upbringing (71.4 % of all Round Two interviewees)
2. personal/political values (64.3%)
3. on-the-job experiences (50.0%)

4. college education (42.9%)

5. religious affiliation (35.7%)

As the sample within each interviewee group represents such a small number of CDC directors it is unproductive to compare the responses of one group versus those of another to determine if such differences are meaningful in this study. However, the predominance of family/community upbringing and personal/political values as a source of social change ideation among all Round Two interviewees appears to have merit and is worthy of additional analysis in order to investigate a potential link between the social change perspectives of contemporary CDC practitioners and the activist origins of the community development movement.

With regard to where their ideas about social change came from, the influence of family/community upbringing was expressed by 85.7% of CDC theorists, 66.7% of CDC strategists, and 50% of CDC service providers. In particular, the social consciousness modeled by a family member (esp. mothers) and the cultural precedent of caring for those in need in their community of origin were frequently mentioned as principle sources of practitioner ideas on social change.

The CDC director from St. Paul, MN said her mother was the board president of a daycare center for low-income mothers and from that exposure, "We knew that we were lucky, that other families didn't have the same advantages that our family had." (Karen Reid, Neighborhood Development Alliance). A director from Providence, RI stated that

her mother was a school committee member and a floor captain in their subsidized housing project, and from her example she learned the importance of standing up for others. Finally, the director from San Juan, TX related a story about his early family life as a migrant farm worker and how his mother was always able to project self-confidence and teach her children that success is always possible despite their dire circumstances (e.g. one time they had a family picnic even though the family station wagon had caught on fire).

The CDC director from Quincy, MA said he got the notion that everyone should live in a safe home partly because his father was a carpenter who was always fixing people's roofs and porches. Another director from Miami, FL talked about the example set by his grandfather who was a minister and a 60s peace protester as well as the fact that he grew up in a Mennonite culture that stresses non-violence and caring for the less advantaged. According to the testimony of these and other CDC directors, the example set by socially active family members appears to be an integral part of a social consciousness attributed to being raised in lower middle class communities.

The CDC director from McAllen, TX said he grew up in a lower middle class family and he learned to appreciate the sacrifices his parents made struggling with a lack of resources. He sees the same struggle for resources as the focus of his work with low income families today. A director from Cleveland, OH talked about growing up in a socially conscious household with two college educated parents who worked in the helping professions and had a special affinity for the working class neighborhood in

which they lived. The interviewee from Quincy, MA summed up this community of origin effect this way – " …if you asked people who grew up in my time, in my area, sort of a lower middle class area, what do they want to do when they grow up, most of them would say, 'I want to help people' " (Normand Grenier, Neighborhood Housing Services of the South Shore).

Thus an important finding in this sample of community development practitioners is that a fundamental commitment to look out for others who are less fortunate is the common denominator in the early life experiences described by over 70% of the interviewees. A majority of these practitioners also expressed a duty to help the less fortunate succeed in terms of a personal/political value they obtained as young adults. For some, it is a result of their experience as young mothers struggling to provide for their own children. The CDC director from Brainard, MN confided that "I have a special place in my heart for people who are trying to survive and raise their families and their kids on very low wages…I was one of those single parents people talk about. There's a lot of them today." (Sheila Wasnie Haverkamp, Brainard Lakes Area Development)

The interviewee from San Antonio, TX was also a single parent raising three small kids with no child support while attending school at the same time. She asserted that without the opportunity to live in subsidized housing it would have been difficult to finish school and reach her goals. She said, "I think that was a tremendous boost in my ability to become and to be able to stay a productive member of the community for a number of years after having had that help. I think there are a lot more people who get that kind of

help and need that kind of help than we are comfortable admitting." (Sandi Williams, Alamo Area Mutual Housing)

Personal/political values formed as an adult were cited by 64.3% of the practitioners in these Round Two interviews, and more often than not, these values appear to have a direct connection to factors cited in their family/community upbringing. For example, the CDC director from Goulds, FL explained that when she grew up and became more educated, she realized that raising her children in a place with no sidewalks was a problem, and that blacks can't rely on others to do things for them to make it right. Later on in the interview she revealed that at the heart of her motivation is the hope that her kids will be able "to come home" and see the community as she did as a little girl and experience the safety of living in a place "where everybody knew everybody and would tell your mom on you" (Robin Oxford, Goulds CDC).

The CDC director from Providence, RI stated, "I always felt that no matter who you are, you deserve respect and everyone should be treated right" (Sharon Wells, West Elmwood Neighborhood Development Corporation). This underlying belief appears to be allied with her earlier comments about the impact of her mother's willingness to stand up for others in their subsidized housing project when she was a little girl. Likewise, the assertion made by the interviewee from Quincy, MA, that people deserve a home because "It's a human issue." rather than a personal economic one, can be attributed to his earlier remarks about his lower middle class background. That is, when explaining the difference between the financial preoccupation of people today and his own upbringing, he said

"…ours was not an economic mentality, but more of a sense of caring community, that the community was connected by caring relationships rather than economic relationships." (Normand Grenier, Neighborhood Housing Services of the South Shore)

A similar example of a causal relationship between childhood upbringing and adult personal/political values was suggested by the testimony of the practitioner from Cincinnati, OH. He explained that when he decided to commit himself to working with the poor there was a consciousness among people his age that "It's not about the money." Later on he shared a poignant story about his high school days and a grocery store owner in his neighborhood who taught him that whether a successful person like Oscar Robinson or a whino enters the store, you should treat all people with respect, that "presentation [money] and respect are two different things" (Jim King, Walnut Hills Redevelopment Foundation/Avondale Redevelopment Corp.)

Accordingly, the most significant finding of Round Two interviews is that 92.9% of the CDC directors in this sample attributed the origins of their views on social change to either their upbringing or values formed in adulthood, and the common factor underlying these different origins is a fundamental commitment to help those less fortunate than themselves achieve social goals that are otherwise beyond their reach. In other words, whether their inspiration for community development work came from the example set by a parent, the cultural norms of their community of origin, or their own experience as young parents, there appears to be a convergence of social role models and individual

values that draws CDC practitioners to the work of helping the poor change their lives and the fortunes of their communities.

In fact, some of these CDC directors themselves made remarks that reflect an awareness of a convergence of different motives and values into a common rationale for undertaking community development work. In describing how her vision to practice "core values" drives her work and guides her decisions, the interviewee from Austin, TX stated that, "there's lots to do to make the world fair and safe for everybody" and that her way of doing it may not be the only approach, but it's a good one (Margo Weisz, Austin CDC).

Similarly, in recollecting his path to where he is today, a CDC director from Miami. FL explained that although he was first interested in economic justice during college and duly influenced by the events of the 60s, he worked a lot of different jobs before joining his present CDC as a volunteer and then coming up through the ranks to become its director. He said this experience "…gave me the opportunity to see different strategies for social change, but the goal is the same." (Sam Diller, Little Haiti Housing Association)

Finally, the interviewee from San Antonio, TX asserted that her board and staff are not so much committed to ideas about radical social change as they are to the mission of the organization that states "…we are going to create housing in an environment that values education, self-sufficiency, volunteerism, and leadership…". Her perspective on this was, "If you really are about these four values, you really are about social change."

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(Sandy Williams, Alamo Area Mutual Housing). The implication here is that the underlying motives and personal values CDC practitioners bring to their work may be various, but a democratic commitment to the social advancement of those populations traditionally oppressed in American society is the underlying goal.

Demographic Influences

The data set for this analysis includes transcripts from two rounds of in-depth interviews with thirty-seven CDC directors as well as biographical information on each participating CDC and its director. Regional representation is widespread in that six states with active CDC associations located in the Northeast, Midwest, Northern Plains, West Coast, South West, and the South East were asked to recommend experienced practitioners who administered a broad range of CDC program types. The interviewer also selected CDC colleagues from three additional states in the Northeast to run a preliminary test of the research question and Rubin's depth interviewing technique.

The following states and the number of practitioners from each state included in the primary data set of thirty-seven CDCs are listed on the following page:

1. Rhode Island – 5 interviewees

2. Ohio – 6

3. Minnesota – 5

4. California – 5

5. Texas - 6

6. Florida – 5

Test Sites:

7. Massachusetts – 4

8. New Hampshire - 1

An organizational profile of the CDCs included in this research was generated through an electronic survey that was completed and returned by a little more than two thirds (67.6%) of the interviewees. Based on this survey the CDCs represented in the primary data set have been in operation for an average of 22.8 years (mean) and they typically have a staff of ten people (median). Thirty-six percent of these organizations have a designated community organizer, 36% said they had a community outreach specialist, and 36% employed a credit counselor. Another 24% of these CDCs employ other types of empowerment staff, and all together, 40% employ staff in two or more of these empowerment categories.

The programs and projects operated by this sample of CDCs are representative of the range of activities typically undertaken by CDCs nation-wide. That is, rental housing development is pursued by 68% of the sample, single-family development by 64%,

commercial real estate development by 56%, homebuyer education by 48%, and job

creation and other small business development services are provided by 44%,

respectively. Interestingly, over half (56%) of these CDCs undertake both residential and

commercial real estate development activities and 40% combine residential development

with job creation and or employment training services. This result reinforces an earlier

finding that CDCs no longer limit themselves to one type of development activity, rather,

they undertake a continuum of services or a more holistic approach to community

empowerment just as 72.7% of the practitioners identified as CDC theorists in this

nation-wide sample have testified.

Personal demographic information was also collected from 67.6% of the practitioners in

the preliminary sample of thirty-seven CDCs. In regard to the age range of interviewees

the result is not surprising and may not be truly representative of the entire population of

CDCs due to the selection criteria used by state CDC associations at the request of this

investigator. That is, 92% of the practitioners in this study are forty-one years of age or

older and 52% were at least fifty-one years of age or older. This was in large part pre-

determined by the main purpose of this research which was to interview CDC directors

most likely to have struggled with maintaining their community empowerment mission

over a long period of time. Accordingly, variations based on age differences among the

interviewees were not observable in this study.

With respect to potential variances in the findings due to gender and race, the results can

be analyzed because the gender and race of 100% of the preliminary sample is known

and no obvious bias was introduced by the research design. Women made up 32.4% of this nation-wide sample and men accounted for the remaining 67.6%. As it relates to race, 56% of the interviewees are white, 24.3% are Hispanic, and the remaining 21.6% are black.

A 2004 study done for the National Congress for Community Economic Development (NCCED) produced the following result: nationally, CDC directors are 54% male, 46% female, 56% white, 21% African American, 13% Hispanic, and 10% are of Asian decent. Based on this NCCED statistical profile, the primary sample of thirty-seven CDC directors selected for this study includes fewer women than the national norm but a proximate racial mix of 45.9% white and 21.6% black with a slight over-representation of Hispanics (24.3%) and an under-representation of Asians (0%).

Perhaps more significant in this research design is a concern that the findings attributed to specific categories of CDC practitioners (as determined using Boggs' social change taxonomy) might be skewed by the over-representation of white males and conversely, the under-representation of either women and/or people of color. With this in mind, a categorization of CDC directors according to their tendency to express their social change ideas in terms of theory, strategy, or outcomes as compared to their race and gender produced the following results (Figure 3. on next page):

Figure 3. Social Change Perspective as Compared to Gender and Race

	Gender		Race			
	Male	Female	Hispanic	Black	White	Other
CDC Theorists	16	8	5	6	12	1
CDC Strategists	5	1	3	1	2	0
CDC Service Providers	4	3	1	1	5	0

When considering the findings associated only with CDC theorists (64.9% of the entire sample), the proportion of male to female interviewees (approximately 2:1) is the same as the study sample but it varies with the NCCED national study of CDC directors which is closer to 1:1. The same can be said about representation by race, that is, the number of white, black, and Hispanic interviewees among the CDC theorists reflects the same proportion (2:1:1) that is found in the overall study sample but varies somewhat from the NCCED study of the total population by including more Hispanics and no Asian CDC directors. (The aggregate numbers of those directors categorized as either CDC strategists (6) or CDC service providers (7) in Round One interviews are too small to attribute much importance to variations by gender and race in these groups.)

Representation by gender improves in the Round Two interviews in that the ratio of men

to women is 1:1. Representation by race is also somewhat more in line with the national

NCCED profile with 42.9% white, 35.7% black, and 21.4% Hispanic directors. While the

proportion of men to women and the over-representation of Hispanic CDC directors in

Round One interviews is noted, no pattern of predominate white male perceptions or lack

of minority representation in the study's principal findings emerges e.g. only seven of the

twelve white theorists are males and the overall representation of nonwhite to white

theorists is 1:1 much like the national NCCED profile.

Although it is not the purpose of this study to attach significance to differences in the

responses of interviewees according to gender or race, the task is made difficult in other

ways. The principal focus of the research design here is to find out how CDC

practitioners perceive social change in their work. While it is intended that the primary

sample provides a snapshot of how experienced directors who manage a variety of CDC

programs and projects express their social change views, the eventual selection of

interviewees gave no priority to avoiding the biases of gender and race, and interestingly,

none were forthcoming as a result of this analysis.

Findings Summary

In a purposive sample of thirty-seven CDC directors from across the U.S. only three

failed to say they expected to achieve social change as a direct outcome of the present

work of their organization. The social change perspectives of these CDC directors can be

organized into three different categories: CDC theorists who see their local CDC projects

and programs primarily as vehicles for empowering poor communities (64.9%); CDC

strategists who feel their CDC projects and programs eventually lead to social change by

enabling low income families to become self-sufficient, thereby stabilizing their

communities (16.2%); and CDC service providers who say their CDC projects and

programs help people who are in need of services the market fails to provide (18.9%).

 A comparison of the social change phrases and themes most frequently used by the CDC

directors in this study yields six empowerment themes that are taken here to be

descriptive of the contemporary thinking of practitioners on the social change role of

CDCs. Nearly half of all interviewees said their organizations combined at least four or

five of these empowerment activities together to achieve social change, indeed, many

held an overall perspective of social change as a "continuum" of such activities. For the

purposes of inductively forming a normative theory about how CDCs perceive their

social change mission, the following ordering of these core themes is suggested by the

testimony of the CDC directors in this study:

1. bringing people together
2. communicating/decision making with dignity/respect
3. changing attitudes/mindsets and overcoming barriers
4. recognizing common goals and creating a vision
5. building individual/community self-confidence
6. achieving economic self-sufficiency

The predominance of family/community upbringing and personal/political values formed in adulthood as the source of social change ideation among the CDC directors in this study suggests there is a potential link between the social change perspectives of contemporary practitioners and the activist goals associated with the origins of the community development movement. That is, there is a common rationale underlying these explanations - a fundamental commitment to help those less fortunate achieve social goals that are otherwise beyond their reach.

The testimony of CDC directors in this study indicates a convergence of social purpose and individual values that attract community development practitioners to the work of helping the poor change their lives and the fortunes of their communities. The implication of this finding is that the underlying motives and personal values that CDC practitioners bring to their work may be different, but a fundamental commitment to the social advancement of those populations traditionally oppressed in American society is the underlying goal.

Ch. 5: Analysis of CDC practitioner perspectives

The data collected for this research is generated by two rounds of in-depth interviews conducted with a purposive sample of forty experienced CDC directors representing the full spectrum of community development programming options. The principle research question has two components: do CDC practitioners perceive that they are on a path to social change, and secondly, is this path consistent with the transformational goals often associated with the activist heritage of CDCs? In turn, these component questions yield six sub-research questions that provide a useful outline for analyzing the findings of these interviews.

1. Do CDC practitioners expect to achieve social change in the process of implementing their projects?

Only three out of forty CDC director's in this study failed to affirm that they expect to achieve social change as a direct outcome of the present work of their organization. That is, 91.9% of this sample described the kind of social change they expect to see and how it is being accomplished through the various activities and/or services of their organization. A good example of the central importance contemporary practitioners assign to the social change role of CDCs is provided by John Anoliefo of Famicos in Cleveland, OH. He concludes his testimony saying, "I guess I want to leave you by saying that the work we

are doing, whether it is brick and mortar or committee organizing, it is all about affecting

change in a community."

The critics claim that contemporary CDCs allow their dependency on government and

corporate funds to control their development agenda, thereby relegating their community

empowerment mission to a minor or even nonexistent role. This sample of CDC directors

does not reflect a loss of commitment to community empowerment goals among today's

community development practitioners. To the contrary, most of the practitioners

interviewed see this commitment as central to their role as a CDC. The following are two

examples of the prominence social change plays in their work:

> …we're really social change agents masquerading as a housing
> organization. (Sandi Williams, Alamo Area Mutual Housing,
> San Antonio, TX)

> I think that one of the most important roles of a CDC is to facilitate
> social change. I don't think anyone is questioning that or doesn't
> realize that. (Sam Diller, Little Haiti Housing Association, Miami, FL)

Whether or not CDC critics agree that the kinds of social change activities described by

practitioners are more or less likely to result in social transformation is not directly

addressed by these findings. Interviewees were not steered towards a particular definition

of social change nor were they told in advance about the CDC empowerment critique or

the hypothesis underlying this research. Nevertheless, several interviewees made

statements challenging the veracity of the class versus state argument underlying the

CDC empowerment critique that today's CDCs lack an activist agenda. The following is a good example:

> In our housing, there are a number of programs all geared around trying to redistribute wealth. We primarily accomplish this by providing resources to people and giving them a chance to use those resources… The clearest example is a home. We provide a lot of our housing to people who are homeless or formerly homeless. We give them that home and take that pressure off of them of living on the streets and the opportunity to pull their life together and take the next important steps.
> (Peter Daly, Cambridge Neighborhood Apartment and Housing Services, Inc., Cambridge, MA)

When talking about their social change agenda, 86.5% of the CDC directors interviewed in this study made at least one statement that included all three of the essential social change elements adapted from Bogg's analysis of social change movements in the Post WWII period, i.e. social change theory, social change strategy, and social change outcomes. This result is not taken here as proof of the existence of a viable social change agenda among today's CDC practitioners. There are too many subjective factors involved in interpreting the meaning of Boggs' social change elements and assigning particular practitioner statements to these categories without the benefit of more explicit criteria. However, a more methodical approach using this social change construct to interpret the meaning of practitioner statements and other empirical data on discreet CDC activities is one way to expand the terms of the current CDC empowerment debate.

For the purposes of this research, these three social change elements provide a practical way of comparing the diverse statements among practitioners as well as placing their statements in the context of other contemporary theories of social change activism.

Accordingly, a useful finding of this inquiry is that CDC practitioners expecting to achieve social change through the work of their organization can be characterized in three different ways: *CDC theorists* who see their CDC projects and programs primarily as vehicles for empowering poor communities; *CDC strategists* who feel their CDC projects and programs eventually lead to social change by enabling low income families to become self-sufficient; and *CDC service providers* who say their CDC projects and programs help people who are in need of services the market fails to provide.

In particular, the views of the dominant subgroup - those practitioners expressing themselves primarily in terms of a theory of social change (64.9%) - suggest an empirical basis for an alternative explanation to the empowerment critique and its quantitative premise that today's CDCs are being co-opted by their need for government dollars and pre-occupation with production quotas. That explanation is that CDC theorists think about their development projects and programs in terms of a linear sequence of behavior changes the poor must go through in order to gain more control over their own social development outcomes. The following example captures the essence of this transformative perspective:

> On the home ownership side, it's really focusing on making
> sure that we're not just putting people in homes, but we're
> putting people in situations that are going to transform their
> lives, not make their lives worse, or putting them in houses
> they can't afford just so we can count a number. (Felix Torres
> – Manchester Neighborhood Housing Services, Manchester, NH)

2. What kind(s) of social change do CDC practitioners expect to achieve?

Rather than broad shifts in public policy, the findings of the present investigation

reinforce the results of earlier studies that show CDC practitioners are looking for social

change to take place at a more subtle level, i.e. within the operational details of

implementing local projects and programs. An example of this difference in strategy is

provided by the following interviewee:

> It really is part of the broader picture of not just providing
> a unit of housing for somebody, but we are providing the
> total non-profit services that they would need to survive
> and succeed in the housing. (Tony Brancatelli – Slavic
> Village Development, Cleveland, OH)

The present research demonstrates that CDC theorists tend to talk about the qualitative

verses the quantitative goals of their social change work. Accordingly, it is crucial to

understand that most CDC practitioners see their projects and programs as the means to

an end, and that end is building the self-confidence of low income individuals to change

their own lives.

> We don't just come in and build these apartment units
> and provide this service, if we don't get the (inaudible).
> The whole premise is to try to get the community involved
> in "we can do this and we can do that. (Sherman Roberts
> – Operation Relief CDC, Dallas, TX)

CDC theorists emphasize the empowerment focus of their practice in terms of the

community as well as the individual. Many talk about creating an empowering culture of

social interaction within their organization. Normand Grenier with Neighborhood

Housing Services of the South Shore in Quincy, MA summarizes this cultural objective:

> The fact that there is a group that is together [the board of directors],
> bound together in a kind of social contract, creates an environment
> where change takes place.

While CDC critics and philanthropic institutions seek measurable indicators to evaluate

the discrete social change impacts of CDC projects and programs, practitioners talk about

a continuous campaign to help low income families overcome social barriers and acquire

the self-confidence to become economically self-sufficient. According to Tom Tenario of

Community Action Agency of Butte County in Oroville, CA, "It's taken us a few years to

get to this point because it seems like what we're talking about (audio gap) ability really

assess our progress in achieving qualifiable change as opposed to quantifiable change."

It is apparent from the present investigation that the differing perspectives of CDC critics

and CDC practitioners with regard to the character and substance of social transformation

are at odds with each other i.e. they seem to be talking about different things. CDC

practitioners think about and practice social change at a daily qualitative level that their

critics have failed to acknowledge let alone evaluate through research. This distinction is

an important one and it is made emphatic in the testimony of another practitioner:

When we talk about change, in my opinion, change is really in the head. Change is—we always say to people the solution is you. The solution is not somebody else. It is not a program. It is not somebody to come in and save you. The solution has got to be you. What you need is a support mechanism. What you need is someone that will meet you halfway. That will allow you to be able to get those tools. (David Arizmendi, Proyecto Azteca, San Juan, TX)

This investigation isolates six qualitative empowerment themes that are taken here to be illustrative of the contemporary thinking of practitioners on the social change role of CDCs. These themes include a series of operational activities intentionally undertaken by CDCs to achieve their empowerment objectives in daily practice. These themes have a relatively linear relationship in that they are typically combined in sequence during the course of planning and implementing community development projects and programs. Indeed, nearly half of all interviewees said their organizations combined at least four or more of these empowerment activities together to achieve change.

As reflected in the interview transcripts from this sample of CDC directors (APPENDIX C.), the inclusion or exclusion of any one of these empowerment themes in practitioner explanations appears to be less relevant than the pattern of their cyclical use in most descriptions of the community development process. Further study of the breadth and significance of each of these empowerment themes is called for in order to reach a more complete understanding of this qualitative explanation of the social change role played by today's CDCs. This approach to evaluating the social change impact of CDCs is a marked departure from the quantitative approach taken by CDC analysts and evaluators to date.

This investigation demonstrates that this sequencing of various qualitative empowerment activities frequently takes place and is consistent with CDC practitioner characterizations of their work as a "continuum" of activities and a "holistic" approach to their social change mission. For the purposes of forming a alternative theory about how CDCs accomplish social change, these findings suggest that the placement of these empowerment themes in a normative order yields the outline of a conceptual framework to examine the social change activities CDC practitioners undertake and to explain how they are typically aligned in community development work.

This normative alignment describes the democratic footing on which community-based development projects and programs are designed (bringing people together and communicating with dignity/respect), it defines essential development strategies employed by practitioners to guide community action (changing mindsets and recognizing common goals), and it states the principal objective and expected outcome of community development projects and programs (building self-confidence to achieve economic self-sufficiency). Testing this theoretical framework for its ability to adequately circumscribe and lead to a satisfactory explanation of the community empowerment process across a number of program functions and project types is indicated by these findings.

3. What role does advocacy for government policy reform play in current CDC practice?

The CDC practitioners interviewed in this investigation almost never talked about advocating for government reforms as a principal means to achieve social change. Instead, most interviewees talked about the empowerment agenda of their own organization and how this was being accomplished internally through their own programs and procedures. Perhaps the most eloquent description of this distinction between government policy-driven change and community-centered change came from this interviewee:

> The real solution is how do I get you to look at me just as
> a human being, and that's not going to come through legislation.
> That's not going to come through policy change. It is going
> to come from me convincing you and interacting with you in a
> manner that will have real change. (David Arizmendi, Proyecto
> Azteca, San Juan, TX)

When specifically asked to comment on the transformative impact their projects and programs may have had on government agencies or local legislation, only two or three CDC directors recounted stories about past efforts to confront City Hall in order to achieve legislative reforms or create policies that would promote their social change mission. Yet even on these occasions, these recollections played a very minor role in their perceptions about the social change agenda of their organizations.

For instance, Felix Torres of Manchester Neighborhood Housing Services spoke about providing technical support to a self-organized group of tenants and homeowners thinking about opposing the demolition of a city block to construct a civic center in downtown Manchester. They eventually decided not to oppose it but soon after followed the same steps to successfully oppose the demolition of another city block to build a new police department facility. In this case, the CDC played a behind-the-scenes role in this public policy confrontation.

Peter Daly of Cambridge Neighborhood Apartment and Housing Services acknowledged the importance of recent housing preservation legislation his organization helped to secure. At the same time he said it was the success of their own and other affordable housing development projects that created the political leverage to get this housing trust fund established. Similarly, Mark Anderson of East Side Neighborhood Development talked about the vital role his organization plays sitting at the table with the St. Paul Port Authority and other elected officials in order to ensure the neighborhood perspective is represented in a large commercial corridor initiative. In both cases, however, these CDCs are not so much relying on the political process to accomplish change as they are attempting to steer it to the advantage of their low income constituency.

More characteristic of these interviews was the perception that government was part of the larger economic system and that it was the job of the CDC to take responsibility for that portion of the population whose needs were being ignored by that system. Most representative of this self-reliant perspective is the following statement:

In terms of affecting social change—basically, what CDCs do is we address issues that the market doesn't and the larger economy does not address, primarily. From that point of view, we're affecting social change in an economy and in a society that doesn't recognize the need through its normal economic system, to deal with this portion of the population that is, otherwise, unable to participate. (Steve Ostiguy, Church Community Housing Corporation, Newport, RI)

Steve Ostiguy and other interviewees expressed a view that is more opportunistic when it comes to the role of local government policy. For example, he talked about providing technical assistance to local municipal agencies, showing them how to write successful federal grant applications so that they would qualify for affordable housing development funds (ultimately so his CDC could apply for them as a sub-grantee). Another CDC director spoke strategically about positioning her organization to ensure a certain level of quality control over their projects with regard to the influence of outside funders:

A lot of that had to do with the positioning of the CDC. It was our project. We were inviting you in. If you wanted to come in, then you would have to play by the rules. Human dignity was the most important thing that we worked with. You had to preserve human dignity at all times. (Tina Moore – Pyramid CDC, Houston, TX)

Another spoke about the central importance of establishing a political voice for her community, building good relations with county government agencies, and then using these relationships to influence the development approval process to the advantage of the community and its affordable housing goals:

> Over time, and over the years, it kind of became, in some
> respects, especially if developers needed any type of support,
> whether they needed zoning changes, or they were trying to
> get surtax, whatever it was, very often you'd get phone calls,
> "I'm ABC developer. I'm building 21 units. Can we come
> and talk?" That was empowering for us as a CDC and as
> a community. **(**Robin Oxford, Goulds CDC, Goulds, FL**)**

The reluctance of CDC practitioners to rely on the electoral process to achieve social

change is discussed by William Simon (2001) in his recent analysis of the Community

Economic Development (CED) Movement. He says the CED movement arose from

perceptions that government resources have historically been focused on downtown

interests to the exclusion of low income neighborhoods and that the local political

process is seen as too biased to help the poor and too weak to confront big business

(p.75). While alienation from government-driven solutions is part of this reluctance, the

dominance of the CDC practitioner perspective that low income communities should

solve their own problems and govern their own resources seems to be a more potent

explanation based on the findings of this study.

4. What are the origins of the social change motives of CDC practitioners?

Over seventy percent of the CDC directors in Round Two interviews attributed the

origins of their social change ideals to factors relating to family/community upbringing,

in particular the social consciousness modeled by a family member (esp. mothers) and/or

the custom of caring for those in need they learned in their community of origin (usually

lower middle class). Personal/political values formed as an adult were cited by nearly two thirds of these practitioners, yet in most cases, these personal/political values appear to have a direct connection to factors cited in their family/community upbringing.

Academics and experts subscribing to the CDC empowerment critique have not typically investigated the origins of the social change motives of CDC practitioners. Their deductive theory is that because the CDC movement was born amid the activist politics of the 1960s (some think exclusively as a step-child of OEO's short-lived anti-poverty programs), that these social change motives must have expired along with other visible elements and tactics of a viable social justice movement on the national political scene.

Yet the inductive findings of these interviews with experienced CDC directors, many of whom are old enough to have experienced the 60s, only turned up two or three references to the influence of 1960s politics, and these were clearly incidental to the stronger influences of family and community role models they emulated in early adulthood (these two sources were cited by 92.9% of the CDC directors in this sample).

Further research with a larger sample is required to confirm or deny these findings on the origins of the social change motives of contemporary CDC practitioners. Nevertheless, rather than using a commitment to 1960s ideas about social activism as the litmus test of social change motivation, these findings suggest that a better understanding of the extent to which cultural factors like family upbringing and community of origin experiences

play a formative role in the way today's CDC practitioners embrace their transformative task seems to be in order.

5. *Do the social change motives of CDC practitioners share a common rationale?*

Perhaps the most significant finding of Round Two interviews is the discovery of a common rationale that underlies CDC practitioner explanations for the origins of their social change views. This common rationale is a fundamental commitment to help those less fortunate than themselves achieve social goals that are otherwise beyond their reach. Whether their inspiration for community development work comes from the example set by a parent, the cultural norms of their community of origin, or their own life experience as young adults, there appears to be a convergence of role models and values that draws CDC practitioners to the work of helping the poor transform their lives and the fortunes of their communities.

In fact some of these CDC directors made specific remarks that reflect their awareness of this convergence of different motives and values into a common rationale for undertaking community development work. Jim King of Walnut Hills Redevelopment Foundation/ Avondale Redevelopment Corp. in Cincinnati, OH summarizes his perspective by saying the objective of his CDC is "to empower people to pursue the things they can do". Margo Weisz in Austin, TX says their principal challenge is "How do we provide more stability and opportunity for people?". Antonio Silva of the California Human Development Corp.

in Sacramento, CA sums up this convergent perspective saying, "The whole mission of the organization, not just for the housing department, but of the corporation is to empower people to become self-reliant…"

This result alone strongly suggests that today's CDC practitioners are still on a path to social change consistent with the transformational goals associated with their activist heritage. But there are other ways to reach this conclusion with these findings. Boggs' analysis of Post WW II social change movements suggests specific criteria for evaluating the localized empowerment objectives of CDC practitioners are. That is, if the social change perceptions of today's CDC practitioners can be shown to be consistent with the pursuit of the democratic ideals of collective empowerment, self-actualization, and direct action to solve social problems, then the effort to explain the dissonance between the continuing commitment of CDC practitioners to social change and the CDC empowerment critique becomes more deliberate.

To be specific, the six themes taken to be indicative of the social change thinking of today's CDC practitioners isolated in this investigation can be evaluated as to their conformance with the pursuit of the democratic ideals of collective empowerment, self-actualization, and direct action to solve social problems. A preliminary assessment of the findings of this study is that such an evaluation would show substantial conformance between the social change themes isolated in the present investigation and Boggs' empowerment criteria. In particular:

1. Bringing people of different interests together and communicating/decision making with dignity/respect (normative themes one and two) reflect the collective empowerment ideals held by today's CDC practitioners. The comments of Sherman Roberts from Operation Relief CDC in Dallas, TX reflect this group empowerment ideal:

> We try to change the mindset of how people feel about
> themselves and how the community feels about themselves.
> They think they can't do it, but they can. Collectively they
> can do a lot.

2. Changing attitudes/mindsets and overcoming barriers by recognizing common goals and creating a vision (normative themes three and four) are current CDC practitioner strategies for achieving self-actualization. The comments of John Anoliefo from Famicos in Cleveland, OH and Sam Diller from Little Haiti Housing Association in Miami, FL provide two different interpretations of this self-actualizing strategy:

> When we are focused in doing it, changes might be incremental,
> but in time, if the changes are persistent it will bring about a
> whole larger scale change in the neighborhood, because people
> will begin to change their attitude. (John Anoliefo)

> We have been very active in trying to create community
> organizations, whether it is a neighborhood association or
> a block club. It is more difficult than building houses, trying
> to change people's attitudes about their role in society. You
> can build houses all day long. If people's attitudes don't change
> and they don't become engaged in the civic life of their community,
> how is that comprehensive change? (Sam Diller)

3. Building individual/community self-confidence to achieve economic self-sufficiency (normative themes five and six) are expected outcomes of the direct action of

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contemporary CDC practitioners to solve social problems. Georgia Berland from Human Services Design in Healdsburg, CA talks about building the momentum to take direct action to solve social problems:

> …it's [collective action] not only created the stop sign,
> but it's also created more interaction in the community.
> It's gotten all those people to know each other and it's
> empowered all those people. Now they know they can
> make something happen and how they can do that together.

The implication of these findings is that although the childhood influences and personal/political values CDC practitioners bring to their work may have multiple sources, a fundamental democratic commitment to promote the social advancement of people traditionally oppressed in American society is the underlying goal. The finding that this underlying commitment to the social progress of the poor is shared by over ninety percent of the CDC practitioners in this sample (regardless of the strength of their grasp of its ideological implications) explicitly implies that CDC critics have overlooked the significance of first hand accounts of what contemporary CDCs are actually doing at the local community level to empower the poor and transform their communities.

6. *How does this common rationale manifest itself in terms of social change ideology?*

The dissonance between evidence of a continuing CDC commitment to community empowerment and the popular criticism that they have abandoned their activist roots masks an ideological debate over the actual social change role played by today's CDCs.

Practitioner interviews indicate that the terms of community empowerment have shifted from the national political stage to the direct administration of social justice at the community level. At the same time, however, 1960s ideas about what constitutes social activism are the accepted conceptual footing for evaluating the social change impacts of today's CDCs.

This study seeks an alternative conceptualization of the social change role played by CDCs in order to expand the terms of the empowerment debate beyond the narrow argument that contemporary CDCs are no longer committed to social change because they don't advocate for government intervention.

Adherents of the empowerment critique rely upon a traditional class vs. state ideology that concludes CDCs are not playing a significant social change role if they cooperate with their government and corporate funders. Relying on this ideology it is reasoned that CDCs are inevitably forced to choose between community empowerment and their own financial survival. For CDC critics, a choice must be made between advocating for redistributive government legislation or selling out to state and corporate power.

On the other hand, empirical research demonstrates that CDC practitioners are mediating the differences between community needs and the bureaucratic requirements of capitalist institutions, and according to some analysts, the context for assessing the social change impact of CDCs has changed in a way the critics are overlooking. So, if the traditional class versus state ideology fails to adequately explain what CDCs are currently doing to

achieve social change, what is an alternative ideological footing on which to construct an explanation that fits current CDC practice? Rather than simply concluding that today's CDCs don't advocate for government reforms because they are not be practicing social change, what is the phenomenological basis for an alternative explanation of the social change role being played by contemporary CDCs?

The findings of this investigation confirm what previous practitioner interviews imply – that contemporary CDCs are pursuing their social change ideals at a local community level that empowers individual families and influences the practices of local institutions. When asked to describe this pursuit in order to reach a better understanding of its conceptual implications, most CDC practitioners say they envision a continuum of services or a holistic approach to change that employs a sequence of activities (or social change themes) that guide their daily practice.

The findings of this investigation break new ground by clarifying that CDCs are not aiming for nor relying upon redistributive government legislation to accomplish social change. Instead of defining their community empowerment objectives in terms of national legislation or conventional economic indicators, these findings show that CDC practitioners focus on the qualitative accomplishments of individuals and community organizations as a means of establishing new ground rules for human interaction and cooperation to solve social problems in their own backyard.

The following are three examples of how CDC practitioners envision this qualitative

approach to social transformation:

> A lot of our practice [with] our residents has been around,
> "What are the techniques and methodology of change? and
> What are the kind of things you can do, and how do you do them?"
> But then a lot of it has also been giving people the sense that
> they can make a change. (Felix Torres, Manchester Neighborhood
> Housing Services, Manchester, NH)

> A lot of what we do is relationship building. It's based on,
> "I figured out how to get it done" or "It didn't scare me to do it,
> so how did that work for me and how do I pass that on?" (Sharon Wells,
> West Elmwood Neighborhood Development Corp., Providence, RI)

> I don't discount the outcomes. If an organization is alive and active,
> it produces outcomes. I just don't think that is the primary thing.
> I think that people who are committed to a cause that is greater than
> themselves derive a certain energy and sense of satisfaction that
> enables them to keep going beyond the simple production of
> outcomes. (Normand Grenier, Neighborhood Housing Services
> of the South Shore, Quincy, MA)

This research also uncovers a theoretical link between the social change perspectives of

contemporary practitioners and the activist agenda typically associated with the origins of

the community development movement. That is, the convergence of family/community

upbringing and personal/political values formed in adulthood into a common rationale -

to help those less fortunate achieve social goals otherwise beyond their reach – provides

empirical evidence that the origins of the social change ideation of CDC practitioners are

both long standing and very much still in play.

Taken together these findings represent tangible evidence that contemporary CDC practitioners are still committed to achieving social change, they are able to offer rich qualitative descriptions of their daily social change activities, and the origins of their social change ideas are consistent with the transformational goal often associated with the activist heritage of the community development movement. The testimony of this sample of CDC directors also provides specific intelligence on the way in which the terms of their community empowerment mission differ from 1960s ideas about social activism. That is, CDC practitioners do not consider public policy to be the primary means of accomplishing social change, and instead, they have decided to deliver social justice directly through the operational aspects of local CDC programs and projects.

In order to develop a more complete and satisfactory explanation of the social change role currently being played by CDCs it is eventually crucial to identify the ideological footing on which these practitioner perspectives make sense. While Part One of this investigation produced significant insight into how CDC practitioners perceive their community empowerment mission, in Part Two it is necessary to establish the link between these practitioner perspectives and a broader conceptual context that helps to explain their meaning.

Ch. 6: A Comparison of practitioner perspectives with relevant empirical and theoretical findings

The findings from Part One of this investigation directly conflict with the dominant critique in the CDC literature that CDCs have abandoned their historic mission to empower the poor. In order to attach conceptual depth to these contradictory findings, the objective in Part Two of this research is to place these practitioner perspectives in a more cotemporary Post WW II social movement context that reinforces the social change significance of the community-centered empowerment objectives of today's CDCs.

Empirical findings on former 1960s student protestors

In response to a broader cultural critique that former student radicals from the 1960s have "sold out" to the establishment, research has been conducted outside of the community development field that shows that the social activism born of the 1960s has survived and matured into less visible yet ideologically consistent forms of resistance, in particular, through local community-based initiatives (McAdam, 1988; Whalen and Flacks, 1989; Fendrich, 1993).

Longitudinal research on the eventual political and vocational commitments of former student protesters demonstrates continuity with their 1960s activism despite popular media images that they have "sold out". These empirical findings indicate this popular myth is false (Fendrich, 1993) and that ongoing activism is not well known because the

processes by which people struggle to fulfill their social change convictions are rarely studied (Whalen and Flacks, 1989).

A similar observation can be made about the subject of this investigation - that examples of how CDC practitioners channel their social activism into transforming the private lives of low income individuals and their community institutions are rarely studied nor are they typically found in the literature on the social change impact of CDCs. With the exception of observations on the social change motives of CDC practitioners gleaned from the qualitative interviews conducted by Rubin (1994), Geotz and Sidney (1995) and Clavel, Pit and Yin (1997), little academic scrutiny has been given to what CDCs are actually doing to empower low income families and influence the practices of local institutions.

This investigation shows that CDC practitioners are expecting to achieve social change within the operations of their projects and programs and their expectations can be characterized in three different ways: CDC theorists who see their CDC projects and programs primarily as vehicles for empowering poor communities; CDC strategists who feel their CDC projects and programs eventually lead to social change by enabling low income families to become self-sufficient; and CDC service providers who say their CDC projects and programs help people who are in need of services the market fails to provide.

According to McAdam (1988) and Evans (1979) the events of Freedom Summer and the sense of community experienced in Mississippi (the beloved community) resulted in a diffusion of ideology and community organizing tactics that saw neighborhood

organizations in particular as the basic building block in "a broader transformation of

American society" (McAdam, p.137). This testimony from former student protesters

gathered over three decades ago corresponds with the perspective of today's CDC

theorists (64.9% of the present sample) who see their local development projects and

programs as a principal path to community empowerment. Whether the intent is to

sustain a political movement by building community or CDC practitioners are simply

building community, the transition from national politics to community-centered activism

as a means of achieving social change is a conscious strategy being carried forward by

today's CDC practitioners.

Whalen and Flacks (1989) say that if you're looking for evidence of a national social

change movement, don't look for it in the form of a national party or a political platform

that espouses New Left ideology or one that carries the trappings of the SDS. They

conclude that "…no national group today attracts the support and allegiance of the

majority of activists who identify with American radical traditions". (p.285).

Correspondingly, the CDC practitioners interviewed in this investigation almost never

talked about advocating for government reforms as a principal means to achieve social

change. Instead, these interviewees had an exclusive focus on the empowerment agenda

of their own organization and how this was being accomplished through local practice.

Whalen and Flacks report that student movement veterans themselves recognized the

threat of waning social change activism and they held a conference to discuss the future

of their radical political agenda. At that time most conferees felt that a "…multiplicity of

modes of organization, lines of action, and alternative building" would characterize an

ongoing social movement after they left college (p. 257). Whalen and Flacks find that this

pluralistic perspective proves to be prophetic in the 1970s. They conclude that New Left

activists did indeed spread out to many different locales to make individual contributions

to political and cultural change.

The CDC practitioners interviewed in this investigation said the origins of their social

change motives are family upbringing and personal/political values that collectively

represent a fundamental commitment to help oppressed populations build local capacity

to obtain valued public goods. Similarly, Whalen and Flacks found that many of the New

Left activists they interviewed ended up applying their social convictions to building

indigenous leadership and alternative local institutions to accomplish this same end:

> Institution-building, the development of self-government, the creation of
> on-going grass-roots leadership and organization, were seen as ways to
> provide voice and power to the constituencies of the movement and the
> counterculture that could be achieved before, or instead of 'the revolution'
> …,it was argued, such local efforts could promote reform of police
> practices, housing conditions, land use policies, and other local conditions,
> while providing resources for the development of alternative institutions
> and countercultural enterprises. (p. 115)

Fendrich (1993) says that the high level of political involvement of former student

activists he found indicates that attempts to create democracy are proceeding quietly in

local communities throughout the country. McAdam (1988) is also optimistic about the

presence of continuing pressure toward democratic social change at the local level. He

found that the Mississippi Volunteers sought to reproduce the beloved community in the

north and they are still connected to social change networks that sustain collective action in the 1980s. In his interviews with over 160 CDC directors in the 1990s, Herbert Rubin comes to a corresponding conclusion that the social change momentum of the 1960s moved underground and is quietly transforming inner city communities and institutions out of the public eye.

The results of this study of the social change perspectives of contemporary CDC directors are thus consistent with Rubin's conclusions and a substantial body of empirical research on the subsequent political aspirations and careers of former 1960s student activists. Based on this empirical data, many 1960s activists and others of their generation remain committed to transformative social development goals and the priority experienced CDC practitioners give to community empowerment goals today is an important indicator of the continuing presence of this social movement.

Correlations in political and economic theory and the particular relevance of New Social Movement Theory

The transition of 1960s social activism from the national political stage to a myriad of localized forms of resistance is reflected in other theories about the community-centered struggle for democratic social change. Fainstein and Fainstein (1974) say that the urban political movements of the latter 20th century are different from the progressive political movements on behalf of poor immigrants in the early 20th century, because their impact is felt primarily at the local level in terms of institutional practices and the provision of direct benefits to the poor:

> The overall common goals of the [urban political] movements
> thus become the acquisition of institutional power so as to stymie
> the operation of racism, improve the delivery of services, and
> directly provide benefits such as jobs and contracts. (p.57)

Characteristic of the findings in this study is the perception that it is the job of the CDC to provide community-based solutions for that portion of the population whose needs are being ignored by government and the larger economic system. Similarly, Fainstein and Fainstein explain that the goal of urban political movements is not assimilation of the poor, but rather, community control over the institutions that serve them:

> The rediscovery of the urban poor by the larger society, which took place
> in the 1960's, was partly precipitated by, and reinforced, a rediscovery
> of the political process by urban minorities. While this renewed interest in
> politics was reflected in an increase in the number of black office holders
> in major cities, its most notable manifestation was in the development of
> non-institutionalized attempts by inner-city residents to gain power over
> public service bureaucracies on a neighborhood basis. (p. xi)

Fainstein and Faintsein believe urban political movements will cumulatively have a redistributive effect through "the accumulation of numerous small successes" that gradually "lead to a change in the overall distribution of power and benefits" (p.57). This gradual appropriation of institutional power and influence at the community level corresponds with the testimony given by CDC practitioners both in earlier interviews about the eventual impact of a number of "small CDC miracles" (Peirce and Steinbach, 1997) and in the present investigation, i.e. social change is achieved through a "continuum" of CDC empowerment activities.

As to how this cumulative effect might actually manifest itself, Rubin's interviews with

CDC directors lead him to observe that CDCs act as niche organizations constantly

mediating between individuals and institutions (1994b). In a corresponding finding, the

CDC directors interviewed in this study characterized their work as doing "whatever it

takes" to help low income families overcome cultural barriers to achieve economic self-

sufficiency. The importance of the strategic relationship between local institutions and

the nature of social change activity is stressed by Piven and Cloward (1977). They say

that it is a mistake to simply apply the Marxist doctrine of class vs. state power while

ignoring the particular social context in which people seek change.

Accordingly, Piven and Cloward conclude that popular insurgency reflects the specific

institutional arrangements and circumstances of the time in which it occurs. Based on this

conceptualization of social change activity, Rubin's 1994 account of the mediating role

that CDCs are quietly playing between low income citizens and local market and state

institutions provides an operational context in which the localized approach to social

change employed by contemporary CDCs can logically, albeit incrementally, have a

transformative impact.

Therefore, Piven and Cloward's account of the specific institutional circumstances that

produce and then redirect 1960s activism away from electoral politics helps to explain

how it is that as early as the mid-1970s, CDCs consciously determine that their activist

mission is to directly undertake community empowerment initiatives the government no

longer supports. Their lack of confidence in the electoral system can be seen as part of a

broader shift in activism toward community-based organizations themselves as the

principle means of meting out social and economic justice. The following description of

the circumstances surrounding contemporary community development movement

examines the apolitical perspective held by today's CDCs:

> Within large cities, the CED [community economic development]
> Movement arose substantially from perceptions that economic
> resources had been focused on the downtown at the expense of
> lower-income neighborhoods; that the lower-income neighborhoods
> had received more than their share of waste dumps, correctional
> facilities, and streetcar barns; and that whole populations were subject
> to removal in the interest of upper-income groups. The common theme
> of these observations is that, in the absence of popular participation,
> the local political process is too biased against lower-income and
> minority groups, and too weak in relation to capital and big business,
> to produce a fair distribution of the benefits of economic development.
> (Simon, 2001, p. 75)

A general reluctance to rely on the electoral process to achieve social change explains

why the CDC practitioners interviewed in this investigation never talked about

government reforms as a principal means of achieving social change. When they were

specifically asked to talk about the transformative impact of their projects and programs

on government agencies or local legislation, only three CDC directors volunteered stories

about past efforts to confront City Hall in order to achieve legislative reforms, and these

stories were clearly a subplot to their local empowerment agenda.

Theorists from other theoretical disciplines are also talking about the significance of the

shift in economic and social change advocacy from the federal to the local community

context. As a strategic response to the perils of the mobility of global capital, urban

sprawl, and other unmanageable global forces, these writers maintain that a community-

centered approach is ultimately better for business, and with particular relevance to this subject, that communities can only achieve their social and political goals through an increase in community-controlled economic activity. Consider the following.

Henton, Melville, and Walesh (1997) say that in order to restore civil society where America has historically pioneered new institutions to advance the common good, "Success is likely to come from the bottom up." (p. xvii-xviii). Similarly, Michael Shuman (2000) talks about a countermovement among diverse labor, environmental, and entrepreneurial constituencies in order to promote "sustainable development" and "…a new philosophy of business that meets people's basic needs" (p. 26). Indeed, Shuman proposes a shift to community self-reliance in the development goals of towns and cities all across America (p. 28).

Ultimately, in order to preserve meaningful self-governance and a rich democracy, Williamson, Imbroscio and Alperovitz, (2002) conclude we must establish a new basis for community economic security based on community control. William Simon (2001) talks about the importance of the new institutional forms that have emerged from the community economic development movement to subject economic forces to local democratic control. Of particular relevance to the research hypothesis that CDCs are practicing social change at a local level their critics have failed to acknowledge, Simon says that CDCs are intentionally detaching local issues from national and regional politics in order address the provision of public goods (p. 130).

In order to gain a richer conceptual understanding of the significance of the social change role played by contemporary CDCs, the views of new social movement theorists on the world-wide emergence of grass-roots organizing provides a broad phenomenological context in which the localized social change activities of contemporary CDCs can be seen as a strategic response to contemporary social circumstances.

Fisher (1983) explains that old social movements are grounded in labor insurgency, but with increasing globalization of the world economy, old social movements have lost their capacity to successfully pressure the state to redistribute resources i.e. the welfare state is no longer the focus of social action. He says new social movements are community based, they supercede class as the only constituency, their ideology is small scale democracy, cultural identity plays an important role, and their strategies typically focus on community self-help initiatives (Fisher and Kling, 1983).

Clearly, an overriding concern with democratic decision-making rituals and their intended community empowerment purpose is evident in the empirical research on the continuing political commitments of former student protesters as well as the interviews with CDC practitioners undertaken by others (Goetz and Sidney, 1995; Rubin, 1994b; and Clavel, Pitt and Yin, 1997). Likewise, as discovered in the present study, the democratic ideals of community participation and the pursuit of a (beloved) community in which everyone is treated with dignity and respect substantively conforms to Fisher's 1983 description of new social movements.

Fisher says local community participation is a legitimate means to give oppressed populations a voice to democratize society and that organizing around aspects of daily living are indeed tied to the collective goals of society (p. 16-17). Rubin (2000) hypothesizes that the insights of new social movement theorists provide a conceptual context conducive to interpret the meaning of his CDC practitioner interview findings. The findings of this research reinforce this same conceptualization of social change – today's CDCs embrace a new social movement consciousness to create and sustain a participatory environment in which low income citizens become directly involved in creating solutions to the daily challenges posed by the housing, employment, and educational deficits found in poor communities.

The re-emergence of citizen-centered governance and associative democracy

The most significant finding of Round Two interviews in this study is the discovery of a common rationale that underlies various practitioner explanations for the origins of their social change views, namely, a fundamental commitment to help those less fortunate achieve social goals otherwise beyond their reach. Although the childhood influences and personal/political values CDC practitioners bring to their work may be different, the underlying transformative goal is the same - to promote the social advancement of people traditionally excluded from enjoying the full benefits of American citizenship.

This democratic view of social transformation is also found in recent citizen-centered theories of social change that tend to reinforce the significance of the community-based development movement. Boyte (1980) says that today's citizen organizing has historical

roots in our social fabric in that it adapts to changes in the social terrain and builds democratic organizations through which people can increase control over their lives. According to this insight it is no coincidence that CDCs practice social activism at the community level where they can effect concrete changes in the lives of the poor. It is a democratic tradition!

Boyte says popular resistance tends to take place in spaces whose "organic" relations have not yet been overcome by the marketplace, and in a 1986 text co-authored with Sara Evans he adds, our democratic protest heritage is built around groups marginalized by the terms of citizenship that enable some citizens to participate in public life more than others. So, it is most revealing that Rubin concludes CDC practitioners express their social change ideals in the form of "organic theories" about how things ought to be (but are not because the market limits access to resources and opportunity in poor communities). That is, the contemporary CDC movement does not conform to rules of classic labor insurgency (class versus state power and electoral politics) because it is firmly rooted in autonomous community spaces that have no formal role in the market economy.

Based on his own interviews with numerous citizen activists, Boyte (1980) concludes that the modern citizen's movement is "a kind of vast schooling in democracy". The testimony of practitioners in this investigation suggests that with regard to the daily operations of CDCs, this schooling may involve a deliberate process of creating an environment in which disenfranchised citizens are treated with dignity and taught to

overcome cultural barriers and acquire the self-confidence necessary to achieve economic

goals that are otherwise unobtainable. Although CDC practitioners do not refer to this

process as "schooling", the findings of the present study demonstrate that CDCs

intentionally engage low income individuals in a deliberate sequence of learning and

confidence building experiences to help them gain access to resources and valued public

goods.

It is of particular relevance to the research hypothesis here that Boyte and Evans (1986)

assert that history tells us democratic social movements are typically nurtured in

community-based organizations that are overlooked by political commentators:

> Thinkers on both sides [radical and conservative] overlook the
> dynamic character of communal space. Under certain conditions,
> communal associations become free spaces, breeding grounds for
> democratic change. Indeed, the historical evidence now suggests that
> popular movements with enduring power and depth always find their
> strength in community-based associations. (p. 187)

Box (1998) agrees with Boyte (1980) that the revitalization of citizenship in community-

based organizations is an important indication of a return to citizen-centered rather than

bureaucratic forms of governance. Consistent with new social movement theory, he finds

that interest is increasingly at the local level where people feel they can make a difference

in the conditions affecting their lives. Relative to the specific role played by CDCs, the

late 20th century phenomenon of "civic renewal" also offers a theoretical context that

closely adheres to what has been learned here about how today's CDC practitioners

envision their social change mission (Sirianni and Friedland, 2001).

Sirianni and Freidland take notice of an expanding pattern of civic innovation in which local communities are engaging in a self-conscious process of civic learning to secure valued social goods. They claim the current community-based development movement is a prominent example of "civic innovation" which they describe as a slow and invisible process of social learning that dates back to the protest days of the 1960s and 1970s. This conceptualization of contemporary social change activity conforms with the research hypothesis that CDCs are still committed to social change in a way that is consistent with the transformational goals often associated with their activist heritage, and at the same time, it explains why this transformative process may be difficult for CDC critics to see i.e. civic learning is not measurable in terms of the gross political and economic indicators typically used to evaluate changes in urban poverty.

The analysis provided by Sirianni and Freidland also confirms the second part of the research hypothesis here that CDCs are practicing social change at a level their critics have failed to acknowledge or explore. They state that the ongoing process of citizen social learning and capacity building incubated by Community Action Agencies and the Model Cities program has been overlooked by conservative commentators and Left-wing scholars alike:

> Conservative thinkers had yet to develop a focus on
> "mediating structures", which came later, in the 1970s.
> Left-wing scholars appreciated local participation, but their
> dominant frame of radical change versus cooptation tended
> to belittle self-help and to obscure the development of collaborative
> problem-solving and trust-building strategies that had clearly
> emerged. (p. 42)

Sirianni and Freidland explain that the government's novel role of building local capacity for community action was overshadowed by the larger civil rights issues of the 1960s, and it was left up to the neighborhood movements of the 1970s to generate the rich community development strategies that continue to be refined today (p. 43). They claim this learning is evident along several dimensions including: the considerable numerical growth of CDCs during the 1980s and 1990s (despite critical funding cutbacks); the refinement of staff and leadership development techniques; state and local government funding programs that follow the lead of community-based housing innovators; and the emergence of an elaborate support network of national intermediaries that provides financial assistance and institutional credibility to CDCs.

Contrary to the negative interpretation of their cooperative relationships with government entities articulated by CDC critics, Sirianni and Friedland say the evidence of social learning can be found in activists biographies and in the partnerships practitioners form using the civic language of collaborative (public and private) problem solving. Evidence of social learning in the methods used by today's CDCs can also be produced by asking practitioners to talk about their work (Goetz and Sidney, 1995; Rubin, 1994b; and Clavel, Pitt and Yin, 1997), and as this study demonstrates, by asking CDC practitioners to explain in more detail *how* they achieve their transformative mission.

Therefore, in accordance with Sirianni and Friedland's analysis and the findings from longitudinal studies of the ongoing social change commitments of former student activists, the testimony of contemporary CDC practitioners reinforces the central

importance of creating local conditions favorable to a participatory democracy as the principal means of solving social problems. More importantly, with regard to the empowerment critique that CDCs have abandoned the transformational goals often associated with their activist heritage, this conceptualization of democratic social change appears to be the same now (Mollenkopf, 1983; Peirce and Steinbach, 1997; and Rubin, 1994b) as it was in the 1960s (Evans, 1979; Fendrich, 1993; Whalen and Flacks, 1989).

In addition to an insurgent democratic consciousness and the social learning practices CDC practitioner explanations appear to have in common with Post WW II new social movement theories, the idea of a re-emerging associative democracy provides a cogent theoretical context for articulating the social change role being played by today's CDCs.

Consistent with the implications of recent CDC practitioner interviews that the conditions for community empowerment have changed since the 1960s, Paul Hirst (1994) states that the late 20th century presents new conditions for developing an alternative means of economic and social governance. Hirst says that "associationalism" is becoming more relevant after the failure of state socialist and liberal democratic ideas to explain how confronting centralized institutions will adequately address our social problems. Instead, the emergence of associationalism indicates the answer to our social ills lies in a decentralized approach to democratic decision making that creates new institutions that emphasize the participatory quality of public governance decisions.

Based on empirical findings on the continuing commitments of 1960s political activists and the results of CDC practitioner interviews conducted here and elsewhere, today's CDCs are clearly moving in the direction of building and encouraging local participatory institutions that will address the chronic social problems found in American cities and towns. With regard to the traditional redistributive approach to social problem solving, Hirst concludes that the political forces of the left have made themselves irrelevant by continuing to advocate the collectivist solutions of the welfare state. On the other hand, he says it is local community groups who recognize the need to take it upon themselves to build a civil society for the disenfranchised.

In this way, the re-emergence of associationalism as a preferred approach to social problem solving challenges the fundamental premise of the CDC empowerment critique, namely, that confronting the power of the welfare state rather than seeking its cooperation is the path to social transformation. In the alternative, Hirst says the emerging strategy is a community-centered movement to hold representative democracy accountable by minimizing the government's administrative role and enhancing its coordinative role in a way that supports local problem-solving associations. So, rather than coming to the hasty conclusion that CDCs are being co-opted by state power, the routine practice of CDCs to intentionally form public/private partnerships to obtain the resources necessary to help the poor help themselves manifests an associational approach to social change.

Hirst says that rather than a top-down public-policy agenda characterized by a confrontational relationship with the state, the creation of an associative democracy

"requires neither a revolution nor the building of a new society", but a redirecting of the old one at a deliberate pace set by the choices of citizens (Hirst, p. 13). It is thus more than a coincidence that a deliberate and quiet redirecting of social development outcomes is exactly how the studies of Fainstein and Fainstein (1974), Whalen and Flacks (1989), Fendrich (1993), Rubin (1994b), Peirce and Steinbach (1997), Sirianni and Friedland (2001) and others characterize the social change impact of contemporary community-based development organizations.

Hirst's theory on the re-emergence of an associative democracy provides considerable explanatory power in an effort to sort out the dissonance between the continuing growth of CDCs amid lingering doubt about their socio-economic impact. Associationalism explains both the political significance of the community level problem-solving approach taken on by contemporary CDCs as well as the economic utility of their cooperative relationships with government agencies and corporate funders in order to underwrite their democratic social change mission.

Summary

Although their critics claim that CDCs have abandoned their activist mission, empirical data on the continuing political commitments of 1960s student protestors offers tangible evidence that this conclusion is premature. These findings together with emerging theories on the new social movements of the Post WWII era describe an evolving social

context in which the community empowerment role played by contemporary CDCs becomes more apparent.

The biographies of former student activists support the analysis that the 1960s torch of social transformation has been passed to community-based developers. The relevance of the social learning practices embraced by today's CDCs is explained in the literature on new social movements, particularly by the theory of rising civic innovations to solve social problems .

A return to local self-governance in response to the failure of centralized bureaucratic institutions to resolve chronic social problems provides a substantive explanation as to why CDCs no longer spend their time advocating for government solutions. Finally, the re-emergence of associationalism explains how the cooperative relations CDCs form with public and private funders are not a sign of co-optation but rather a strategic response to citizen-centered problem solving.

Accordingly, this analysis of empirical and theoretical findings from outside of the community development field indicates that an alternative explanation for the social change role being played by today's CDCs is available and the current CDC empowerment debate is too narrow to account for its significance.

Ch. 7: Conclusions

The dissonance between empirical evidence of the continuing commitment of CDC practitioners to social change and a dominate CDC empowerment critique in the literature reveals an underlying ideological debate over the social change role being played by today's CDCs. Practitioner interviews indicate the terms of community empowerment have changed, yet 1960s ideas about community empowerment are the dominate conceptual footing in the literature on the social change impact of contemporary CDCs. This research seeks a conceptualization of social change beyond the narrow terms of the current empowerment debate that adequately explains how contemporary CDCs achieve their transformative purpose.

The debate over the empowerment role of CDCs reflects a broader debate about the viability of politics and the ability of people to forge collective identities in order to pursue public goods through social change practice. Boggs' (2000) analysis of this broader debate is used in this study to frame three secondary research objectives. These three secondary objectives correspond to the three principal components of the CDC empowerment critique: that CDCs have voluntarily abandoned their community empowerment mission; that there is a lack of transformative political and economic data to justify their impact; and that there is no theoretical context that adequately explains the social change role played by contemporary CDCs. The conclusions drawn from this investigation address these three claims as follows.

1. A lack of commitment to social change

The CDC empowerment critique represents a basic challenge to the legitimacy of the social change commitment of contemporary CDCs. With this in mind, a secondary objective of this research is to show that CDC practitioners are still pursuing the democratic social change ideals such as those delineated in Boggs' analysis of contemporary social change movements i.e. collective empowerment, self-actualization, and direct action to solve social problems.

The findings of this investigation reinforce the results of earlier interviews that found that CDC practitioners have not abandoned their social change aspirations and they are expecting to achieve social change through the work of their organizations. Contrary to the popular CDC empowerment critique, this purposive sample of CDC directors does not indicate a loss of commitment to the democratic social change ideals of collective empowerment, self-actualization, or direct action as the principal means of achieving social change. This study found a key difference in how CDC practitioners and their critics conceptualize social change - two thirds of those practitioners interviewed see their projects and programs as primary the vehicles of empowerment rather than public policy.

It is clear from these results that CDC practitioners and their critics have different expectations around the empowerment methods required to achieve social change. While their critics focus on the lack of CDC advocacy for redistributive government policies and programs, CDC practitioners emphasize the qualitative aspects of their daily activities to empower individuals and influence the agendas of community institutions.

This study found that CDC practitioners perceive their social change practice in at least three different ways: CDC theorists who see their CDC projects and programs primarily as vehicles for empowering poor communities; CDC strategists who feel their CDC projects and programs eventually lead to social change by enabling low income families to become self-sufficient; and CDC service providers who say their CDC projects and programs help people who are in need of services the market fails to provide.

In each of these characterizations, the implementation of CDC projects and programs is perceived by practitioners as the principal means of empowering individuals, and in the case of CDC theorists and CDC strategists (81.1% of this sample), the principal means of empowering entire communities. CDC critics fail to acknowledge the relevance of this hands-on approach to community empowerment. Instead, they expect to see CDCs pressing local, state, and federal government officials to mandate government policies to ensure the social welfare of low income citizens. When the critics don't see evidence of community organizing to expand the role of government, they prematurely conclude that CDCs are no longer committed to community empowerment as the principal means of accomplishing social change.

This study shows there is a conceptual basis for an alternative explanation for the social change perspectives held by today's CDC practitioners, and as a result, other ways to judge their commitment to community empowerment. From an empirical perspective, longitudinal studies of former student protestors support the claim that 1960s social activism moved off campus and into the community where it still persists in many

localized forms, in particular through community-based development initiatives. Indeed, the testimony of former New Left activists gathered nearly four decades ago corresponds with the majority view of today's CDC practitioners identified in this investigation - that local community development projects and programs are an alternative means to achieving community empowerment and eventual social transformation.

Theorists noting the late 20th century phenomenon of "civic innovation" state that the work of today's CDCs is representative of an ongoing process of citizen learning and capacity building first incubated by Community Action Agencies and Model Cities programs in the government's War on Poverty. The civic learning role being played by today's CDCs is directly supportive of the research hypothesis that contemporary CDCs are behaving in a manner consistent with the transformational goals often associated with their activist heritage. This theory of civic renewal maintains that the 1960s origins of this contemporary civic learning process have been overlooked by both conservative commentators and Left-wing scholars alike (Sirianni and Freidland, 2001). The contemporary record of civic innovation is thus damning evidence that CDC critics have been narrow minded in their assessments of the social change impact of CDCs.

The corollary to the criticism that CDCs no longer advocate for government reform is that their cooperative ventures with government entities prove they are being co-opted by state power. Interestingly, new social movement theorists in league with Sirainni and Friedland reach the opposite conclusion. Instead of being suspicious of the cooperative relationships CDCs form with government entities, the proponents of civic renewal

(Boyte and Evans, 1986) and citizen-centered governance (Box, 2000) claim the evidence of social change learning can be found in the public/private partnerships community practitioners form using the civic language of collaborative problem solving. This collaborative activity makes sense when you move beyond the narrow assumption that social change only results from confrontation with state power and eventual government intervention to solve social problems.

This study of the intentional social change activities undertaken by CDC practitioners provides a detailed profile of how CDC practitioners conduct a process of social learning whereby low income individuals are treated with dignity/respect and encouraged to overcome cultural barriers in order to gain the confidence and skills to become economically self-sufficient. Based on concepts like civic renewal and civic innovation, one can form an alternative interpretation of the social change role played by today's CDCs. That is, as far back as the late 1960s and early 70s, CDC practitioners consciously reinterpreted the meaning of community empowerment by turning an underlying commitment to social transformation into a local process of civic learning to empower the residents of poor communities to achieve social outcomes not obtainable through government mandate.

Perhaps a more rigorous method to evaluate the community empowerment commitment of today's CDCs would be to demonstrate that the social change perceptions of practitioners correspond with the pursuit of Boggs' (2001) democratic ideals of collective empowerment, self-actualization, and direct action to solve social problems. This

exercise requires a depth of analysis not undertaken here. Nevertheless, a preliminary assessment is that there is a promising conformance between the six social change themes isolated in this study of CDC practitioner perspectives and Boggs' democratic social change ideals. That is, communicating/decision making with dignity/respect reflects the collective empowerment ideals of CDC practitioners, changing attitudes and overcoming barriers describe preferred strategies for achieving self-actualization, and building the self-confidence of low income citizens to achieve economic self-sufficiency represents the outcome of their hands-on efforts to solve social problems.

This study reveals the high priority experienced CDC practitioners give to community empowerment and it provides a qualitative profile of the specific empowerment activities typically undertaken by CDCs to fulfill their underlying commitment to achieve social change. It demonstrates that the social change perspectives of today's CDC practitioners can be linked to empirical research on the continuing social change commitments of former student protestors, and it shows that the social change perspectives of CDC practitioners are compatible with a Post WWII new social movement context that does not conform to the traditional class vs. state understanding of social change. In other words, the transition from the national political stage to community-centered problem solving is a legitimate social change strategy that is being embraced by many disciplines as well as today's CDC practitioners.

2. A lack of transformative data

CDC critics cite a lack of transformative quantitative data that demonstrates the political and economic impact of CDCs on poor communities. But according to Boggs, social transformation in today's social context requires a longer view of what is required to achieve change i.e. it requires the creation of a local empowerment dialogue that eventually matures into a re-invented national politics. Therefore, another secondary objective of this investigation is to demonstrate that the narrow terms of the current empowerment debate do not account for the meaning of the local empowerment activities undertaken by CDCs.

The academic literature is preoccupied with the absence of CDC advocacy for redistributive government legislation similar to Senator Robert Kennedy's Gray Areas jobs initiative and subsequent OEO social justice programs. The findings of this investigation make it clear that CDC practitioners do not make it a high priority to advocate for government intervention to achieve social change, and moreover, they never did. Instead, beginning in the late 1960s and early 1970s, most CDCs have been implementing a localized empowerment agenda focused on transforming the private lives of low income individuals, promoting the collective goals of resident-based organizations, and influencing the development agendas of local institutions.

This study reveals the key practitioner perspective that government is part of the larger market system and CDCs are focused on meeting the needs of that portion of the population whose needs are ignored by this system. Another way of putting this is that

government is perceived by CDCs as part of the problem. Ironically, rather than selling out to the state as some of their harshest critics conclude, this practitioner perspective represents a voluntary commitment to directly undertake community empowerment initiatives the government has abandoned. According to the testimony of former New Left activists this interpretation of community empowerment dates back to the late 60s and early 70s. It is also consistent with an array of urban political movements since that time that have pursued community control of local institutions rather than the assimilation of the poor into mainstream institutions.

Rather than cooptation by state power, this study uncovers a different explanation for the decision of CDC practitioners not to advocate for government solutions, namely, a fundamental lack of confidence in the electoral system. Moreover, this move away from government-centered problem solving is shown here to be part of a world-wide shift in grassroots activism toward community-based organizations as the principle means of meting out social and economic justice.

Thus, it appears that the lack of transformational quantitative data on systemic response to reformist shifts in public policy is not an appropriate indicator of the social change impact of contemporary CDCs. Instead, the attempt to track the social change influence of CDCs in terms of government reforms benefiting the poor is the result of incorrectly applying 1960s ideas about social activism to a community-based development movement that never counted on government programs to be the impetus for social transformation in the first place. Instead, the impetus for change is expected to come from

within the community based on its capacity to empower its citizens to acquire and govern the public and private resources necessary to produce better social outcomes for those who are excluded by the market and the state.

CDC supporters are disillusioned because gross economic indicators such as the number of families living in poverty and rates of unemployment do not reflect the success of CDCs in transforming poor communities. In part this is also the result of applying 1960s ideas about government sponsored social change to the work of contemporary CDCs i.e. large bureaucratic spending programs were expected to produce measurable changes in the rates of poverty and unemployment in poor communities. Another plausible explanation is that the federal government's War on Poverty was the culmination of a nation-wide social justice movement that raised public expectations about the power of government programs to affect social change, and unfortunately, this expectation still dominates the public debate between liberal and conservative government advocates today.

Nevertheless, the findings of this investigation strongly suggest that although CDC critics and supporters alike still appear to have faith in the power of the state to effect change, CDC practitioners have been operating under a conceptualization of change that does not anticipate dramatic swings in official government statistics. To the contrary, one family, one block, and one neighborhood at a time has been the standard operating procedure ever since the days of large-scale government initiatives like Urban Renewal and Model Cities, programs that gained infamy for their inability to meet the basic needs of the poor.

The downside of focusing on summative political and economic data in order to evaluate the social change impact of CDCs is the dearth of qualitative research on what CDCs have been doing compared to what they have failed to do. The bias towards state-conceived solutions to social problems has resulted in numerous quantitative studies that fail to produce good news. But data on how CDC practitioners channel their social activism into transforming the private lives of individuals and influencing the social practices of community institutions is almost non-existent. Although some researchers have made observations about the social change motives of CDC practitioners, academic scrutiny has not been systematically applied to what CDCs are actually doing to empower individuals and communities.

As an alternative to collecting conventional political and economic data, the findings from this study indicate that researchers would be well advised to investigate how CDCs practice social change in terms of the continuum of qualitative activities they undertake to enable poor families to become economically self-sufficient. The six qualitative empowerment themes/activities shown here to be illustrative of the way practitioners conceptualize social change provides a more realistic point of departure for evaluating the impact of today's CDCs as compared to the large-scale, government intervention and measurement scenario inherent to the CDC empowerment critique.

Following this approach, rather than relying on summative political and economic measures that are subject to numerous and perhaps unknowable social-political-economic variables, this research indicates that it is more relevant to segment the community

empowerment process into a manageable number of qualitative elements that can be studied and linked together in order to make sense out of a relatively complicated chain of transformative events. This formative approach to CDC impact measurement will require a radical rethinking of what and when to measure when it comes to defining the benefits of discrete community development investments, but this will be a far more relevant exercise than continuing to follow the quantitative-inquiry logic the results from the (mis)conceptualization of community-based development as a stimulus to public policy solutions.

For example, this investigation identifies a key CDC operating concept in that practitioners tend to explain their approach to achieving social change in terms of different sequences or combinations of six basic empowerment activities. Although the particular grouping of these empowerment activities varies from one practitioner description to the next, most practitioners tend to align these activities in predictable sequences. Deciding what these sequences mean and identifying specific patterns of their usage requires much more research, but this sequencing of empowerment activities appears to be a significant pattern that is consistent with practitioner characterizations of their work as a "continuum" of services and a "holistic" approach to social change.

Routine usage of these activity sequences suggests a conceptual footing for taking a more qualitative approach to scientific inquiry that is based on a normative understanding of the empowerment practices of CDC practitioners. This normative theory - that social change is a process of treating low income people with dignity/respect while helping

them to overcome cultural barriers in order to gain the self-confidence and skills necessary to become economically self-sufficient - provides a framework for undertaking qualitative inquiry into the social change impact of CDCs that is based on contemporary CDC practice rather than 1960s thinking about public policy remedies for social injustice.

3. A deficient theoretical context

CDC critics believe that if the contemporary CDC movement does not conform to the traditional class vs. state conceptualization of social conflict, it is without a legitimate grounding in social change ideology. Boggs says that although the transformative goal of the 1960s is still alive in the new social movements of the latter 20th century, it takes on a "localist" mentality that fails to envision a comprehensive solution. The final secondary research objective, therefore, is to show there are substantive empirical and theoretical findings that nevertheless support the social change significance of the localized empowerment vision of CDC practitioners.

From this investigation it was learned that practitioners share a common rationale that expresses their transformative mission. An underlying commitment to promote the social advancement of people traditionally oppressed in American society is the goal that unifies CDC practitioners and ties the contemporary CDC movement to a rich American history of social justice movements. Their critics acknowledge that the CDC movement has its roots in the civil rights movement and the government's War on Poverty, but they wrongly conclude that CDCs must have abandoned their social justice mission because the political goals and tactics of the 1960s are nowhere in evidence.

This investigation seeks not only to bring forward a more precise description of the social

change practices undertaken by today's CDCs but also to reveal the ideological basis of

the social change perceptions held by today's practitioners. CDC practitioners do not

believe that advocating for government-driven solutions to social problems is the way to

go, yet at the same time, they believe that forming cooperative partnerships with state and

market agents to support their own social change agenda is a viable alternative. What has

been missing from the CDC empowerment debate is a better understanding of this

apparent contradiction and a firm grasp of the phenomenological context that adequately

explains the social change approach chosen by today's CDC practitioners.

As Rubin attempted to do, this study cites the relevance of new social movement theories

in the search for an alternative explanation of the ideology underlying contemporary

CDC practice. It is learned here that new social movements are necessarily different from

the traditional middle class progressive movements that CDC critics embrace. They are

community based rather than workplace based, they supercede class issues, their

ideological glue is small-scale democracy, and they focus on community self-help and

empowerment objectives. Instead of advocating for government intervention, the

insurgent consciousness underlying new social movements calls for community

participation initiatives designed to meet the material challenges of daily living in poor

communities.

According to new social movement theory, therefore, citizen participation at the

community level to secure public goods is a legitimate means of effecting community

change. It is also revealed in this study that empirical research on the contemporary activism of former student protesters documents a conscious turn away from national politics toward the democratic conduct of local affairs as far back as the late 1960s. In addition, citizen-centered theories describing the neighborhood and citizen movements of the 1970s and 80s promote this same 'localized' perspective on social transformation where people feel they can make a tangible difference in the conditions affecting their lives.

Interviews with CDC practitioners in the 1990s yield a corresponding profile of localized CDC activity preoccupied with small-scale democratic decision making and its intended community self-help purpose. The findings of this study thus provide important confirmation that a fundamental democratic commitment to promoting the localized advancement of people excluded from enjoying the fruits of American citizenship still animates the community development movement today as it did four decades ago.

In the search for an alternative phenomenological context that explains the social change role being played by contemporary CDCs, it is concluded here that the theory of a re-emerging associative democracy provides a cogent conceptualization of the transformative approach taken by today's practitioners. The re-emergence of associationalism means that the traditional class vs. state power concept of social change is becoming more irrelevant as alternative forms of local economic and social governance become possible. Associationalism explains why it is significant that local community-based organizations like CDCs are taking it upon themselves to build a civil society –

because the collectivist solutions of the welfare state have failed to serve the interests of the poor and the excluded (Hirst, 1994).

The strategic choice of today's CDC practitioners to design their own collaborations with both public and private funders conforms to Hirst's prescription for community-centered, problem-solving associations formed to govern the resources necessary to help poor communities help themselves. Rather than waging a political struggle to reorder federal priorities, the spread of associationalism predicts a gradual redirecting of the social order through deliberate citizen-led initiatives to conduct local affairs in a way that produces better social outcomes for the poor.

It is most revealing, therefore, that in the search for an alternative explanation for the social change role played by today's CDCs, its practitioners and their interviewers frequently describe the work of today's CDCs in terms of the quiet transformation of individual lives and local institutions. This is not a coincidence. In many substantive ways, the practitioner perspectives revealed in this research are ideologically consistent with new social movement theory and Hirst's theory of a re-emerging associative democracy.

Accordingly, it is concluded here that the 'localized' path to social transformation being pursued by today's CDCs is not the path of least resistance to the hegemonic forces of the market, but instead, a direct manifestation of a re-emerging associative democracy. If this is the case, the emerging grassroots practice of local self-governance is the ideological

foundation on which contemporary CDC practitioners perceive their mission to empower individuals and help transform community institutions to achieve social change. Furthermore, with reference to Boggs' formula for establishing a local empowerment dialogue as a prerequisite to large order social change, the localized empowerment strategy embraced by contemporary CDC practitioners may even be a significant step towards creating the political will to re-invent a national politics that genuinely supports social change.

SIGNIFICANCE

The dissonance created by the continuing growth of CDCs amid lingering doubt about their socio-economic impact can be understood by comparing the differences between the ideological underpinnings of CDC practice with those cited in the CDC literature. The conceptualization of social change that underlies the perceptions of CDC practitioners and those of their critics is not the same, hence the confusion over their differing versions of the same social reality.

CDC practitioners report they remain committed to social change and they are quietly transforming private lives and changing the way institutions respond to poverty at the local level. On the other hand, CDC critics look at symbols of government neglect and continuing economic indicators of urban decline and they conclude that CDC practitioners are no longer committed to empowering the poor. Their critics and institutional supporters alike conclude that CDCs have abandoned their activist roots

because their relations with the state are too cooperative and the expected path to social change requires political confrontation over differences between class and state interests.

Rather than political advocacy, CDCs choose to spend their time forming cooperative partnerships with public and private funders in order to met out social justice in their own communities. CDCs have not abandoned their social change mission, they have simply taken a different approach. The ideological basis for their approach to social transformation can be established through Post WWII new social movement concepts and the theory of a re-emerging associative democracy. Rather than top-down government reform, the CDC approach is bottom-up, through community self-governance strategies designed to change social outcomes for the poor and the excluded.

This alternative explanation for the community empowerment practices of CDCs requires that the conceptual framework for evaluating the social change impact of contemporary CDCs should be revisited. In particular, the theoretical context should be altered to accommodate the significance of the grassroots phenomenon of community self-governance practice. Instead of blindly applying the deductive logic of the traditional class vs. state ideology, applying the inductive logic of interpreting the significance of the current community self-governance practices of CDCs should become the new norm.

This difference in perspective means that instead of marginalizing the individualized empowerment accomplishments and cooperative government partnerships of today's CDCs, these practices should become a central focus of empirical research and

theoretical analysis. Accordingly, other inductive methods and analytical tools should be used to verify and further describe specific individual and local institutional transformations attributable to the work of today's CDCs. In turn, these community-centered transformations should be conceptually linked to larger societal shifts towards self-governance and self-determination.

This alternative explanation for the social change role played by CDCs means that university-based curriculums and professional training programs should open up their syllabi to relevant empirical findings on community development practice and Post WWII new social movement theories that reify the community empowerment foundations of community development work. This is essential if the next generation of CDC practitioners is going to have a clear conceptual understanding of the ideological foundations of community development practice and how these concepts are being translated into intentional strategies to address the imbalance of power between poor communities and institutional bureaucracies.

Finally, government and philanthropic funding entities have a minimal conceptual understanding of what practitioners are trying to achieve, and as a result, they struggle with ways to identify community development outcomes that can be used to measure the success of their investments in poor communities. The alternative explanation for the social change role played by CDCs examined here means that practitioners should be presenting discrete family and community self-governance outcomes in order to demonstrate the social change impact of their work. Hopefully, this research begins to

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point CDC practitioners and their institutional collaborators in the direction of a more

coherent theory of social change that will guide this important undertaking.

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APPENDIX A. Conceptual Model of the CDC Empowerment Debate.

Figure 1. CDC Empowerment Debate (Do CDCs accomplish social change?)
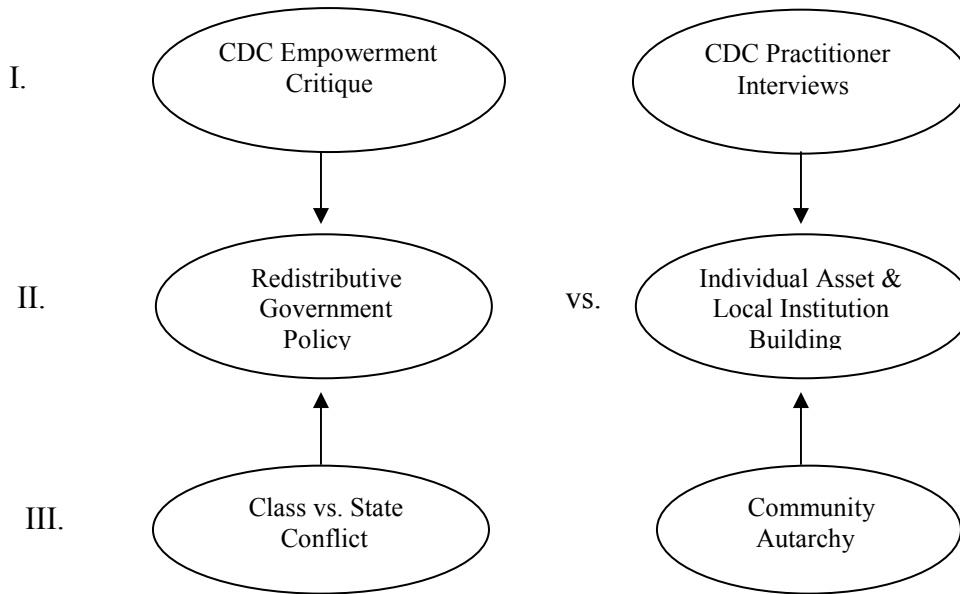
This diagram is a conceptual representation of the social change perspective held by commentators in the CDC literature who endorse the empowerment critique as compared to the views of CDC practitioners obtained through qualitative interviewing (Level I. in Fig.1). To date, the CDC empowerment debate has been framed narrowly in terms of the zero sum question, "Do CDCs accomplish social change?". The problem with this mindset is that it demands little examination of what CDCs are actually doing to accomplish social change, and instead, places a premium on making an up or down judgment on the political significance of the results they achieve.

The CDC impact that proponents of the empowerment critique expect to see is in the form of redistributive government policies and gross economic indicators that demonstrate a shift in economic benefits to poor communities. The empowerment outcomes that CDC practitioners envision are qualitative changes in the asset accumulation behavior of low income individuals and the response of local institutions to poverty (Level II. in Fig.2). These are different kinds of outcomes supported by different social change ideologies – the traditional class vs. state conflict model underlies the CDC empowerment critique and a community self-government (autarchy) model underlies the CDC practitioner perspective (Level III. in Fig.3).

According to Figure 1. the counterparts in this debate are judging the community empowerment impact of CDCs relying upon different performance criteria and different ideas about the nature of social change practice. CDC critics tend to believe that federal government solutions are required to confront the forces of corporate and state control so that they will stop ignoring the well being of poor communities. On the other hand, CDC practitioners believe that local self-governance is necessary to develop the capacities of low income individuals and influence local institutions to be more responsive to the needs of oppressed populations in a way that centralized bureaucracies fail to do.

APPENDIX B. Rationale for research design

Part A: Secondary research objectives

This research seeks to prove that today's CDCs are still be committed to the social change goal commonly associated with their activist heritage of the 1960s. Carl Boggs says there's a "continuous line of development from the New Left to later new social movements" that has carried forward 1960s themes of collective empowerment, self-actualization, and direct action to solve social problems (2000, p.127). Boggs' explanation is significant because it supplies specific criteria to determine if the localized empowerment activities of today's CDC practitioners embrace these democratic themes.

This research also seeks to clear up confusion over seemingly opposing perspectives on the social change impacts achieved by contemporary CDCs i.e. the government policy-oriented CDC critique vs. the localized empowerment perspective of CDC practitioners. The Boggs analysis indicates that both approaches are required - that local forms of democratic social change must precede national policy reform. His articulation of the necessary components for social change thus helps to legitimize the hypothesis underlying this research that CDC critics are overlooking the significance of the local empowerment gains achieved by CDCs.

According to Boggs a local empowerment dialogue and a re-invented national political struggle are both necessary ingredients for social change. His analysis suggests that proponents of the CDC empowerment critique and CDC practitioners are looking at

different data when they describe the social change impacts of today's CDCs. Therefore, this investigation seeks to demonstrate that the narrow terms of the CDC empowerment critique do not account for the importance of the localized empowerment objectives of contemporary practitioners.

Finally, this research is intended to add conceptual depth to our understanding of the local empowerment goals of CDC practitioners. The Boggs analysis allows that the transformational goal of the 1960s is still alive in the new socialist and new populist movements of the latter 20th century, but that it has taken on a "localist" mentality that fails to envision a solution to global issues of class and power. On the other hand, research outside of the community development field suggests that it's precisely this vision of finding ways to do for your own community that distinguishes contemporary social change practice from previous working class movements aimed at government reform. As a result, this research attempts to demonstrate that there are substantive empirical and theoretical findings that support the significance of the local, community-centered empowerment vision of CDC practitioners.

Part B: In-depth interviewing

Qualitative data analysis techniques are well suited to building theory about social phenomena like the meaning associated with contemporary CDC practice. In order to undertake this process of "meaning making", Miles and Huberman (1994) tell us that theory-building is a process of searching for "a structure at the core of events that can be captured to provide a 'causal description' of the forces at work (p. 4). In particular,

interviewing is a primary tool of ethnographic research that is often employed to tell us

how individuals experience the world. According to Rubin and Rubin (2004), "whenever

you need to learn about something in depth from another persons point of view" you

choose interviewees who are knowledgeable about the research problem, listen carefully

to what they say, and ask questions until you understand their answers (p.ii).

This research employs a "responsive interviewing" model that was designed to learn

something in-depth from another person's perspective (Rubin and Rubin, 2004, p.ii). In

this "naturalistic" approach the researcher responds to what the interviewee says rather

than relying on pre-determined questions or "boiling down answers into numbers" that

strip away the context that makes research realistic (p.2). This approach is particularly

well suited because the present investigation is not an attempt to prove that contemporary

CDCs achieve social change but rather a study of how CDC practitioners actually

experience the implementation of social change in their daily practice.

According to the Rubins, " qualitative interviewing projects are especially good at

describing social and political processes, that is, how and why things change." (p.3). In

this investigation we are interested in how CDC practitioners translate their social change

ideas into the specific activities of their organizations. In order for a particular topic to

develop into a research project the Rubins say "you need to find a puzzle or a problem

that you can solve or answer" (p.56). The puzzle identified here is the dissonance

between the conclusion inherent in the CDC empowerment critique - that CDCs are no

longer committed to their activist heritage- and the testimony of CDC practitioners that

they are still committed to achieving social change. As a result, in-depth interviews are being conducted to determine if CDC practitioners believe they are still on a path to social change, and if so, how the way they are looking at their community empowerment mission may have changed since the 1960s.

According to the Rubins there are three types of qualitative interviews - concept clarification, ethnographies, and theory elaboration which focuses on a specific problem and searches for themes that may have broader significance (p.9). Additionally, they make a distinction between 'topical' interviews that examine what happened in specific circumstances, and "cultural" interviews that explore the daily routines and shared norms of a given group of people (p.11). In this regard, the present investigation employs topical interviews of CDC practitioners in an attempt to elaborate an alternative explanation for the social change role being played by today's CDCs.

As opposed to cultural interviews that have no preset agenda, the present topical investigation is informed by the social change themes already identified by Rubin (1994) and others in earlier interviews with CDC practitioners. Accordingly, these interviews begin with the assumption that CDC practitioners tend to believe their social change motives are manifest in the goals and strategies they employ to transform the lives of their clients and influence the development agendas of local institutions. In-depth interviewing is employed here in order to generate empirical findings that support this assumption and arrive at a better conceptual understanding of the social change ideology that sustains it.

Rubin explains that if you want to analyze how people use particular concepts to represent their understanding of the world, " you need to plan questions to elicit those concepts, refine, them, and get examples of how they are used" (p.65). As a result, a pre-determined set of discussion points is used to discover <u>how</u> CDC practitioners perceive their organizations to be accomplishing social change.

In the first round of interviews these follow-up discussion points include asking practitioners about the social change implications of: (1) the strategies they employ to recruit members and build organizational capacity; (2) the design and administration of client services; (3) their advocacy efforts to obtain financial resources and regulatory approvals; (4) the negotiating techniques used to foster innovative development partnerships; and (5) the critique that CDCs are victims of the system and/or they have been co-opted by state power.

Similarly, follow-up discussion points for round two interviews on the personal experiences that underlie the social change motives of CDC practitioners include the possible influences of: (1) their cultural heritage including the events of the 60s; (2) educational exposure such as their college experiences; (3) political or moral ideals about social progress and equal treatment; and (4) learning as a result of CDC practice itself. It is anticipated that by using these qualitative interviewing techniques, an alternative explanation for the social changer perceptions of CDC practitioners will emerge and the terms of the CDC empowerment debate will be more informed.

APPENDIX C. CDC Practitioner Perspectives

> Data Statement Types: **T** = CDC theory;   **S** = CDC strategy;   **O** = CDC outcomes
>
> Data Themes: **(1)** = bringing people together; **(2)** = communicating with respect;
> **(3)** = changing attitudes/mindsets; **(4)** = creating a vision;
> **(5)** = building self-confidence; **(6)** = achieving economic self-sufficiency

1. Tony Brancatelli – Slavic Village Development, Cleveland,OH

S - put together packages that will provide affordable housing for families, along with a full host of supportive services

T/S/O - By eliminating disgust and blighted and nuisance conditions, and using that housing opportunity to eliminate that and to improve the quality of life. We really are focusing on providing housing for families in need, looking the broader picture of economic development, providing housing at a higher end to provide for diversity within the community, improving the property values of those who live in the community as well.

T/O - Our goal is to get them with stable housing and then provide them with opportunities to look at how they can succeed on a lot of different other levels.

T/S/O - …we helped organize some 40 block clubs a month and gave them empowerment. They have leadership training classes that I believe run about 18 weeks. We are really try to engage the residents to be community leaders, to develop leadership skills, to self-empower them to get the grasp on issues in the community, including all the services that are needed as well as block club issues on a day-to-day basis.

S - We are also involved with diversity training called Broadway diversity. Partnerships, which we engage different styles of (audio gap) embracing diversity change and change in relation to our neighborhoods, including youth as well as seniors. (Audio gap) Broadway diversities engaged with appreciative inquiry and teaming and pairing of young and old, and black and white.
       We also do a leadership training program as well and engage youth in lots of different programming within the neighborhood. We are involved with the Cleveland Municipal School District and Court teams and working on some other things that come up as part of the rebuilding process of the schools that are happening.
Across that and all the different planning, moguls meet for a summit, which we gather all the leaders once a year in the neighborhood. Develop a platform of issues

> **S/O** - …teaming teens with seniors/ The teens were very engaged and listening to that and appreciating the hardships the seniors had to go through as they grew up in the community. There seemed to be a greater appreciation, almost a kind of education

process that they both came away with positive experience, a better understanding, hopefully long term, a lasting respect for each other.

(1), (2), (3)

S - Across the board of services, we manage some 500 units of housing within our neighborhood, and really the services when you start looking at education, looking at working with families who need financial education, financial counseling. Of course some of our lease-purchase families, just general counseling overall regarding housekeeping, what does it mean to be an owner or a soon-to-be owner in one of our housing units.
Then you start looking at providing them with access to some job training programs, providing them with skill building…

T/S/O - They are our partner in all of our housing programs that we do here. By providing them with access to computer training, access to financial leadership programs, and on home ownership training, we give them an opportunity to grow and expand. Then we do the block clubs and we do the other education outreach programs as well.

T/S/O - It really is part of the broader picture of not just providing a unit of housing for somebody, but we are providing the total non-profit services that they would need to survive and succeed in the housing.

(6)

S/O - We led a community challenge to the state, and public meetings, if they could build a new road that connects an industrial neighborhood (audio gap) with our system, which would take traffic off a residential community. Then also opened up an industrial area that had been basically abandoned for more development since it now has better access. It was virtually 100% community (inaudible) in terms of that protest.

S - We also led a community protest against the federal government who wanted to widen the highway in a community. We were able to show that it wasn't advantageous to widen the highway.

S - We also led a community protest against the federal government who wanted to widen the highway in a community. We were able to show that it wasn't advantageous to widen the highway.

2. Georgia Berland – Human Services Design/Cooperative Action for Community Change, Healdsburg, CA

T - …social change happens, whether we create it or not/ So it isn't a question of making change happen, it's a question of adapting to it, using it and directing it.
Secondly, people make change happen in the sense of that direction of that portion of change that each of us can control.

T/S - So moving somewhere and then integrating yourself into that neighborhood. Creating community in your neighborhood, whether you've been there forever or just a few days. Bringing people together is a huge way to make change.

(1)

T/S - I'm a professional in community development and community change so I do it differently from the average person who is, yes, they are making their community better and maybe they're conscious of that, but they don't have necessarily the actual framework, the technology.

T - I'm still talking context because I don't think you can create change out of context. We need to understand that all of these aspects of our lives are deeply connected and that when we affect any one of them, we're also going to affect all the rest. I'm just laying that, there's an economic context to change to obviously.

T - Politics, the way we do politics, the way we make decisions, whether we're making decisions based on fair and prejudice. Whether we're making decisions based on vision and faith and a healthy view of human nature, that is a huge impact on society.

(2)

T/S/O - The most important thing that you can do is bring, I mean, in overview, you can help people come together. You can help them recognize their commonalities. You can help elicit a common vision and define it and refine it and look at those parts that are really truly held in common. Then you can help people to learn how to and then to effectively implement the steps to get them toward that vision, which has to do with goals and objectives and task divisions and how then interact. There has to be balance between process and results. In other words one person going out and pressuring the local authorities to put in a stop sign on their corner does change the physical circumstances of the community. Then so, yeah, I suppose you can talk about that as change. But 10 people on the block getting together creating some kind of common agreement about what they want on that corner and then lobbying to together creates a much stronger level of social change. Because it's not only changed the outcome, it's not only created the stop sign, but it's also created more interaction in the community. It's gotten all those people to know each other and it's empowered all those people. Now they know they can make something happen and how they can do that together.

(1), (3), (4), (5)

T/O - In other words, everybody needs to be getting some of their needs met in order to effectively maintain a group that's going to make change. They not only have to see results in terms of what they've agreed on together but they need to see results in terms of some level of change in their own lives.

T/O - So personal growth and social growth are, I think, in order to create lasting change, and I call that revolutionary change. You can create change in the circumstances of a community without doing the things that I'm describing, but you can't really create a

community that then is empowered and connected and has the ability to continue to direct it's own change. That's what I consider long-term real revolutionary change.

3. Joe Hoffman – Southeastern Minnesota Dev. Corp., Preston, MN

S - The company actually developed a community support program where they would contract a professional development person, somebody who has got an education and experience in economic development and administration. We will contract that person out to a number of different communities. Maybe three or four communities would share that person. They spend one day a week at each community and handle a variety of economic development issues.

T/S/O - Obviously through the small business development work, we put a large focus on empowering individuals to take control of their own destiny. It's a cliché, what does it mean. I think a lot of people would argue that a diversified business economy is just better for your city, your region, just overall, if you have a number of small businesses that are practicing in a number of different areas, it just tends to make for a stronger community.

T/S/O - Also, the sense of putting people in control of their own futures by helping them make wise business decisions. Helping them understand that business spending and personal spending (audio gap) controlled. You have to make choices in your life, business-wise and personal-wise, to be successful at being a small businessperson.

(6)

S/O - People certainly aren't just being given homes for free. I guess you would say we have a system in place that would help people make again, wise decisions when purchasing homes and understanding how their credit affects that. And understanding the responsibility of owning a home as well. Maintenance and issues along those lines.

T/S/O - By the fact that we enter into long-term staffing agreements and help these communities in community development issues, would run contrary to what a lot of those organizations think should be done. You can come in and do a planning session and drop 10, 20, 30 thousand dollars in grant funds to try to motivate a community to empower themselves to go out and get people, volunteers, to take up these projects.
But the success rate of that happening is very low. Interest will wane after six months or a year and there will be less and less involvement and more projects fall by the wayside. I guess we haven't found the ideal way to empower a community to help themselves and our idea of providing staffing seems to be very popular.

T/O - A lot of it has to do with educating the public with the kind of programs and assistance that are available out there and then, obviously, making wise decisions whether or not you want to take advantage of it.

4. Brian Miller – Seward Redesign, Inc., St. Paul, MN

T/S/O - It's really a kind of continuum of work. I think that starts out with, for lack of a better term, planning with the community. Where you try to get people to clarify what their values are. I think that's where the discussion starts is public dialogue about common values.

Clarifying values in the community and then working with the community out of those values. This is a community development corporation, so what we're about is how we can create opportunity for people (audio gap) building the physical infrastructure of the community.

(2), (3), (5)

S - Usually, what we do to try to precipitate a change in those kinds of circumstances is to identify an area for concentrated redevelopment. Using a variety of different vehicles to focus resources on that area. Usually, to amplify that impact along a wider area of the community, we also look for projects that have high visibility.

S - In terms of the range of activities, this organization is appropriately structured as one that is not only involved in planning, but that's involved in commercial corridor development. It's involved in affordable housing development. It's involved in small business development.

T/S - I think it's that range of activity that you can bring to a concentrated target area that can really turn it around. From there, what's also important, then, is you articulate these values and strategies. To bring not only the decision-makers in the community involved, but the elected officials involved and the higher-level staff with the government organizations.

T/O - I think the real sign of change is when you can develop cohesive leadership in the community with a common vision.

T/O - When people in the community start talking about the strategic plan, and taking ownership over it, that's usually an indication…

T/S/O - A lot of folks think that bringing in expertise, bringing in urban planners and designers, landscape architects and all that kind of stuff, is really the critical component. I think it's important to have those professional skills at the table, but I think that decision-making needs to happen at the most local level possible. That's how community development distinguishes itself from other forms of urban renewal.

(2), (4)

5. Reid Robbins – Shaker Square Area Development, Cleveland, OH

T/O - You don't create a diverse, integrated community—I don't even mean from a race and ethnic standpoint. From the standpoint from the cohesive community that's mutually supportive and where people interact with each other. That's tough to do when you're (audio gap) these big projects in the middle of a community.

T/O - … if you want to have an economically diverse neighborhood, that means you have to think about how to retain middle-class residents./ …trying to retain white residents, or attract white residents.

S/O - In terms of economic diversity, (audio gap) are sort of a central billing house for apartments in the (inaudible), largest multi-family units.

S/O - Big apartment complex that we bought and (audio gap) a real sort of albatross property for many, many years, maintain Section 8 (inaudible). That's the only property, the only residential multi-family property that we own.
   I would say that's the primary way we generate economic diversity. Racial diversity, I think is thus promoted by what we try to promote within our retail district. (Audio gap). More accurately, though, (audio gap) don't go by race, but go by economics.

S – It's passive in the sense we don't own anything, and therefore control who rents there. We're a public opinion, really. We're (inaudible) in this neighborhood. For instance, we have the second oldest, shopping center in the United States. Is part of our neighborhood, (audio gap) Shaker Square. It's two lines of rapid, transit (audio gap) converge there and actually different than anything, (audio gap) Ohio. (Audio gap).
   Because it has—it's on the national register and, also (audio gap) city of Cleveland (audio gap) landmark, we're really able to (audio gap) very heavily, changes that anybody's proposing there.

S/O - Everyone wants to have our service. It's a big step up. It's free advertising and pays attention to just the right target audience. They all want to be members of our (audio gap) approved service. Indirectly, if they do what's needed (audio gap) confirmed for—what the name of the program is the Rental Connection. (Audio gap) market it to a racially diverse community. That's where we take our annual guides, and where we go take our promotional materials. They not, directly, reflecting our value of racial diversity, but it's imposed just by how we conduct that program.

6. Grady Appleton – East Akron NDC, Akron, OH

T/S/O - As I see social change within the community that we serve—basically, we are providing services, programs, and activities that help individuals to become self-reliant or self-sufficient so that they have a better quality of life. We are particularly addressing social change through housing and economic development programs and services.

(6)

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S/O - Basically what we do is remove a lot of the barriers that they face, such as block-out the down payment, their ability to pay closing costs, and the lack of ability to find financing. Basically, we are closing those barriers by arranging partnerships with both public and private institutions to provide resources for those families who need housing. By doing that, we are creating a situation where low-to-moderate income homebuyers can own a house, and thereby begin to develop wealth. As they live in that house, they will build equity and move towards being self-sufficient and self-reliant.

T/S/O - We are in the process now of developing a retail shopping center…/ The center itself should create well over 200 jobs for people living within one mile of the trade area./ … that is a requirement of one of our funding sources. 70% of the employees working in this center live within one mile of the supermarket. This, again, creates jobs, which is needed in this community. This would allow people to move again towards being self-sufficient and self-reliant by having a decent income, being able to afford to pay for a house, and being able to afford to meet the basic needs in order to live a good life in this community.

(3), (6)

S/O - In addition to that, we are doing things that I think improve the quality of life through other services. We are involved in a private partnership with the city of Akron and the Department of Housing and Urban Development to abate lead in homes where children are under the age of six./ We are also helping people to conserve and save on the cost of energy through our energy services, where we provide free weatherization services…/ With the economic development piece—I didn't talk about a business incubator. Again, the idea is to help individuals to have jobs.

S/O - In addition to that, we work with the community. We have a community organizer that organizes residents in the community. We take a look at some of the social conditions that are an issue or a problem for the community, such as crime, education in the community. They form citizen action groups or block clubs, which meet and basically identify social issues and put together plans of action using democratic processes and non-violent methods to try to address these social issues, particularly when it comes to crime. There have been a number of groups organized. They set up block watches and work very closely with the city's community police officers, who actually certify these block watch groups. I think it has had an impact on the crime in the area as well.

(1), (2), (4)

T/S - But, in addition to that, that's a number of things that we are doing, along with the local neighborhood center where I think we're taking a holistic approach to creating social change in the community. The local neighborhood center provides family and individual counseling services, as well as job training placement programs and youth programs.

T/S - We partner with—do these things. When you look at the approach that—our development corporation mainly is involved in improving the physical condition of the community, whereas the neighborhood center, which is a United Way funded agency, is involved in working with individuals and improving the individuals in the community. You get a holistic approach, I think, to creating social change in this community.

O - I think, first of all, this community has established official recognition by city government, by institutions—by help with the education system here in the city—did establish themselves. They get official recognition. What I mean by that is the fact that the community is often referred to by local officials. They seek the support of the people in this community./ … a lot of the money comes here because of our activities and because of the recognition because of a successful organization and a community that's about change.

7. Sandi Williams/Jennifer Gonzalez – Alamo Area Mutual Housing, San Antonio, TX

> **T** - Let me start at the high end of the—when we talked earlier I think I said that we're really social change agents masquerading as a housing organization. By that I mean that we encounter in the world of rental housing, and especially rental housing that don't have a lot of money, that there is a lot of prejudices. There's preconceived notions of who those people are and there's some ways that rental people, the owners and property managers and the neighbors treat those residents that I don't agree with. That I think that it's not a healthy way to treat someone and that it's not a dignified way to treat people.
>
> **S** - Starting with that as a concept, we assured our property management companies that (inaudible), and brought in a property management company that was going to achieve with our values./ So the prejudices that are out there needed to be abolished. So we started on a campaign to make that change. To change that perception and to change how we treated people in that context.
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> **S/O** - … we had specific community programs that we implemented that would help us to build a strong body of informed residents who could participate on our Board of Directors./ When we put programs together what we wanted to do is we really wanted to bring people together, so that all our programs were designed slightly different than other organizations to try to provide resident's services.
>
> **T/S/O** - Clearly resident's services is that you're trying to provide a service for a resident or that you're trying to case manage them. You're trying to figure out what's wrong with them so that you can figure out a better way. We don't come from that position. What we try to do is we try to create an environment that encourages tether and encourages people to come together from all backgrounds.
>
> **(1), (2), (3)**

S/O - One of the things we have to work on with our residents is having people from the neighborhood come into their space. The neighborhood doesn't want the affordable

housing and yet the folks living in the affordable housing don't want the neighborhood./ …we have something that we can share with the neighborhood. We can share Learning Center, we can share our computers that we have in our computer classes./ We finally were able to get to a point to where they were willing to do that and they were willing to welcome the neighborhood. After some time though, we had to do it little steps. We had to invite them to our stuff and they invited us to their stuff. You had to see over time where the neighborhood would no longer accuse us, the multi-family, of all crime.

O - The other thing that we've seen happen in neighborhoods of our community is that our residents talk about how they're active in voting. We saw voter registration rise and that seemed to (inaudible) things in focus for the neighborhood. Because it was no longer, you know, we all were no longer saying, yes, this is rental, this is an apartment community, our residents who live here generally they pay rent. But yet this is their home and they treat it as their home, they own it as much as you. That to them doesn't seem the same. But when we talk, when our residents would talk about, well we vote and would you like to—are you registered to vote and we're doing that. That seemed to hit the note like, gosh if you're paying attention to who the councilman is going to be, you really must be invested.
That started to pave the way for them to have a conversation with our residents and could discuss things like crossing streets safely.

S/O - We have strong after school programming to help kids to get better grades and stay in school and to motivate them to be lifelong learners.

T - … we're not a social work agency. We're a social change agency, which I think is an entirely different thing.

> **T/S/O** - We've been so successful with the way that we manage properties, which includes this element of respecting the residents in a way that is "A" typical for the industry. That they have adapted our kind of methods so to improve their property management. Because we have strong performance, all of our numbers in occupancy and cash flow and all those things are really strong. So from seeing the business success of it, they have bought into it to take it to other places.
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> **(2)**

The owner of the property management company has been tapped by Neighborhood Reinvestments to do program review for them on multi-family non-profits that are part of the NeighborWorks network. That also is a way that the methods we use have gone out into the world. Methods that we've used in terms of how property management is monitored and how we report on property management, those pieces of that side of the business have gone out. Now Neighborhood Reinvestment and CHAM, which is the Consortium of Housing and Asset Managers that includes Neighborhood Reinvestment, Enterprise Foundation and LISK, they use forms we originated here on ways to report to your board of directors on you property performance. Because we think that as a better educated board, the board should know how the property is performing and they should

know it in an objective simple way that doesn't try to make it complex for people who aren't used to dealing with a bunch of numbers.

> **T/S/O** - at the national level with the Ford Foundation and Technology Center Network. In that we are participating in a pilot program with the Ford Foundation and we were charged with developing a plan for (inaudible) social integration and (inaudible) sustainable (inaudible) assets in our multi-family with the single families.
>
> **(1), (3), (6)**

There were six groups that were selected nationwide to develop this plan because this is a pilot for Ford. I mean Ford is going to figure out how you do this, how do you accomplish this goal and replicate it so that other organizations (inaudible). The intention was to have all six groups develop plans because they're all slightly different but the same in some respects. Then based on your plan Ford would fund you and monitor progress over the (inaudible) and begin to introduce other groups into this process. We were the only group funded./ That is because our plan addressed all of those issues. Technology centers as a whole, when the digital divide came to be the idea was about access, that low-income individuals had limited access to technology in a way other individuals in other communities had. Many people are still talking about the digital divide and Ford feels like, yes, there is still a lot of problems with access, however, after all of these years of trying to increase access that the community should be (inaudible) now. The place they should be (inaudible), okay, we have access, but now how do you use that technology? How do you use that technology to better the community? That we have to move beyond individual assets. That individual assets are great, I mean somebody learns how to use Word, or somebody learns email and they can email their grandchildren now, or now they know email so they can take that administrative assistant job that they've been trying to get.

> Ford is saying, okay that's really cool, but how do you get people to come together? How do you break the barriers of race, economic status and renters and homeowners? I mean how do get past those barriers to get people to come together and use technology as a resource for the broader community. For more sustainable—not only invested in your well being but you're invested in the well being of your neighbors and in your future neighbors. We were successful in putting that plan together.
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> **(1), (3), (6)**

T/S - The things that Ford brought to the table was the concept of public space and that we look at our Center and our Computer Lab as public space. That certainly has impacted how we look at our future developments and then also in developing other Learning Centers and how we position them (inaudible) and how they're perceived by the broader community.

8. Felix Torres – Manchester Neighborhood Housing Services, Manchester, NH

T/S/O - I think, from my perspective as a practitioner and a practitioner who runs an agency, that the first place that I think I kind of implement social change in my every day practice is in how I manage the staff, how I relate with the people that I work with, what kind of benefits they get, and so on and so forth. I don't think you can be serious about social change, for example, and not pay all your staff a living wage. I don't think you can be serious about social change, and not recognize same-sex partners, and make sure they have the kind of benefits that other people have. I think you have to be consistent. If you have strong beliefs of social change and making a difference, then you need to start in your own internal practice./ I think you have to kind of model what you're trying to achieve for everyday practice and not just say that's what you believe in, but show that's what you believe in, in how you treat the people you work with.

T/S/O - Again, going along with the theme of empowerment, I think in my practice, a lot of it, I'm very committed to having the residents (audio gap) properties, and the residents who are on our board really lead where we go, and what we try to do. I think again, for me, the fundaments of social change are getting low-income people, to affect their own situation. One of the ways I feel strongly to do that is in my practice is to have them be decision makers. We support what they want to do. They don't support what I want to do.

(2), (4)

O - For example, we had tenants who to came us who didn't understand why other tenants weren't buying houses even though they knew they had enough money to buy houses./ Basically, they had a sense that (audio gap) over-subsidizing key tenants and that people were using their subsidy to invest in material goods, but not invest in things that would make a difference in their lives. The tenants raised their own damn rent for folks who had higher incomes. The end result of that decision was that we had about 15 tenants, 15 families, who moved out, but they moved out because they all bought houses. That's not something we would have thought of on our own.

O - The City of Manchester built a big arena, the Verizon arena, and we had a very long (inaudible) about whether we were going to oppose that arena. People discussed it. They had meetings. They had meetings with supporters. They had meetings with opponents. We gave them research, academic research, criticisms, and stuff and, ultimately, they decided not to oppose it./ Sometime later, the police department wanted to do the same thing. They wanted to take a city block and make it into a new police department, and that group of residents, including tenants and homeowners, having gone through the first experience, kind of swung into action again in terms of looking at it, analyzing it, getting the information they needed, talking to people in the neighborhood and so on, and the second time, they decided to oppose it. They organized it, and we supported them. We have organizers. Our organizers were assigned, and they stopped the police station from expanding and saved the block.

S - We have, on and off, had something we call the Community Initiatives Committee, which has really been a committee that has really focused on neighborhood issues, drugs, crime, clean streets, kids hanging out at night, and that committee has always been pretty much the majority of residents, including resident board members, neighborhood residents, not directly on the board. In working with the group, we try to help them to be self-directed, and they typically are. They choose their issues. They choose their battles. Where we have really been, in our practice, trying to help with social change is really give them the tools to make those changes, so they kind of understand how to organize, how to get people out to a meeting.

T/S/O - . A lot of our practice and our residents have been around. What are the techniques and methodology of change? What are the kind of things you can do, and how do you do them, but then a lot of it has also been giving people the sense that they can make a change. I think so many low-income residents and homeowners are so used to not being able to make a decision that controls their lives, that it's really kind of a different concept to say, "You could make a decision, and it can make a difference." A lot of that is trying to change people's mindsets of what they see is their potential and their power.

(1), (2), (3), (5)

S/O - Currently, in our strategic plan, one of the big parts of our strategic plan was to a) increase the number of residents that will be involved in civic affairs. We have an actual goal, to get more people involved in civic affairs, and that's defined as school boards, PTO, health committees, really get them involved in the political and power structures of our city, actively trying to change things for the better.

T/S/O - In terms of our daily practice, I think our home ownership program, because it has had a tremendous aspect of changing—the ability to build wealth really changes people's lives. The homeowners and their relationship to society, and their relationship to how they feel, what they think they can do, is incredibly different from a lot of the tenants. I think that has a lot of potential, that these low income and working families, having a piece of the pie that you want to fight for, and not being so transient because some of the residents who are tenants and at the mercy of landlords, I think that has a potential for having a tremendous change.

T/S/O - I think the other thing we've done a lot with is really on the issues of race. We have fairly diverse residents, a fairly diverse tenant population, so I think we've spent a lot of time trying to get people to understand the racial class issues that affect them./ For example, we work a lot of with people like "The (inaudible), or the Puerto Ricans, they don't work, or the Dominicans are all illegal immigrants." It's just a lot of big issue stuff that we hit on head on, and part of it is our own educational efforts, and part of it is actually getting people to talk to each other, to understand each other. We've always taken a strong stand that we don't accept some things. For example, we've had people [robbed] in our neighborhood and resident activities. There have been racists, and we've kicked them out, because we set a bottom line of what's acceptable as an organization, and that's what we told them. There's an Undoing Racism Workshop that's put on by these folks out of New Orleans, an anti-racism organizing group, that's a three-day

workshop. We sent most of our staff, and we paid for a bunch of residents to go, to get this kind of intensive training, because we thought it was an important topic to move forward in a city with an increasing number of Hispanic people, and an increasing number of immigrants, and the usual pattern of "It's all their fault." We don't think we can move forward on our mission without this issue being dealt with head-on.

T/S/O - … I believe that long term, as people learn the reality of what faces them and what happens to them, that they're, in essence, radicalized by the truth, in understanding the truth, and that certainly happens./ One of the things I think we do a lot of is to point out the contradictions in society, in state, city, national policies, and how they affect what we're trying to do, and how they affect our clients. We will have articles that we distribute, that we talk about in our newsletters./ We've done some legislative work in our particular state, rules, and stuff, that we thought inhibited what we were trying to do, or were just negative for the community.

(3)

T/S/O - I think the major level that I have left out is when we actually do our programming, we try to be very cognizant that we are not working against our residents./ We try to make sure they're not programming, that the results of our programming [audio gap] our beliefs in terms of what we're trying to achieve socially./ … programmatically, we try to make sure that our programs meet where we're coming from on that issue. On the home ownership side, it's really focusing on making sure that we're not just putting people in homes, but we're putting people in situations that are going to transform their lives, not make their lives worse, or putting them in houses they can't afford just so we can count a number.

I think on the rental side, we spend a lot of time, I think, working with tenants; a) even though they are our tenants, we try as much as possible in getting them involved in running the property, so they get some sense that they control their own destiny.

(5), (6)

O - I think certainly for some of the foundations, we've been able to move them forward in their understanding of situations, and their willingness to fund things that they may not have funded before. We've been able to be very, I think, effective in kind of laying out some of the contradictions and things that we see in our neighborhood, and how that happened, and what they need to do about it.

9. Jim King – Walnut Hills Redevelopment Foundation/ Avondale Redevelopment Corp., Cincinnati, OH

T/O - Avondale—we started in 1978 (audio gap). The real goal was to have change in the physical environment in hopes that would bring on a change of the lifestyle of the person who lived there by stabilizing the community, having people who have resources to stay in the community, and then to track people back to the community who've left or who are looking for a place to live.

(6)

S/O - **…**one of the first projects was a project that would create a retail environment that could serve their needs: grocery store, hardware store, drugstore. That was all gone from the community at the time. From there the goal was also to create an opportunity for African-American business people to own (audio gap) also to create jobs for the residents of Avondale. That was the social side of what (audio gap).

Another part of this whole process was to create an environment by which social services that were not based in Avondale would come. We had services being provided from outside agencies partnered with a non-profit called (inaudible) Neighbor Services**.** Our goal there was to say to them, "We'll provide the physical infrastructure."

S/O - From that point we began to look at what are the other basic needs that we can offer. One was the stabilization of (audio gap) property. People who lived there who has property that was in disrepair—how can we assist them in having (audio gap) program that would allow them to upgrade their property? That was our first entry into housing rehab. (Audio gap.)

The social side of that was the creation of what we call Block Clubs, where people can kind of take control of their own neighborhood. That was not new, but we tied it to this new program of housing, so (inaudible) people began to kind of (inaudible) things happening.
(1), (6)

T/O - . They did not want us to build any more low income housing. (Audio gap) thought that the population of low income housing was higher than any other neighborhood in the city in terms of population. They wanted us to attract the middle class population back to our community. They wanted us to look at doing some home ownership. We began doing new construction housing to attract that population back. Again, trying to get middle or upper middle income families to consider Avondale as a place to live.

T/O - The other thing they said was we could not take any houses down to build housing. We didn't want to have people relocated. We tried to do what we call High Impact Projects that will spur on other development in and around that. We were lucky enough to find five different sites that had available land that we could build from 30 to—as small as 10 units and as large as (audio gap) housing. The hopes were that it will spur on other development around that area. We did it in highly visible places where people could see things changing, which encouraged other folks to look at (1) not leaving because things are beginning to change and (2) have some critical mass to show that development is taking place./ On the social side of that, we believe our role was to market Avondale as a place to live, to show positive kinds of activities, and encourage people to locate and to stay. We always believed in our home ownership that gave an opportunity for a family to own and their kids to live at that property—the feeling was that if they lived there and own it, they're more likely to own their own property down the road. They're more likely to get involved. The parents would be more likely to get involved politically and socially in our neighborhoods…

S/O - … we've kind of expanded Walnut Hills and in Avondale we have kind of retracted our services./ We have a technology center (audio gap). Job training for residents in the

community (audio gap). Again, we have gotten more involved with the social side of community. (Audio gap) five-year development plan. All the partners in the neighborhood created this vision for Walnut Hills (audio gap) and we were the leader of it. It allowed us to branch out and look at all aspects of Walnut Hills (audio gap) and our role would be long term.

(1), (4), (6)

T/S/O - We've gone now from having (audio gap) as our primary, which it still is, but we have other avenues in which we get involved in the community. The more active in the community council (audio gap) active with religious orders in the community (several audio gaps) complete change from what we were before. In Avondale, (audio gap) example, we were project manager and developed a space that attracted the Urban League to relocate through our community, which was a (inaudible) project. It now provides all kinds of services and (audio gap) place when you think about Avondale, it's the Urban League building. It has this (inaudible) along with the town center that is African-American controlled and has a great presence. All the job training, job placement, (audio gap) there for the community as well as the city as a whole. It makes people come to Avondale and makes people see the changes that have taken place (audio gap). Having those things happen has increased the number of people moving back and staying out (audio gap). Also, the town center has gone through a number of changes, but it has survived and right now it's full and (audio gap) service the community.

(2), (3), (5)

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10. Sheila Wasnie Havercamp – Brainard Lakes Area Development, Brainard, MN

T/S/O - Our mission is try to create jobs and expand and diversify the economic base. So that residents have job opportunities and a quality of life that we desire for our people.

S/O - How we practice that is by working with the individual companies to help them either to start, expand, or locate into our marketplace. As well as work with the communities, help them be prepared to handle economic growth and development. Do some promoting and marketing of the Lakes area as a good place for business and industry.

T/O - What it means, to me, is that we have job opportunities for the people that are born and raised in the Brainerd community. So they do not have to necessarily leave our marketplace to find good employment opportunities. Job opportunities that offer pay scales, educational attainments that people can fulfill their own personal dreams and aspirations.

O - We measure by job creation, actual new jobs created. How many projects that we've worked on, and been successful at having start, expand, or locate into our marketplace.

We look at the number of projects. What kind of jobs those projects generated—new job creation. What kind of investment occurred in our community (audio gap), capital investments. We also look at what kind of funding, like grant resources were brought to our community through various programs that exist. We look at tax-base generation and monitor what kind of increase in property tax has occurred (audio gap) projects that we've been involved and worked on.

S - Definitely, we're partnering really close with the entities that are working with the individuals who'd ultimately take the jobs. That's a combination of the state agency, Department of Employment and Economic Development. They have workforce centers. We work very closely with our workforce centers.

We have organization called Rural Minnesota CEP. CEP stands for Concentrated Employment Programs, which offers programs to business to help employ some of their people they're working with. We work close with our college, which has different training programs that they offer companies. The companies can get their labor pools trained and be as efficient and effective as possible.

11. Ann Houston – Chelsea Neighborhood Housing Services, Chelsea, MA

T/S/O - The piece that I think is interesting to think about in community development organizations is in order to create organizations that can impact a community you have to balance good business practice with giving the community a real voice./ What I see happening in Chelsea is that there wasn't sufficient attention paid to doing the work well. The theory was flawed on several of the programs they pinned their hat on. It lacked both the good business practice rigor and a clear, discernable social agenda./ How do you implement social change? Whatever business you choose to do it through, you have to be as good as a private sector counterpart at the business piece. Then you have to layer on whatever the social agenda is./ It means that the housing that is owned by Chelsea Neighborhood Housing Services will be well managed and well maintained. It is not true now. It will be an asset to the community. There is then the ability to do other work. Part of this is a restructuring of the entire portfolio.

S - We are bringing in someone who does ground community based planning who could bring in some community planning to the development as a way of beginning to identify and develop some local leaders./ The internal systems allow us to undertake development. The planning probably can happen without. You could say that development is a prerequisite for the planning, because who wants to plan in a vacuum.

O - One of our primary goals is to preserve the stock of housing and increase the stock of housing that is deed restricted to service those people long term.

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S/O - Almost always whether you want them involved or not, you end up with the neighborhood involved. I would like to use this as a way of bringing in support from the very beginning to help neighbors participate in planning the development. I want to bring in someone who actually knows how to do this to help development some neighborhood leadership. These neighborhoods are fighting gang issues and drugs. There is not the ownership in the neighborhood that we are hoping to achieve.

O – [Impact on communities] The neighborhoods would have a clear identity**./** It is design. It is integration of public space and art into the community life. It is recognition of how the family units are structured. It would not look like a community with a bedraggled housing stock that despite its condition has prices driven out of the range of anyone of lower moderate means. That is what has happened in most of the other communities around./ [Impact on board] It is a noticeable—it is a dramatic change that people are being taken seriously, that their contribution to the board is being taken seriously, that their policy making counts, that they'll be given work packets to be able to ahead of time so they can think about the work that they're going to be doing. That the appearance of the office and the quality of the—and the work coming out, all of that should matter. What it means is (audio gap) board attendances increase dramatically, they are out there doing the hard work.

T/S/O - I think that the other piece of all of this is that on a daily basis, it's just how you treat the people you work with. I think that that's really one of the—how you can implement social change to the daily practice? Taking each person in the organization and their contributions seriously. It's really, I think, one of the pieces that I feel like is most basic. The work of the secretary is just as important as the work of the development (inaudible), it's just different. Each one makes the organization tick and each person deserves to be treated with respect and courtesy and a lot of laughter. How does that make a difference? It certainly has made a dramatic difference in people's productivity and how each person—how people treat each other. There is much more of working together. That's just the other piece. Social change, I think, also happens at that individual level. That's all.

(1), (2), (5)

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12. Mossik Hacobian – Urban Edge Housing Corporation, Dorchester, MA

T/S/O - …I have learned at Urban Edge that our biggest barrier to change—or to getting anything done—is failure of imagination and will. I have seen time and time again intelligent, reasonable people, imagine what might have seemed extraordinary or impossible a few months or a few years ago, and then make it happen. In that sense, I think I'm very optimistic about making social change. / I've always felt that individuals and groups can cause change. They can change the world where they are by establishing different ways of doing things, and actually affecting change. Where we work, in the course of a generation, the Eggleston Square kind of sub-neighborhood, where we have

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done a lot of work, has really changed. A lot of people who haven't been here for a while, they come back, and they have trouble recognizing it, not just in terms of physical transformation but how safe it is, how attractive it is, how much housing and jobs there are, the prospects for the future. There's sections of this area that are now—some people are calling the Golden [Carter,] not just because the values are going up, just because it's so much opportunity. I think if it can be done anywhere, to some extent, it can be done everywhere. If you can demonstrate change some place, if you can show how people can work across geographic, racial class boundaries, then there's no reason it can't be done everywhere./ I think, fundamentally, it means that everybody feels or knows that they have access, whether it's to power, or opportunity, or kind of fulfilling their own potential, not feeling like "Because of who I am, there are certain things that I can't do." It's an ongoing battle. It's not like any one is always comfortable, feeling like, "I've achieved social justice." It's not like once you achieve it, it's done, because it is so susceptible to relationships, and how different people might affect one another, and different conditions might impact you or somebody else. It is something that you have to work at.

(1), (3), (5), (6)

T/S - I think you do have to maintain the capacity to challenge the system, no matter how much some people will view as part of the system, because you've got so much at stake in real estate, or in whatever businesses that you've invested in. You have to retain that political edge if you're going to be successful. It's not that we've given that weapon up. It's that sometimes the threat of pulling that weapon out is a lot better than actually having to—which was always true to some extent. If you can get people to negotiate without resorting to the demonstration, so much the better.

13. Normand Grenier – Neighborhood Housing Services of the South Shore, Quincy, MA

T/S/O - Where it began for me was at the organization. I was pretty much recruited and when I got there, the partnership was sort of the religion of the organization. I quickly learned that I had to bring together people of different backgrounds, social perspectives, and blend them into a partnership. As you know, we are a partnership of residents and business and government./ Though you would say that behind it—it's impossible to organize people unless they can have an organizing vision. When I was first introduced to it, I would say this is just partners. Then I learned that there was this commonality that they shared.

That basically, I think, improving neighborhoods and improving the housing stock was the central vision that all three groups shared. This common vision that they wanted stable neighborhoods which were good places to live. Each were willing to put something into a partnership in order to make that vision grow.

T - While they may share sort of wildly different views, they had some kind of in implicit agreement that there was a need that could be addressed. All of them were willing to, I guess the word might be, contract, but they were willing to put their shoulders to the wheel and try to do something about the problem. I guess each group would put something into the equation./ What happens is this certain synergy, when energies synchronize; we call that synergy when gears click to each other, when people push in the same directions, results form.

T/S/O - Out of our partnerships' key successes a certain momentum has developed, when people form partnerships and do things, it leads to a desire to do it again. Do it more often. Do it from one area to another area to a citywide, to do it area wide, and then once an organization has sort of established enough vitality, it's able to branch out into other areas when new opportunities arise. / It's sort of a catalytic agent socially. The fact that there is a group that is together, bound together in a kind of social contract, creates an environment where change takes place./ A lot of times organizations that are successful create a feeling for their volunteers—especially if you are a volunteer organization where your management is basically volunteer management—when the management, which is all volunteers, sees a stream of success, they get this feeling that, oh yes, I am making a difference and am able to commit to an organization emotionally. That can be very sustaining. It is not so tangible. / My job, of course, is to make it tangible, make it visible. A lot of the primary function I find is that in our organization we create a constant stream of good news.

T - I don't discount the outcomes. If an organization is alive and active, it produces outcomes. I just don't think that is the primary thing. I think that people who are committed to a cause that is greater than themselves derive a certain energy and sense of satisfaction that enables them to keep going beyond the simple production of outcomes.

(1), (3), (4), (5)

O - We get people that come, let's say, from a very conservative Republican background, we've always had a core group of conservative Republicans in our organization. They feel quite comfortable… I'm sure it does moderate their own political opinions about how government money is spent because they get to watch programs make differences in neighborhoods. People sometimes can be prejudiced against government, but when they see a specific action of the government in a neighborhood, they can be totally different… That's how the behaviors get changed.

T/O - When there's a sense of ownership to it, it's enabling. It enables things to happen. Our organization enables things to happen in our territory that would not happen otherwise.

(5), (6)

O - We get cards and sometimes they give testimonials and try to go into this line of work./ [City of Quincy] they went from having no position on affordable to now, ten years later, the expectation is that they will do affordable housing projects.

There was a zoning law passed that I don't think would have passed in the 80s. It was talked about quite a bit in the 80s, but nothing happened. Last year, because of all this expectation, or when we have 100 unit developments, we should (audio gap) not took place in the 80s, but took place in 2000, because of our agency and others that kept raising the issue of affordable housing. Ordinances that passed that were just talked about in the 80s. / … when the next administration came on, there is a sort of conditioning that takes place./ I would say the banking partners. Initially they only wanted to support rehab in the town. Now they have become supporters of affordable housing developments.

14. Peter Daly – Cambridge Neighborhood Apartment and Housing Services, Inc., Cambridge, MA

T/S/O - In our housing, there is a number of programs all geared around trying to redistribute wealth. We primarily accomplish this by providing resources to people and giving them a chance to use those resources… The clearest example is a home. We provide a lot of our housing to people who are homeless or formerly homeless. We give them that home and take that pressure off of them of living on the streets and the opportunity to pull their life together and take the next important steps.

S - Our largest development we have a resident service program on the site, which provides a computer learning center on site. We provide education around computers for children who are trying to improve their education, middle-aged folks who are looking to advance their job skills, and elderly who are interested in learning and being able to correspond with other people through computers. We also provide social services on a referral basis for anyone (audio gap) language, domestic violence, any of those programs.

S/O - There are some real success stories out there. The biggest success stories are the ones who come in from a shelter, get their lives together, stay as a tenant in good standing for five or six years, and go on to purchase a home from us. Through the computer program, others were able to get better jobs. They were able to go from very low paying, unskilled jobs to having contacts with some of the high-tech and biotech programs in Cambridge. When it does work, it is great news for the family.

(6)

O - Through the work that we have done, we have been able to change city policy that the citizens directly fund housing. There is tax revenue that goes into a housing fund. It is called the Cambridge Affordable Housing Trust./ When rent control ended, we were able to persuade the city manager that the funds he used for rent control should go to that fund. That was a million dollars a year. That was a big plus. When rent control ended and we saw property values skyrocketing, we said that some of that extra tax revenue that you are getting should go into housing. Finally, we got the Community Preservation Act passed in Cambridge. Now there are some direct tax dollars going in as well as a match

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from the state. There are probably about seven or eight million dollars a year that comes into that (audio gap). It started off very modest. It is through the affordable housing activities that have elevated this (audio gap) that we are on to get us where we are now. / Harvard has sold us buildings at the low market price that has been helpful. They also created a loan program for first or second mortgages agreeing to lend six million dollars at 2% through the city to affordable housing projects. We are grateful for that. To develop in Cambridge, you need a massive amount of subsidy, whether you can get that through first mortgage, second mortgage, or soft loans. That is where Harvard has been helpful by selling us below market financing at 2%. MIT also sold us some land at substantially below market, although they got a zoning (talking over). We were able to build 137 units on that.

15. Bobby Calvillo – McAllen Affordable Homes, McAllen, TX

T/S/O - I guess basically from the very basic structure of what we do, I guess it would be the fact that we provide homeownership opportunities for families that otherwise wouldn't be able to (audio gap) home. By providing that, I think it creates a bunch of different things. The community as a whole (audio gap) primarily, I guess, it would (audio gap) revenue from the taxes, the property tax revenue would be a benefit to them. Of course, to the homeowner, and more importantly, there's an immediate benefit, of course, obviously just by having a place to go home. Obviously, the various things that go along with homeownership, the improved—in fact, we have done a little research on this, not a whole bunch. The improved grades of the kids that have a place to study and (audio gaps) come over and do projects together and that kind of stuff. We're seeing some improvement in that… We've also did some research on financial literacy and (audio gap) kind of mainstreaming what they're doing. For example, we found out that when most of the families came to us, they didn't have a banking relationship because they didn't really understand it or they didn't feel they needed it. Through the course of getting through our home buyer education program and our very limited financial literacy program, we found that the majority of the families that didn't have a banking relationship before they came in did afterwards./ I think we use that, obviously, to promote not only ourselves, but the industry itself. It shows that there is a reason for why we're doing this.

T/O – [homebuilding] In a nutshell, essentially it improves quality of life for the families. Of course, the other side of the coin is the improved quality of life for the neighbors that are existing when we go develop a subdivision. For example, we had, at one point, a tremendous (s/l nimby) problem. Purchased a 28-acre of land that was right next to an elderly, upscale development. Of course, they're elderly and retired, so they had nothing else to do but complain and contact their elected officials and things like that. I think once they found out what we were doing, looked at our plans, looked at our development plan, they actually turned around and supported us at (audio gap). I think the reason is is we don't just (audio gaps) lots in and put some houses on top of those lots, we actually develop a community where there's a homeowner's association, there's elected members of that association,… They basically control their own destiny. It really gives them a

bigger stake in their (audio gap) and in their financial future. If they let it run down, then there's no equity built up./ There's other ones that have monthly meetings that have various people come from the city recycling center to provide them education on what and how to recycle, neighborhood watch programs, tutoring for kids, various non-profits that go and provide basic information to them on services that are available, things of that nature. It's kind of the good and the bad; it just kind of depends on who's involved.

(1), (6)

16. Sherman Roberts – Operation Relief CDC, Dallas, TX

T/S/O - I try to do that by trying to change the mindset of individuals that they can accomplish anything they want to with support. We try to be that support vehicle. What I mean by that is if a person needs these resources of educating themselves about a matter, we try to be that vehicle for doing that. Other things come out of it, but that is what we try to do for social change. We try to change the mindset of how people feel about themselves and how the community feels about themselves. They think they can't do it, but they can. Collectively they can do a lot. / We are in social services and affordable housing. One of the things we do as a community organization is try to provide those services. I'll use housing as an example, to make people feel good about themselves that they are living in a decent house with affordable rent and providing other services to make them feel good about themselves.

 As part of that process, we start having monthly meetings, which a lot of them never had to go to a meeting before. They figure, "This is my apartment. I pay my money. This is the way I live." In order to get the cheap rent, you have to pay something. One of the things we say is if you are coming in, we want you to participate in our neighborhood association or our resident association. They agree to this up front. Through those meetings, we pull together the people on how you work with your neighbor and how you support one another. / We also try to provide those services they need like after-school programs. They are working real hard and have a nice place, but don't make a lot of money—"How are we going to stay here and provide?" We try to provide the care. In return, we want you to come in and support our agendas, or we try to get more money like a grant to open up more centers like this.

 Those are the kinds of things we do from a community standpoint. We don't just come in and build these apartment units and provide this service, if we don't get the (inaudible). The whole premise is to try to get the community involved in "we can do this and we can do that."

(1), (3), (5)

S/O - Most people are comfortable here. They come in and we have these big dinners. We work with them. The staff and all of us make everybody feel like they are not coming in where we are the big chiefs. We come in, "Hey, how are you doing? You want some coffee?" I drink a cup of coffee, and they drink a cup. We try to treat them like the human being that they are. Those are the kinds of successes we have. / In this community where

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there were a lot of drug dealers, now we are working with police officers. We can call them right now, and they will come every time we call them if we say we are ORC. They know we are a cornerstone in the community trying to do the right thing. We no longer have to say it is a police shooting in order to get them here. We used to have to do that, and they would come right away. Now we can say, "Operation Relief Center is calling." They will just come right away.

(2)

T/S/O - The way I look at social change is changing the mindset of individuals and pulling us all together to think about the same things that everybody wants, especially the ones who have it and the ones who have not. It would be better for all of us working together. If we change this mindset and get everybody to think of what would benefit everybody, we can change a lot. "I'm not trying to take from you, but at the same time I want something myself. If you don't want to keep being vandalized, won't you help me do this" You are changing the way we do things to benefit everybody. It is my small philosophy. It might not make sense to anybody else, but that's the way I look at it and try to deal with the organization.

(1), (3), (4)

17. Tom Reynolds – Whittier CDC, St. Paul, MN

T - What we've seen is a more conservative trend where people, both in public and private, are looking for the private sector to take a lead role in providing economic change, economic support, and viability of community. / As the shift occurs in what is happening in a community, the CDCs are really trained to find niches in which they can be effective and deliver services that are going to make a difference…/ It becomes a very large quagmire as to how development occurs within a metropolitan area where land is very scarce and people are competing for different priorities. Neighborhoods really are looking at little hubs where they could have little cafeterias or little shopping centers where they can fill their basic needs or something that's artistic. / It's become really quite a quandary as to how this social fabric that we've woven works together. For the most part it's not. We see these huge animosities between those that want to work—those that are new immigrants are filling jobs that those that want to work couldn't afford to take, but have work. That is a real battle that's going on… We're seeing that kind of clear cut dividing line where it's not an either or and it's not a working together, but it is truly a hatred that's developing. It's terribly bad news and very weak leadership. We're not seeing leadership in the communities that are really moving forward to bring people together to move in a direction where we can all build and bring a better community together just to build it.

T/S - We've looked at small businesses as being kind of the heart of the community. As the heart of the community and (audio gap) employer in the community, many of these small businesses have been struggling. We've been looking at ways that we can provide technical assistance, micro-lending, coordinated efforts in commercial real estate, looking

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at how we can develop corridors, what transportation needs are necessary, what help we can provide in workforce development, and we've really been doing all of those (audio gap) not only my CDC, but also those that I've worked with throughout the Minneapolis area.

When I take a look at the social changes that are occurring and the dynamics in our metropolitan area, I see a change occurring in (audio gap) moving back into the intercity and also watching new immigrants (audio gap) much of the blighted areas of the community. (Audio gap) as the new immigrants have moved into the blighted areas of the community, it's given us an opportunity to work with them and help them revitalize those blighted areas. The concentration of our efforts and those of others in the CDC (audio gap) here in Minneapolis and St. Paul, has really been around those new immigrant communities.

S/O - In our particular case, the largest of those groups that we've worked with has been the Hispanic/Latino community. What we did initially is we built in the midst of where their economic community life was. We went in with three other community development corporations and we built what was called the Mercado Central, which was kind of a mini-mall of small Hispanic and Latino businesses. We got that up and running and we have worked with those business owners to try to get them established. As they took a foothold there, it became not only a place for shopping and retail markets, but also a place where they could begin to provide kind of a community center that became an outreach for people to gather and to discuss what they could do next. Private developers saw the success of that and they came in and began doing similar projects along that particular corridor. This corridor is about four miles in length. It completely revitalized that corridor.

The division that we had set up to do the work became increasingly at a point where they wanted to become self-empowered [sic]. They lost sight of the development activities, but became more of a political and public advocate for the Latino/Hispanic community and almost derived themselves as a Chamber of Commerce for the community. They split off from us and found their own 501C3. We launched the ability to really lead that Hispanic community into mainstream American business practices. I don't know if that's good or bad, but that's what has happened.

As others in the East African community especially saw how that evolved for Latino/Hispanics, they kind of have grabbed onto that model and have begun trying to emulate the same type of a process.

S - We're trying to coordinate our efforts with some of the other community development corporations here in the community. What we've found is you just can't be an island by yourself. We're not doing anything by ourselves anymore. We're belonging to consortiums. We're belonging to groups that are loosely knit that are working on similar developments. We have a youth leadership group here called Urban Ventures. They work with teenagers and they work with young adults and try to give them some of the education that will give them the technical skills so they can go to work. We participate with them and we help them in the commercial real estate development activities.

We have some affordable housing groups. One of the new buzz things that they're doing is either [live/work?] or mix-use developments. If you're a housing developer,

you've never had any experience working with the commercial side of your development. We'll master lease or we'll coordinate our efforts with that housing developer to give them the expertise in the commercial leasing and the development of the small businesses that they've got going into their mix-use development. (Audio gap) provide those kinds of services and we're working with a whole variety of different groups there.

T - In our business right now, it's really grow or die. It's either find the niche that you're good at and expand it into a regional basis and acquire assets that are going to allow you to maintain your mission or you're just going to disappear.

18. Margo Weisz – Austin CDC, Austin, TX

T/S/O - I think that I look to implement social change by building capacity within (audio gap), and I mean both economic capacity, and then I think that translates into social capacity in a variety of ways… We think that social change for us is brought about by bringing capacity for people to have more control over their future and their children's future. We do that largely in very focused ways by providing financing and a lot of technical assistance to capacity building for small businesses in the area.

(6)

We also finance non-profits, but we see that as making sure that it is a needed service to exist, and it is a little bit different (audio gap) social change as much as the quality of life sustainability issues. I think our lending to non-profits has a different flavor in what we are trying to achieve, and making sure that at the very basic level what is needed in the community. Our lending to small businesses, which are about 85% minority owned businesses, community owned businesses. We believe that by having the people of the community own the assets of their community that they are able to sort of control the destiny of their future a little better. Reap the benefits of the economic growth that is happening in the (audio gap). Owning some of the assets of the area. By understanding the way that the market works a little bit better, which a proponent or not of capitalism. I have got my own feelings about it, but nonetheless, it is the world that we live in. If you don't participate in it, then you are kind of screwed.

I think that a lot of people in low-income areas who tend to be less educated and not enter the world with the same kinds of family assets and friends with assets to invest in the ventures is just a huge disadvantage, both less access and less experience in the market. Therefore, it kind of perpetuates the same economically. The way that we look to change that is by actually kind of putting our money where our mouth is and actually investing in them, which is a higher risk capital, and then providing a whole host of technical assistance services, so that they have a better understanding of how to participate successfully in the market with business ventures. As we think it through, sort of economic capacity building that affects social change, but we also believe that on top of sort of the jobs that are created from that and the community assets that are built, and

the increase sort of sophistication of the business owners. We sort of measure about ten different impacts.

　　　　We also believe one of the less tangible things is hard to measure is sort of the creation of role models in the community. There will always be some kid who can see the light at the end of the tunnel no matter how many distractions and barriers are in their way, and they will get there. They will get to a place of success. For most of us, we will get distracted pretty easily. When you grow up in an area with a lot of resources and a lot of role models and a lot of professionals around you, you see a lot of open doors. You have a very good idea of what that looks like, and what it takes to get there… What we believe is that by putting sort of successful entrepreneurs and developing them from within the community, people that live around the families, people that look like the people who are in the community that creates socially a whole lot more open doors for the kids who live in the community. They can actually see what success looks like. It is their uncle, or it is their brother's girlfriend. It is somebody that they know. It is their mother, their family who is running a successful business and actually hiring people, and running the show. We think that that psychologically creates a lot more open doors for the people who live in the community.

(2), (3), (5), (6)

S - but the main measurements that we look at when we underwrite a loan, we are basically looking at two general criteria. We are looking at the financial soundness of the loan. We are like a hybrid between a venture capitalist, a banker, and a social worker in that way. We, like a venture capitalist, get very involved. We kind of do the old school underwriting and look at the lateral and the cash flow and the projects. It is not the way that the banks underwrite small business loans anyway. They don't credit. We certainly look at credit too, but we take a much more comprehensive look at the deal. Then the second thing that we look at is the community development impact of the loan. We have a rating system for both areas. Both financial soundness of the deal and the community impact of the deal. Our goal is to try to look at taking risk that is in line with the potential impact.

O - I think the only way that we can actually document it is in partnership deals, because we can get a bank into a loan that they may not be comfortable with on their own, and then kind of learn how to look at it through our participation… as a movement, we have been able to lead the way, and show people how it is done. / The fact that many of our borrowers are able to stay in business and kind of keep everything going, and they are all undercapitalized. They do not have the kind of professional networks to advise them, like most small businesses, who are already a high risk cap, and they don't have friends and family to invest in them when one of their kids get sick or something happens, and they go through a tough time personally. They don't have the cash for their businesses. It all translates back to their businesses to keep their doors open. You see a whole lot more stops and starts in a low income community.

T/S/O - If you are talking about where is the potential, I think in sort of organizing the community businesses to look at how they can do, or a branding, a community brand

name, or advocate policy. There is a whole sort of networking among the community businesses, which really does not happen among the businesses at all. We believe there is a lot of potential for social change through that, because it is a newer initiative for us. We started the Summit last year, and then really phased into sort of the organizing part of that this year. We haven't seen some change happen yet. We think it will be a few years down the road.

19. Sharon Wells – West Elmwood Neighborhood Development Corp., Providence, RI

> **T/S/O** - I think the bottom line is resident engagement and a word that I don't like to use, which is [endowment?], but for us it means information and helping people learn how to use the information (audio gap) giving them the tools and the courage to use it. A lot of what we do is relationship building. It's based on, "I figured out how to get it done" or "It didn't scare me to do it, so how did that work for me and how do I pass that on?" It took us like five years of grooming./ We balance between being a community group on the corner and being a business in the community./ That's part of social change. Changing the dynamic of what people expect of us, changing what people think we do on both sides, the community side and the corporate business private funder side, and always walking that line where we're not scaring off anyone or overstating our expectations. That's one level of it.
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> **(1), (2), (5)**

The other level of it is being thoughtful about how we plan and what we do. We're not money chasers. By that I mean we don't do something because it's what everybody's funding at the time. In fact, when it was a whole lot easier to (inaudible) tax credit projects and nobody was talking about homeownership and home money was like not even here or new (audio gap). My board said, "We want homeownership that stabilizes a community. We need people to take an ownership in the neighborhood."

> **T/S** - That's what we call social change, I think. It's hiring people in the neighborhood and giving them a shot. It's balancing that with if you can't find people in the neighborhood, we have to be professional and go find somebody with a heart that does this well. It's also being holistic. We have a youth committee. We have two slots on our board for you. We're doing a faith-based initiative. We've always had a relationship with the church… I think there's something about the holistic view. I think social change includes inclusion. It includes making people feel comfortable. It includes figuring out how to get people to NR's training and advocating at NR to bring their trainings locally for people who cannot take off from work. It includes having an executive director that can operate in all those worlds. I can sit at a chamber meeting. I can talk to the bankers. I can talk to the hooker on Sprague Street. I can talk to the kids. I can talk to their parents. It includes having those on the board and making people feel comfortable so that change

happens as a group instead of the poor people over there, the homeowners over there, the Latinos over there, the kids over there.

(1), (2)

T/O - It depends on what you're looking at. We've defined (audio gap) a lot of different ways. One way is physical change: when the streets are cleaner, when there are more trees planted, when there are kids playing outside, when the (inaudible) are occupied in the corners or not, when the newspaper says better things about the neighborhood, when elected officials and funders call us, when there are more people at a resident council meeting on a consistent basis, when the number of homeowners increases, when we have to make fewer calls to the police to get one thing addressed, when we have to make fewer calls because residents are making more of them. It depends on whether we're talking about our youth, our community organizing, economic development, or resident engagement. We try to define it in those ways.

S/O - We started off targeting whole blocks because we didn't want to do the residential and not do the commercial. We didn't want to do the houses and not do the sidewalks. We didn't want to do all that and then have neighbors not talking to each other.

T/O - Those to me are social change when you have somebody from (audio gap) economic policy council talking to a board member at a housing development corporation in the community (audio gap). Four years ago we could not get them to market a site they owned because they didn't know where it was (audio gap). That's social change. If you can put all this in a sentence, I'm impressed.

O - Our resident council meetings are increasing. Residents are talking to (audio gap) investor owners. Investor owners are coming to those meetings. Investor owners and residents are addressing issues on (audio gap). When a landlord calls a tenant—one doesn't live in the neighborhood and the other one doesn't own anything in the neighborhood—and says, "I got your call about the drug dealing at my house. I'm taking care of it tonight. Thank you." That's resident engagement. When residents don't just come to us and say, "I have an idea or I have a problem," but they say, "I want to participate in solving it," or "I have an idea. Will you help me?" that to me is not just serving on the board. (Audio gap) people in this community serve on other boards and want to talk about how to form relationship between (audio gap). They begin to see gaps in service or (audio gap) activity. That's big.

20. Mark Anderson – East Side Neighborhood Dev. Corp., Cleveland, OH

T/S/O - I think for us as a community development corporation, we believe that you have to fundamentally address the fundamental, economic, structural issues within a neighborhood to bring about change in the neighborhood.

> We've been around for 25 years. Our initial focus was on housing. We really worked on issues related to enhancing the quality of existing housing stock and beginning to create affordable housing as well. We own and manage rental housing, because we know that's at a base for many families. In terms of really being able to have stable lives, so that they can prosper… We also believe that you have to have a vibrant commercial district for place-based strategies to work on social changes.
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If there's [overarching] theme in terms of a strategy or approach to social change—our emphasis is on our little place in the world. Ours is very much a place-based strategy. If you look at social change—we're not trying to bring about broad structural changes in the United States, or in Minnesota. We're trying to bring about structural changes within our neighborhood, so that our neighborhood can prosper./ Through this corridor initiative, we became the program sponsor and fiscal agent of a large effort to rebuild that old rail corridor… We saw, from our perspective, unless we address these fundamental job issues, that you couldn't bring about social change in the neighborhood.

We do commercial work. We are the program sponsor for this Phalen Corridor, which is looking at re-creating the industrial base of the neighborhood. The third aspect of our program is community development. Broadly, that includes active involvement from people within the neighborhood as we're doing our commercial, or our housing work.

Most recently, we have a couple of social service programs that we're now involved with. One is called The Housing Opportunity Program, where we provide intensive assistance to families at a new school that was built in the neighborhood. To help them stabilize their housing situations, so that they can succeed in school.

> The second is the East Side Family Center, which is a program that provides support to families at several of the neighborhood schools. Provides a lot of information and referrals, so that families are aware of the various programs in the neighborhood that can help them with stabilizing their life.
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We've, actually, taken those on for two reasons. One, it broadens our contacts in the community. Also, there is an important need to just make sure that the people have basic needs met. It's enabled us to be more involved in some of those issues of addressing some of the basic needs in the neighborhood. It doesn't fundamentally bring about social change. What it does do is it stabilizes and brings about change in individual families.

We really attempted to create a more holistic comprehensive approach to social change in our neighborhood.

O – [St. Paul Port Authority] They're one of the key partners in this Phalen Corridor initiative… With Port Authority, what we do, we bring a neighborhood perspective to the work that the Port Authority is doing… There's the St. Paul Port Authority. There's St. Paul Planning and Economic Development. (Phone beep) elected officials are there, the city council member. There's a table where people discuss the initiative, in terms of

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what's going to happen. There's that opportunity to bring the neighborhood emphasis and goals to those broader, bigger kinds of initiatives.

> **T/O** - In some cases, you see really nice work that people are doing, but the scale isn't big enough to really have an impact, to really bring about change. It helps individual families, but it doesn't fundamentally change the dynamics in the neighborhood. I think a key element of social change, at the neighborhood level, is that you fundamentally have to change the market dynamics.
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In reality, that's pretty true for all social change. We have to fundamentally change systems if you're really going to have long-term impact. In the absence of either political system change or economic, political system change, you can have modest impact and help a few people. Unless you fundamentally have changed and altered that structure, you haven't brought about lasting change.

T - We don't have illusions about our ability to have broader impact, but to try to improve the housing situation in our neighborhood. Try to get more jobs for people in our neighborhood. I think, broadly, there are 4,000 community development corporations within the United States. When you look at that collectively, then you're talking about significant social change. The whole institution of the CDCs, growing out of the civil rights movement, is the next step in the civil rights movement./ I think one of the interesting books I've read on this stuff is called *People, Power, and Change* by a guy named Luther Gurlock (sp?)… The effective social movement—he talked about them as being SPIN networks, Segmented, Polycentric, Integrated Networks. I think that's really what the community development movement is about. You have lots of organizations, like ours, that collectively are bringing about the broad social change... The poly of the polycentric network is that you have lots of people who have leadership and commitment. It's integrated. We know each other. There are these loose connections that take place through networks like the Local Initiative Support Corporation and the National Congress for Community Economic Development.

T/O - The culmination is that you have more livable neighborhoods. Where you have people making the choice to live in those neighborhoods. Also, that you see a reduction in poverty, because you've developed strategies that actually address some of the needs of people who are currently in those neighborhoods.

21. Clarke Schoettle – Providence Preservation Society, Providence, RI

T/S/O - Our approach has been to access change in an incremental way. Pretty much, try to make change happen slowly, so that it's a sustainable change. Also, has less affect on a community.

I think a lot of it relates to gentrification issues and how neighborhoods change. Neighborhoods are always changing. They're either getting better or getting worse. They're never static, I don't think, even though people sort of think they are.

How do you make things better without disrupting people where they are? It's a difficult and almost impossible challenge, to keep everybody happy and in the right place. I think by doing it over time and—the way we've been doing it. We have worked with individual homeowners, helping them improve their properties. Dealing primarily with low and moderate-income owners. Often they end up cashing out of the neighborhood at some point, benefit if the neighborhood has gotten better./ I think the work that the CDCs are doing here and the work that we're trying to do, is (audio gap) a year-to-year basis. It's like a drop in the bucket, but cumulatively, it does start to make an impact.

T/S - I think that our niche is the historic preservation component, and help other CDCs do preservation projects by making access to the tax credits easier. Provide our expertise to help that process, and thereby improving historic neighborhoods as well as providing affordable housing. That meets everything that we want to try to accomplish.

S/O - What we find is that we've been very successful, I think, at working with contractors that would, technically, be the home-improvement type contractor. Helping train them, on the job, to becoming restoration carpenters and [administration] contractors. Skill level, as well as their [association] for starting buildings and techniques that are required to (audio gap) projects correctly./ We're both introducing historic preservation into other—most of the contractors we're dealing with are Hispanic, at this point. We're introducing preservation techniques into the Hispanic community, in the process.

T/O - It's spreading our gospel, I guess, to the broader community. I think that, then, changes they way neighborhoods look. I believe historic neighborhoods and historic preservation oriented neighborhoods tend to be a little more stable and have a higher quality of life. Whether it's low income or high income, it's to create a nicer place to live, generally.

22. Henry Crespo – 79th Street Corridor Neighborhood Initiative, Miami, FL

T/O - When you talk about economic development and put a spin of social change or social progress, a component of economic development must deal with local demographics and social demographics that relate to income, jobs, and investment by way of government and private. When you look at those things, then you look at who benefits. We would hope that any time that we get involved in some form of economic development that we are able to impact local residents and to create a synergy of jobs, opportunities, investment, and business retention and expansion.

> At the end of the day, it is about putting food on your plate. It is about sending your kids to a quality education. It is about buying a home. The only way you can do that is if you have a decent income. Economic development goes hand in hand with social change. That is the only way, I believe, we can create opportunities for people to make a better way of life for themselves and their children.
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S/O - It is clearly creating this opportunity. I, as executive director, am not interested in creating this type of synergy and new market initiative and have people from somewhere else across the country benefiting from the jobs and opportunities that are going to be presented here… At the same time, you take the liability of unemployment and turn that into an asset to say you have a workforce right here that can help in some of the job categories that will be created from this opportunity. / The Corridor intention is to be a full partner in the development of the project to the end. Politics is politics… Based on that process, I think we will be able to assist and keep in the forefront information, so that local residents within a mile radius of the site can take an opportunity for opportunities.

S - We know the majority of the area is Black and Hispanic. We have been able to make presentations to different community agencies through the county. They have this thing called Community Councils out here. They have non-zoning issues that they invite people from the community. You can give presentations.

You also have other public hearings called Neighborhood Revitalization and focus groups. There are people involved in that process, and we give presentations in front of them. We also use the local media like the *Miami Times*, *Miami Herald*, and different churches in the area. We will get the information out—that is all we can do—by giving presentations and putting out information to different churches in the area./ We have the three organizations: the Urban League, DEEDCO, and Neighborhood Housing Services. They have been around a long time in this community. They are my board of directors. Those agencies have an individual that represents that agency that sits on my board. That is a help for us to get the word out./ We have a document written. As we negotiate with a private partner, the county, and state, we are putting in some language and clauses that protect folks. We are not talking about Black, White, or Hispanic folks. We are talking about a certain income bracket.

O - Hopefully it mirrors the community. People are working. It is a bustling transit site in the middle of this community that is growing anyway.

T - This is a trend of smart growth development that deals with transit. That is going to be the next wave of opportunity. People are leaving the suburbs and going to urban or metropolitan areas because of the use of transit. We are trying to look at how we can create that synergy not for just suburb people, but regular people that are here.

23. Carla Destefano – Stop Wasting Abandoned Property, Providence, RI

S - It was all about neighborhood revitalization, until about two years ago, when it became necessary to address the escalating real estate prices and to, number one, really beef up production; and number two, redefine the focus and make sure that we were serving a particular population that was being locked out of housing opportunities on the home ownership side. Then also providing rental housing, sort of as an investment stabilizing factor into blighted city neighborhoods as sort of a catalyst and to start some home ownership opportunities in and around those areas.

(6)

T/S/O - To have neighborhoods that are clean and safe and attractive, and have flowers and trees, and free from litter, and hopefully free from crime, it's kind of the same thing. People begin to feel a little better about themselves.

S/O - I have to say that when we started our flower box program two years ago, and it's grown so that now we put flower boxes up on properties that are not even owned by SWAP. We've offered them to neighborhood residents. People stop in the office and they say, boy, are there beautiful flower boxes around here.

People notice when it looks nice. I think that people just begin to feel better about where they live, which means they feel better about themselves, which makes the world—you feel better about yourself, you feel better about where you live, it kind of changes your attitude. It's a real simplistic view, that's for sure. That's not what we set out to do, but it is kind of what we set out to do.

(2), (5)

The major thing we did here, or are trying to do, is to provide affordable housing. The by-product used to be neighborhood revitalization. Now the by-product is fighting gentrification./ Now the number of people who are coming from outside of Providence, and even outside of Rhode Island, into South Providence, to look for a decent affordable place to live, is the fastest rising statistic on the monthly report.

The prices of houses all around us, or in the Boston region, in all of Rhode Island, is really forcing—we now have more discussions about our mission being providing affordable housing and fighting gentrification, and making sure that there are places for working people to live.

T/S/O - 99 out of 100 people who walk through the door—have major credit issues. They are getting a fiscal, financial education and sendoff with us that they are not getting walking into a real estate broker's office, that's for sure. / Most of what we do is straighten them out financially and those who are very serious about it, and dedicated to it, and stay the course, then we fight tooth and nail to make sure they get a house. / Then it follows on a continuum. Once you get involved, whether you are a tenant here, or you've bought a home from us, you're just part of the group. Whatever your problems are, from your insurance, if you're owner, to your property tax bill—some people call and ask who they should vote for in the local elections. We spend a lot of time with someone. We spend a year with someone, helping them clean up their credit, pay their bills, listen to their stories about their family members… Staff here builds rapport with people that goes on to really build a community base.

(1), (3), (4)

O - I think the first thing that comes to mind is there are people who realize that once they have overcome this financial hurdle—the major hurdle of buying a home, and I'll speak to homeowners first—is once they have realized that hurdle of being able to clean up their credit, they get a little empowered. We have people who have bought our houses who come on the Board. They are the ones that we're probably fighting the most with about fighting gentrification. They want their houses to be worth more. They got the picture. I bought my house, the neighborhood gets better, guess what? My house is worth

more, that's a good thing. / We tend to have probably a little higher percentage of people who at least become activists because we cultivate them to be that.

S/O - We have a neighborhood contract for mentoring program which is a business training program for fledgling, small, neighborhood minority contractors. That's ongoing. We've made a commitment and anybody who comes through the program—and we've graduated 39 contractors over the five years… That has been a very successful program for us in that it has built a lot of rapport. These contractors, they can come back forever. We are like the forever group. They come back, they seek advice, help on other bids. That has done a tremendous amount to help our position in the neighborhood with regard to, not just putting minority and neighborhood contractors to work, but being here as a resource to them.

24. Sam Diller – Little Haiti Housing Association, Miami, FL

T/S/O - Providing low income families with access to affordable housing as part of a comprehensive approach to building a stronger more viable community where there is a higher quality of life. The whole thought is that if you can improve an individual's or family's economic position by reducing their housing costs or putting them into home ownership where they can build equity, that effects their economic position in the community and society. In our society, everything relates to economics. Whether it is you have more cattle or land, position in a society is determined by economic position. There is that very pronounced economic development component to what we do.

We have always tried to effect positive change in our community using comprehensive strategies. We have always been engaged in facilitating civic engagement in an immigrant community… We have always worked to try to instill an understanding in our community of families— those families participating in our programs—that they have a voice and an ability to effect social change. I (inaudible) is an attempt to facilitate social change in our community.

(1), (5), (6)

S/O - Some of the earliest meetings in the mid '90s, the most pronounced issue as our home buyer families saw it was that there weren't enough programs for youth.

We took that information and started out with limited funding and created a series of project based programs to provide youth with opportunities to be engaged in something positive. We secured funding to do small art projects. It had a theme running through them about community building and pride in community. They had to detail what they thought was unique and valuable about the community they lived in.
From those earliest projects, we established enough of a track record in youth services that we secured the funds to open a state-of-the-art computer facility. Youth would have access to technology they wouldn't have access to in the schools and certainly not at home, where they could become creators of technology and not simply consumers of technology. That opens up all sorts of opportunities for them in terms of exposure to the world at large.

(3), (5), (6)

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T/O - To make an overarching statement, we have a significant role in effecting social change. It is recognized in our mission statement. "The mission of Little Haiti is to use the provision of affordable housing as a means of improving the quality of life for the residents of Little Haiti." Everything we do is guided by that effort to effect social change. Our role is anything and everything we can make of it, every opportunity we can act upon to improve the quality of life. It is another way of making the statement of making an effort to effect social change.

O - They have used some of their equity to start an import/export business, taking things to Haiti to sell and bringing things from Haiti to sell. They have now built a home in their small city or village where they lived prior to immigrating to the United States. I see some people who started in our youth program when they were in junior high school. Their family had recently arrived from Haiti speaking no English. Now they are mentors in the Clubhouse and are enrolled in college. Do we say that accomplishment is solely attributable to what we have done? No, but we can say that we had a role in the success that those youth have accomplished.

T/S/O - I neglected to talk about one of the keystone programs of our affordable housing program. Making that statement leads me to talk more about how that is one of the program areas that does lead to social change. To participate in our home buyer program, families have to go through a six-week long home buyer training program. They learn about the banking system in the United States, how to utilize the banking system and financial institutions, how to establish and maintain credit, and how to budget. Many families that come from disadvantaged backgrounds inherently know that if you have limited resources, this is how you stretch those resources. It is something that we cover anyway.

   The whole educational component is all about position in this society to be more effective and to eek the most benefit out of the limited resources that they possibly can. That could be characterized as effecting social change. The purpose of educating is so people can function in a society. Is that not social change? / We have been very active in trying to create community organizations, whether it is a neighborhood association or a block club. It is more difficult than building houses, trying to change people's attitudes about their role in society. You can build houses all day long. If people's attitudes don't change and they don't become engaged in the civic life of their community, how is that comprehensive change? / I think that one of the most important roles of a CDC is to facilitate social change. I don't think anyone is questioning that or doesn't realize that.

(1), (2), (3), (5)

John Anoliefo – Famicos, Cleveland, OH

T/S/O - I think that the work I have done whether it is at Buckeye or here the issue of social change is still the same… we employ basically the same methods in trying to bring some kind of change to the neighborhood. We do that through a number of options.

We have used community organizing or community involvement in trying to bring social change. We do that by bringing people. I get to talk about events that just occurred, or we organize them around particular issues that people work on, and hope that we can use that to go to the legislatures whether it is the city level or state or federal level to effect some kind of policy.

We have also used the brick and mortar development projects to effect change. Principally, here at Famicos we are an affordable housing provider. Over the years, we have been able to develop some 600 units of housing that have been rented to families that otherwise will now be able to find decent, affordable, and safe homes to reside in.

(1), (3)

We also effect some social change by working with our businesses through the same committee engagement, either by providing them technical assistance on what they are trying to do, or by helping them meet with banks that can't provide them the necessary forms that they can use to increase what they provide or what they sell in their respective stores. I think that these are the three broad categories of methods that we have used for bringing about social change in the community.

T/O - Change depends on who is defining it, but for me when I am successful, is really when the family comes to my office. You give them the key to their new house, you look in their face, and you see their smile. Most of them will turn around and hug you, and say, "Thank you very much." That is success./ What the successes I talk about is the success on a human level, but then you can begin to look at the neighborhood as a whole. When you begin to look at the neighborhood as a whole, I will give you another example. You come on the street, there are two or three boarded up houses. You board them, you rehab them, and you come around in the summer, and the neighbor next door all of a sudden begins to paint the home. You look across the street somebody is scraping, doing the same thing. What has happened is that you have created a domino effect in that area that people who didn't care that when they look at what you have done, they feel that their own house can look as such. They will get their ladder out, buy a gallon of paint, and begin to paint the houses. What has happened is that in the neighborhood where people have done that kind of thing, they change their attitude. They have changed their attitude, because now they don't allow that young man or young woman to stand in front of their house to sell drugs. They see that investment, and they want to protect it. They can now call the police. They can now go to a committee meeting. They can now do those things that effect change on the street such that when everybody begins to work together, then you eject one of the elements that that neighborhood is no longer appropriate for them, because they are no longer allowed. That is simply because an organization came in and bought a house and fixed it up, and give everybody else the impetus to do the same thing.

(1), (2), (5)

You also see that you are successful when your councilpersons begin to pay attention to neighborhood problems, because people are calling them, and because people are bringing that to their attention whenever they go to a meeting. They realize that people do care about this particular issue. They know that come election time unless they do something, they are going to lose their seat. To me, these kind of things spell success.

I guess I want to leave you by saying that the work we are doing whether it is a brick and mortar, committee organizing, it is all about effecting change in a community. When we are focused in doing it, changes might be incremental, but in time, if the changes are persistent who bring about a whole larger scale change in the neighborhood, because people will begin to change their attitude. When people begin to change their attitude, they are in favor of a particular outcome, then you have effected the change that you are looking for.

(2)

26. Roberto Datorre – Miami Beach CDC, Miami, FL

T - I think it started with the leadership of the organization and whatever the direction that the leadership wants to do, and knowing your community and what is it that you can really make a change with what's available to you. Communities have different needs at different times and the organization needs to be flexible enough to respond to those challenges and needs.

S - The goal of the organization in the beginning was trying to mold the Art Deco District as a product. Saying here we have this unique environment here, and use this to make a community development. It was involvement with different groups on the area…property owners, merchants, and discussing what needs were, what it was that we have in place, where is it that we wanted to go, and identifying how we were going to go there, and have a very good relationship with the City.

(1), (2), (4)

Almost like a partnership by which we could all sit and see where is it that we wanted to go. It took about ten years for our organization to start changing what (inaudible) was doing and when the City itself has stopped development, there was no need for the organization really to start promoting the area in the (inaudible), the area was promoting itself. What had happened was that there all the needs that had more to do with the cost of living.

Miami Beach is an urban city by which people that live in the area also work in the area, so the labor force of the hotels and restaurants were being very popular, reside in the same area and what they were making, they could not pay some of the rents or stay here on the beach because of the cost was going up a lot. There was a need for the organization to take a street and start doing more housing related projects.

We diversified by doing home ownership, multi-family housing, home repairs, house counseling, which was a more immediate need and that's what we are doing now because that hasn't changed. / now we starting to go outside Miami Beach because, like

everything else, people cannot afford to pay some of the prices here. But we have to give them some other alternatives.

O - In the area it is pretty clear because otherwise if we don't help them, they are displaced. So the fact that we are providing that unit at an affordable price, either with rental or we help them buy it, it's very direct where you are seeing the results. Just so you have some sort of idea, there are over 280 units that we have sold and we have been running this program about seven years.

Only two people—one sold and moved and one passed away—do not live on their places. These are people that work in the community. The only reason they stay here is because of this program. If not, they would have to move and maybe find other jobs because they couldn't have come back and forth to here in order to keep their job… This discovery site program has worked so wonderful because it's not that we have to bring a sign in a building, but they are mixed throughout the community. And also because of the existing environment in Miami Beach, the buildings tend to be small, like 20 units or so, so even if we buy a building that will become a grouping all together, you have another 20 buildings in the same block, so it doesn't really—so everybody is a part.

27. Roberto Berragan – Valley Economic Development Center, Van Nuys, CA

T/S/O - Essentially, the vehicle by virtue of having a job, and having the tools to keep that job. Having the tools to better utilize the (audio gap) compensation from that job. To be able to revitalize their communities.

> Our programs are geared towards creating jobs, or placing people in jobs, in the most cost-effective way possible. Then, provide those people with financial literacy skills and services to better utilize their resources to improve their lives and their communities./ We, basically, focus on businesses as agents for revitalization of communities. Helping businesses grow and create jobs, helping people establish their own businesses, and grow, and create jobs. Helping individuals improve their businesses to grow and create jobs. We do that through direct business consulting, business training, and business lending.
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> **(3), (6)**

S/O - We actually target one particular community in the San Fernando Valley called Pacoima. Pacoima is (audio gap) thousand people. It has a 20% unemployment rate. People living in poverty of over 30%, and a 55% high school dropout rate. We have started to layer a number of programs on top of each other, because we believe we can have an actual impact in Pacoima.

With our job placement program located there, we believe we can have an impact on the unemployment rate there. Coupled with that, working with the businesses in the area to create jobs.

O - Because of what we've done in our work, we have directly caused at least the creation of one new bank branch in Pacoima. We will cause a creation of another bank

branch up the street in San Fernando before the end of this year. We were the direct cause for that.

> Within our work force program, we have a relationships with a number of hospitals. We have caused them to change their HR policies and to look at our community differently. Not only in terms of patients, but also in terms of workers. / we have caused the city of Los Angeles, for example, to look at us as their major delivery system for business-assisted services… We've also caused, on the lending side, we're the largest community-based lender in Los Angeles, because of the shift in perception of government-funded lending programs. That they are not in fact grant programs, but they are programs where the money needs to be paid back.
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> We raised the standard in terms of community-based funding, and how it's perceived. / I'll give you an example something in terms of my staff. Every year we, for the past two years, my staff have volunteered to do tax returns for residents of Pacoima. Every Saturday between February and March 15th, they will spend three or four hours at two of our offices in Pacoima to do electronic funds and tax returns for individuals there.
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> Take advantage of earned tax income credit. Last year we did over 250 tax returns, almost $300,000 in tax refunds.
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> **(3)**

28. Marva Smith Battle-Bay – Vermont Slauson Economic Development Corp., Los Angeles, CA

T/S - Our purpose was, first of all, to take a look at the property that has been left, the retail on that site, as well as work with the merchants in the neighborhood to continue to do a couple of things; supervise lending to them—at that time, micro-lending wasn't big. But, in the early 80s, we were beginning to have a number of loan programs here as alternative funding sources to small businesses versus banks who had typically turned down a lot of small businesses. That is one way that we began to make a difference immediately, is become a source of capital to these small business people, who, in turn, could continue to compete in a sense and maintain their businesses and employ the people in the neighborhoods in the area where they are.

T/S/O - We went on to expand that concept to not just the intersection of where this particular retailer had left, but up and down the corridors of this community. As such, we think we have created and brought about quite a bit of stability. As some businesses have left because some people have retired after 30 or 40 years in business and new businesses have come in, we think that's because we have helped to create a retail community that people think is viable. When people leave, others what to come here.

One of the things, I think, just in that sense is that when you are able to provide that kind of stability for a neighborhood, at the same time, you have the owners who own property and homes in the neighborhood, who send their children to school, who invest in other kinds of community and church-type activities. It all tends to lend itself to creating a better neighborhood. That's one of the ways that I think created something to the social status of the community… these are the same people who continue to come out to various

kinds of community meetings. These are the people who, when you have community fairs and events, are contributors to those events. When you have softball leagues or different sporting events that need sponsors, the business community is the folks who support those kinds of endeavors. When we want to support, for instance, a homeless shelter or work with a food program or whatever, we get our merchants involved in those kinds of areas.

(3), (6)

Those are some of the ways I think that if people were basically just going from paycheck, hand, to mouth, and didn't have the discretionary income to do those kinds of things, they wouldn't do them. The fact that there is that additional income available, it allows people to hire the staff that they need to work in their stores, which also allows them to get out to some of the community meetings and to become more active, and then to contribute to other causes that occur in the neighborhood.

S - I mean, at the same time that we're working with existing businesses, we have a companion program for start-up business. We offer classes and training. If you're trying to get started in a business and you want to take it from a design concept to a business plan… So, we offer lots of various classes, as well as seminars in the evening, that people who are either in business or trying to get in business will attend.

S/O - Let me just say some of the things that we've done are not so material. But, I think it creates a change in the neighborhood. It's amazing to me that when I look down about a mile or two of the main commercial strip where we do our work that we planted every tree on this street. That's amazing to me.

In addition to that, we did a lot of other street state work that enhance the neighborhood. I know that that brings about a psychological or social better feeling of shopping in your neighborhood. That's why people do it./ The fact that we got bus shelters put up in our neighborhood… You don't see those in Black communities. You see them in the well-to-do communities. We had to fight for that. But, we got bus shelters so that when it rains or when there's inclement weather, people can have a place to sit and be inside of a shelter. It's such a small innovation, which is frustrating sometimes even to talk about. But, it makes a big difference. Instead of standing up waiting on your bus, you have a seat at a bus stop.

Those are things that I think we've done that enhance the neighborhood. It makes people feel better about the area that they're in.

(5)

29. Tom Tenario – Community Action Agency of Butte County, Oroville, CA

T/S/O - as the head of a non-profit organization, it's to create a vision and hold out some expectations for the agency, adding some real tangible ways. For instance, a couple of the things we are doing right now is I've been able to get a small grant to do a capacity building project. Really, the underlying seam of all of that is "how can we be responsive

to the community unless they contribute and support community change." It means that we have to be adaptable ourselves. It's just not going to happen by itself. We like to create those visions.

From a tangible point of view, I feel like that's my role here to be a catalyst for change, lead that parade, not just by word and modeling, but by actually pulling folks, [speak to the fire], creating opportunities that we need to change. Otherwise, people don't see the need to change. That's how I accomplish it. That's kind of an internal perspective.

Externally, I'm involved in a lot of the different venues and different groups. Some are grassroots groups. Some are private sector oriented. What I mean by that is, there's folks with resources, that type of thing, that they just need to be related to and connected to ongoing trends. They can be a part of that. We can work together. If we're responsive to their needs, and vice versa, then it's an externally created approach to that.

(1), (2), (4), (6)

S/O - The agency here is a very human-service and direct-service oriented operation in that I administer probably a dozen or two dozen different grants to conduct programs ranging from preschool, like Head Start, to transitional housing, where we actually operate an apartment complex, support service, program designs, all the way to home improvements and building homes. They're all a common team and direct service related, as opposed to more indirect or catalytic.

There's some tangible results at the end of all of those activities. At least, that's what the intent is. It makes it a little more challenging to create some change in which (audio gap). For instance, we should hopefully have a mindset that I've been working on to where we're not just going and building homes. But, we are actually trying to go in and revitalize neighborhoods. We are strategically placing these homes and providing support to the low-income homebuyers so that they're not going to be falling out of escrow, much less a homeownership. It's a little different mindset. The same thing applies with our Head Start preschool.

(3)

T/S/O - The easiest thing I guess for me to do is to just become a grant administrator and get FedEx "Y" and "Z" grants that allow me to provide "A" and "B", because we've done the usual deficit based community needs assessment that our community doesn't have. (Audio gap) approach in that way. But, over the years—and I'm certainly not the only one who's done this—but, over the years, I've just been more aware that that approach really does have real limitations; on the approach and its results. I really felt it was important that I somehow try to adopt a different way of approaching things. It's a struggle for me, too. I'm not going to say that I have this wired. But, I think I've seen and been dissatisfied enough with very limited and restrictive approaches to grantsmanship (sp?).

I try to transcend that and force myself into seeing things more holistically, more comprehensively, more personally so that I can influence the organization here because organizations tend to have a life of their own. They will follow the path of least resistant.

It's a chore for me to remind folks constantly that nobody cares about a great computer system, the nice account package that we have. Nobody cares about that stuff and the fact that people have computers at heir desk. All they care about is what kind of difference we've made. (Inaudible section). Hopefully we can ask ourselves at the end of the day, "Who did we benefit from and how can we do it better the next day?" If we can leave our workspace with those two questions in mind, we'll end up closer to (audio gap). / . The basics are that we are changing since we're catalysts and we're not just here to crank out so many widgets of child care service hours or measurements of homes that we've weatherized./ . I'm not sure that we're there yet. It's taken us a few years to get to this point because it seems like what we're talking about (audio gap) ability really assess our progress in achieving qualifiable change as opposed to quantifiable change.

(3), (4)

30. Antonio Silva – California Human Development Corp., Sacramento, CA

T/S/O - The whole mission of the organization, not just for the housing department, but of the corporation is to empower people to become self-reliant. Basically, we think that (audio gap) contributes to the (audio gap).

We tend to do that through California Human Development Corporation is, basically, our service delivery system (audio gap) family from a holistic perspective. We have employment programs. We have housing programs. We have child-care programs. We have alternative (audio gap). The only thing that the corporation doesn't do is (audio gap) medical services. Other than that, we pretty much cover the spectrum.

(4), (6)

S/O - To measure the end result—one of the problems with social service organizations, they've never been really good at doing that. We offer the service. We put it out there, and we see a lot of people taking advantage of the service that's there. Ultimately, it's primarily by people coming back and saying, "Thank you. This is how I'm…"

In our structure, what we've done, we've tried to contact a lot of our ex-trainees that go through classroom training. Have them come and share their stories about how their life is different from when they were farm workers. Now, they're either truck drivers, or they're welders, or they're doing something—. / …and one of the compliments to that whole approach is to make available resources by first-time homebuyer programs. That's where I step in. I actually build and manage low-income housing that we build for that same population that we're training.

Basically, we try to design rental housing for farm worker families with the idea that we don't want them to stay there for very long. We want them to become ineligible, because they're making too much money. We want them to—we try to give them an opportunity between the time they get into the subsidized housing to (audio gap) budgeting changes on how they spend their money. They can clean their credit and do the things that are necessary to become homebuyers./ There's a lot of things that they're learning in the education process of (audio gap) a house. We try to discourage farm workers from doing (audio gap), which many of them do. They're sharp enough to look

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at it as an investment. They say, "If I get into a house with government programs, I can turn around in five years and because of the price of housing, I will be able to pull the equity."

Basically, we try to discourage them from doing that (audio gap). Our purpose for wanting to help them is to stabilize the family environment. Our purpose is to give them a place, shelter, not for investment, although that's what it becomes. They understand that very clearly.

(4), (6)

O - Some of the most (inaudible) results have been that some of the people that participated in our programs 20 years ago, are now in politics. They're coming back to help out the community. Some of them are in real estate, so they help us with programs that we operate. Many of the people that our system started out as (inaudible) or a co-operated youth programs throughout the years, for example. Some of these youths have gone on to get their degrees in college. / What are services would do is to pave the road for people who have the initiative and staying power to see it through. There's no way that there's services we could provide that result in somebody becoming a doctor. It could result in having enough money to send that child to school, so that they think better of themselves. Their self-esteem is better.

(3), (5)

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31. Joe Garlic – Woonsocket Neighborhood Development Corp., Woonsocket, RI

T/O - Accomplishing social change in the work we do…I guess the mere fact that the work we do would sort of does that. Our organization exists to create something that is—frankly, takes a lot of effort and struggle to make happen, especially here in Woonsocket. It isn't affordable housing, by its very nature is something that when it's built, it does create some social change.

Most directly the people that get to live there. The process of getting it built, the involvement there.

T/S - Probably, most directly, is the board of directors over the organization. Predominantly, community residents and—every project we've done has really sort of been a struggle. When they've sort of been there along the path, with meetings, or if city planning board, zoning, sometimes special meetings with financing people.

They sort of have a role in selling the project, if you will. That isn't a skill that your average folks really learn any place. I think the board of directors is very involved in that. I think, more and more we're actually trying to involve the people who are going to live there. More contentious these days to new housing builds pretty much any place, especially in cities and towns around Woonsocket… We're trying to let them know early on that they should be part of a process that communities towards that way. Allow some

affordable housing development. We've just kind of started that. More and more you just see that kind of action is really critical as things going to change, I think.

T/S/O - We're really trying to create a coalition around affordable housing development. It's kind of boring, I know. More and more, you just see where it really is—there doesn't have to be the shortage that there is. There really is a problem that can get solved. It's a lot more of regulatory issues than anything, [balance a thing], or dragging out the process.

　　　　We're really sort of come full circle that way. Just realizing that hitting our heads for a few years, doing this. I think, it's a community problem and the community has to be involved. I think (audio gap) a real lack of understanding about—the perceptions about affordable housing.

　　　　Hopefully, that whole process sort of educates people on the outside, too, not just people who need affordable housing./ : I think the way we develop our housing, too. A lot of our method—the method to our madness, that direction sort of comes from the board, very generally. Sort of have ideas about what the housing should look like, amenities that are involved, those kinds of stuff. (Phone beep).

　　　　How we would manage it. There's an expectation that we don't just own these properties that we're a real (phone beep) part of community life. We have after-school programs. When we developed (inaudible), we developed a community center. We have an art center. It's your normal run-of-the-mill developer could care less about that stuff.

　　　　I think that comes from that (inaudible) with the community in creating these other little neighborhood institutions that come out of a board of directors (phone beep). All of my staff actually live here. I'm the one of the only people who don't. (Phone beep). Their input sort of matters, I think. The way we do development has been affected by that circle of residents being involved on the board, residents being staffed, sort of having some expectations about how it could be done better.

(1), (2), (3)

O - We did the park. It's, actually, quite beautiful. Over the years, its (audio gap). Basically, the budget was so lean. It was a couple hundred bucks. From some neighbor works we (talk over) some grants. We bought fruit trees, and had this picket fence put around it. It was pretty sparse looking for the first three years, because those fruit trees were just like twigs.

　　　　It's probably been (inaudible) years or so since that. The thing is amazing. It's like this little oasis in the middle of the neighborhood that is quite beautiful. It's held up. There's never any vandalism. There's this sort of garden there. There are a few tomato plants. There's sort of this honor system of you take what you want. Even the peaches, and the plums, and the cherries, now the trees are starting to have all the fruit. It's really a beautiful little spot.

　　　　Over the years, we've sort of added to it. People volunteered to (audio gap) their landscaping. There's sort of this cobblestone path, now. It's just a neat little place that otherwise I wouldn't have done. We have a community center, because people bought—

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again, we could have put more units in this building. We felt that we needed to have some programming for kids (audio gap) Perez Center.

> I think that the real stuff that we've added beyond the housing is sort of been because of residents wanting there to be more opportunity in the neighborhood. These after-school programs, it's added a nice dimension to the straight development work that you crank out. / …the staff are very loyal. They really feel that this is their organization. They're very proud. They've all sort of grown in their skills, here. I think that's a nice tangible thing that's happened.
> These are folks that had some pretty sort of lower-level jobs before they started here. I think that is a very real result of attitude of the organization.
>
> **T/O** - The social change is a very theoretical level. I guess I just see having a very practical, down to earth way of sort of making that happen. I think that, ultimately, change has to happen when people's interactions and (inaudible) allocated differently. I think the work we do, the housing that gets built, the programs that get developed and implemented, and people get the jobs. That's what would be my take on the question.
>
> **(3), (6)**

32. Tina Moore – Pyramid CDC, Houston, TX

T/S - Social change within the community development corporation? Social change for Pyramid CDC for the eleven years that I was at the Pyramid CDC came about through impacting the individual families. The way we were able to do that is by providing services for families that were not there before.

S - We had a major project called the "Power Center". It was just an old renovated Kmart building. We were able to bring a private school for Pre-K through eighth grade to that site. / The other thing that we had is what's called the "Social Services Center". Then, in the Social Services Center, we dealt with three things. We dealt with the emergency assistance for families, food for families, rent, assessments in health, transportation assessments. / We also brought the only commercial bank branch in the whole neighborhood. It was at the Power Center. That was a full service JPMorgan Chase branch. That may not mean a lot, but when you only had an ATM machine that was way out of the community before—or, the only other one was in the gas station that was a very dangerous place for anybody to even stop and get gas. It was major to have a nice, clean commercial bank branch right there.
We also had the Houston Community College System. Southwest College operated a technology center out of the Power Center. These are things that directly impacted families. Not only that, but we had Memorial Hermann provide a general practice clinic out of the Power Center. Then, we provided a lot of services to entrepreneurs. Those were the things that we were doing physically right there that we knew were impacting families every single day.

T/S/O - The Power Center was originally supposed to be an empowering model. Everything we would do would be empowering the individual family. If you looked at that, then you would look at, "Okay. Are you empowering people by helping them find jobs, getting education?"

We had a career initiative that we started where we would actually place people in jobs, or help small businesses find employees, then, of course, to do training. Almost everything that we did look at, you have a family member that is at this level right now. How do we get you to the next level where you want to be? The reason why that's important is because it was extremely empowering.
Empower means we can't tell you where you need to be. We're going to help get you where you want to be. That whole philosophy just permeated basically what we did inside the staff and what we did for the individual family and what we did for the individual projects that were started or birthed out of the Power Center or Corinthian Point.
(3), (4), (5), (6)

S/O - What we did is, to be a partner in the Power Center you had to put families first. Yeah, they made some decisions that there's no way in the world they would have made because a lot times they had to be pretty philanthropic or altruistic. We can consider the bank. The bank, looking at the numbers—
One of the best examples would be Ryland Homes. Ryland Homes was the major builder that we used in Corinthian Point. Jim Lemming, who was the president of Ryland Homes Southern Division at that time, said, "I believe this work I've done is going to get me to heaven." It was a joke, you know.

But, he talked a great deal about how they had to completely change their way of thinking to meet our expectations, the expectations we had about what families deserve to have and what families what to have and listening to families. They had to attend focus groups. They had to work with families one on one. They had to go through many hoops that they would never have gone through. But, Corinthian Point was a success at the end.

T/S/O - A lot of that had to do with the positioning of the CDC. It was our project. We were inviting you in. If you wanted to come in, then you would have to play by the rules. Human dignity was the most important thing that we worked with. You had to preserve human dignity at all times. If you're dealing with a mortgage company, do you see how important that is? When you're dealing with families with credit issues or whatever, how do you preserve human dignity and still do your job?

(2), (3)

Ryland was one of the best examples of watching them change from this bottom line—of course, they were always bottom line oriented. We agree with that. You can be bottom line oriented. Let's talk about how you get there and how everybody wins. How do you go from a competitive environment that they were so used to, to always trying to find the win-win? The main effect that we had was working directly with those for-profit people.

The entrepreneurs would be the same thing, sharing a philosophy of finding the win-win at all costs. Let's find it. It's there somewhere and we just have to find it.

> Working with Ryland was probably one of the best examples I saw of that because I could see the end result. The end result was those families that ultimately moved into Corinthian Point, that were able to stay there, and that were able to get more education on how to maintain their homes, how to negotiate with their builders. They were able to get things that they would not have gotten if they were just dealing with an ordinary builder.
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> **T/S/O** - We had a philosophy that sometimes we weren't able to employ. But, one thing that we did that I know people would take with them when they would leave the Power Center and go on into other areas of employment, or they would leave the Pyramid, and that is that I had a philosophy of "I didn't have to fire you. You always fired yourself." That made a difference. It made for pretty good relationships even when people left, except for those few occasions when I had to fire. But, most of the time, people fired themselves. That has to do also, I think, with the community develop incorporation that has conscience and that truly believes in preserving human dignity. That was extremely important to me. That's a battle that I fought inside the organization a great deal sometimes./ The individual family and the difference you make in that individual family level is the most important thing I think we ever do. Giving them an opportunity to trust in themselves and believe in themselves and believe in something bigger than they are, I think that's the impact that you make that nothing else can record. I haven't seen it. If we had to do it all over again, I'd track things so much differently. I really would. I would do more than just tracking the "how many jobs did you create?" and the—I tracked the number of jobs. I tracked the number of students. I tracked the traffic. That's about it. But, it's those individual stories, like Gloria and Angelina, those are the things that really make a difference.
>
> **(5), (6)**

33. Steve Ostiguy – Church Community Housing Corporation, Newport, RI

> **T/S/O** - In terms of affecting social change—basically, what CDCs do is we address issues that the market doesn't and the larger economy does not address, primarily. From that point of view, we're affecting social change in an economy and in a society that doesn't recognize the need, through its normal economic system, deal with this portion of the population is, otherwise, unable to participate.
>
> It's, basically, a Band-Aid approach to an economic system that really doesn't work for all its citizens. If you look at it from that point, it gets very discouraging. On the other hand, what we've tried to work towards is to try and create an alternative system for people who don't fit into the normal economic (audio gap).
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> **S/O** - What we do, specifically, again is we're looking to create an alternative housing market. We're looking to buy up and control as much property as possible, so that remains (audio gap) based and controlled by the local community, as opposed to market conditions. Permanently removed from the market, so that it is not affected by market

conditions in the future. / Once they enter the program, then they have options to move into transitional housing and start dealing with the reasons that caused their homelessness. We see people move from emergency shelters into transitional housing situations. From there, we have subsidized [Yam] 50 Washington Square in our homeless facility. Our scattered size rental properties and our other, larger subsidized rental projects that serve people who are disabled, or families.

We have tried to create a stepping stone of opportunities for people, so they can continually move up and improve their housing conditions. To the point where they can become homeowners and build wealth for the next generation.

(3), (6)

S/O - Many people we serve in that program are elderly. We've tried to address the full spectrum of housing needs for people, and link up with other agencies that already exist to provide social services to further help those people in the housing that we establish for them. / In the past, we worked with a woman's resource center in the area and helped them develop emergency shelters to house women affected by domestic violence. Created some options for other people in that emergency services category.

We've worked a lot with Newport County Mental Health develop some housing options for their clientele. / We've worked with developmentally disabled, mental populations, and domestic violence populations. In conjunction with other agencies to serve those populations that historically (audio gap) housing options. / We're able to build—we're, actually, the developer and builder of a Head-Start facility that serves 150 kids. We negotiated an agreement with the state and the city to get CCRI to build a community college in this neighborhood.

Pretty much, mostly, we work with municipalities… We stepped in, and showed them how to do it, actually, do their applications every year for them. As a result of that, over the years, there's been several million—about 2 million dollars a year come into the county as a result of that.

(3)

34. Robin Oxford – Goulds CDC, Goulds, FL

T/S/O - After Hurricane Andrew, we established all of these [audio gap] saw to the establishment of these local CDCs, and Goulds was one of the communities. The intent was to rebuild economically, and rebuild homes, and all that rebuilding entails… At the time in Goulds, there began a formation of a lot of organizations, the Homeowners Association, the Optimus (sp?) Club, the CDC. All of these organizations began establishing themselves in the community that did not exist prior to that… The board of directors for the CDC had a lot to do with establishing those organizations, so it was a strategy. I don't think it was seen as a strategy at that point, but more or less an effort to organize the community on a social level, to begin to empower people, and establish organizations, thereby, creating an identity for the community, and a voice for the community. There had been representation on certain levels for the community, but usually, historically, they were kind of monopolized by one or two votes, kind of laid

down what Goulds was, and what was going to happen in Goulds, and what wasn't. After Hurricane Andrew, that began to change with the formation of all of these organizations./ I think that was why it was so difficult for us to gain credibility from our politicians, and from outside communities, and really be recognized as a viable community that was very rich in heritage, and rich in resources, and rich with people who could contribute to not only our community but South Bay. The CDC really played a tremendous role in trying to create that perception by people, and I have to say that that really took the bulk of our initial years. / I think that's key because today, the CDC, we're working hard to master construction, just the nuts and bolts of how to build houses. We've been relatively successful at that point, but the reality was that that was not going to happen. It could not happen until the social infrastructure was established, and you're always working on it. You're always working to maintain it, and make sure everything and everybody stays intact.

(1), (3), (4), (5)

S/O - One of the things that this CDC has undertaken over the last few years, as well, is a lot of community planning, and we worked along with the county, which was critical. A lot of people don't like Miami Dade County or the politics of it, or the strings, and just the paperwork, just everything that you have to go through to get things done where you have to work within [audio gap] county constraints in everything you do here.

We were able to establish very credible relationships with various departments in Miami-Dade county, and began a lot of community planning, identifying where we wanted to continue to have affordable housing, multi-family housing,…/ Over time, and over the years, it kind of became, in some respects, especially if developers needed any type of support, whether they needed zoning changes, or they were trying to get surtax, whatever it was, very often you'd get phone calls, "I'm ABC developer. I'm building 21 units. Can we come and talk?" That was empowering for us as a CDC and as a community. Over time, and over the years, it kind of became, in some respects, especially if developers needed any type of support, whether they needed zoning changes, or they were trying to get surtax, whatever it was, very often you'd get phone calls, "I'm ABC developer. I'm building 21 units. Can we come and talk?" That was empowering for us as a CDC and as a community. / What we've come to realize is that you have to create hard, tangible things, that identify where you are, and when you begin to do that, it works on many levels for your residents, and for the people that come through. One of the things we were able to do is work with Miami-Dade Planning and Zoning who are doing the bus way, and the bus stops…[e.g.] What we've been able to do for the bus stops in our community is change the design. (Inaudible) Miami-Dade County Planning and (inaudible), they didn't want to do that. "We don't have the money. Can't afford it. No." We worked on them, worked on them, and worked on them, and we are creating our own bus stops, and they are representative of the community of Goulds. Within them, while you're sitting at the bus stop, you can read about the history of Goulds, read about what happened, read about what's happening if there are any events or (inaudible) fairs happening, or the barbecue festival, because there would be little things that you can—leaf flyers, and stuff like that but, also, just read, get a lot of historical data about the community. The designs

will be representative of a 100-year-old African-American community, and it gives the community a sense of place. It gives the residents a sense of, I think, of being proud that this is yours, and it's unlike any other bus stop in Miami-Dade County./ [e.g.]

(4)

T/S/O - Also, one of the biggest changes, which really tends to take the most time, is educating the grass roots folk, and acknowledging that you're not going to get everybody, but you try to get those people who—because Goulds is so small, in a sense. You can talk to Ms. Brisco (sp?), and guarantee Ms. Brisco is going to talk to 20, 30, 40 other people. You know what I'm saying?… You try to target those people because you know that you're not going to reach everybody. People don't come to a lot of meetings. It's only that committed few that are constantly at all the meetings. You want to try to, as best you can, keep those people participating, keep them involved, and work hard to educate people as much as you can about what's going on, and empowering them.
I remember one of the first charette's we had in our community. We had to figure out how to spell charette first of all. Nobody knew how to spell it. "What's that? What's that?" I was assistant at the time, and this was in '97. I put on 'Community. Charette.' I had to put underneath what it meant, because I knew no one was going to know what the heck this was. It was our first planning charette. I remember how it was really one of our largest meetings, our largest forums, and it was actually all day. We had over 100 people come and participate, and people were really excited because they felt so empowered. I remember we were in the cafeteria in one of our middle schools, and you had groups broken up, and tables, and paper. I remember when I took the markers, and I just poured them out on one table, and they were like kids because they, literally, felt empowered. They felt that they were, literally, making a change in the community.

35. David Arizmendi – Proyecto Azteca, San Juan, TX

T/S/O - Basically, I think that when we look at development in the context of community, we see economic community intertwined. I think we have, to a certain degree, made some mistakes by treating community strictly community, and economics strictly economics. I think that what we are beginning to learn is that they are so intertwined that you can't do one without the other, and that we have to stop seeing ourselves as silos in these boxes, but rather beginning to look at the more comprehensive approach. How we see the structural elements of it is in three levels. One is the issue of immediate needs. People have, whether it is social or economics that are these factors that need to be addressed… The second pillar that we see is the issue of addressing the causes of the deal with poverty. There you have to deal with what we call sub-development and also economic development. The sub-development is essentially the idea that one of the things that you, as an individual, can do to develop yourself to be able to navigate and structure that demands certain skills… The third element is when we begin to see how the investment pays off. In that context, we see how the individual impacts community and how community impacts the individual. The person who now is able to read or a person who now had the capacity to develop their own business, yes, they impact the community in many ways. I think change has to be seen as an investment. Change has to be seen as

an element of development. Change cannot be seen as an element of service providers. We use what we call a self-help model. The basic idea of that comes from [Cecil Chauter]. What he basically said is the people themselves have a duty and obligation to come together, and that through their collective action, they can begin to address their own problems. The problem is what is that mechanism for collective action. There you have to form a people kind of organization, but it is not a people type of organization that takes the form of a program, but rather a form of a vision. From those visions comes out programs, but the programs are not the ones with big change. The programs are set up as institutions that are helping to create opportunities. They are not in it of themselves, the function. How we are structured we have what we would call [Lupa]. [Lupa] (Spanish spoken), which is a community union. From that community union, which is a membership base, and it is self-funded, because one of the other things that [Cecil] says was you can't really own something that you haven't invested in. If I invest in my membership and I pay the rent and my contribution pays for the staff there, then I own it. Otherwise, I can never own something that I don't invest anything in. You can give me service, but I don't own it. It would have to cost me something. I have to be invested in it, and he believes that requires whether it is resources, some tangible that comes from you that require some form of sacrifice. [Lupa] is really the foundation, and from there comes out a number of programs. / In other words, we have had to develop our own institution that is reflective of the realities of the community, because if a non-profit organization, and we've seen that happening throughout the country.

(1), (4), (5), (6)

If a non-profit housing organization, to a certain degree or to a lesser degree, adopts the same policies, but they are just a little bit more flexible, that still doesn't address the fundamental problem that there are a certain number of people that live outside the margin that are excluded. In order for you to be able to deal with them, you got to deal with what we call the informal structure. The informal structure are those things that people find a way to do outside the system. That is where we found our strength is how do we prop up those mechanisms. We have had to reinvent the whole system.

The housing entities they put in the government is that we may not be the solution to the housing problem in south Texas, because the problem is so overwhelming. You should look at it as in the context of, as an example, what can be done if you really involve the people, you really understand the lives of those you are trying to help rather than trying to make them fit into a system that doesn't work. In other words, you got to start from scratch. You got to stop dealing with top/bottom scenarios, because it is doom to fail. You are failing to look at the most important, and that is the assets and the resources that are within the context of the community… What we are looking at is how do we invest in the systems that are already in place to improve them and improve their capacity to earn more money. We have people from Mexico who have incredible skills. They just can't use them here, because there is no capital. There is nothing for them to be able to do, because they don't have a set up, they don't have collateral, and so they can do much better.

(3)

T/O - I think we have to look at change from both community and economics. You have to look at change in the community from the perspective of a development approach, of the human approach rather than organization. I think too many times the organization or the non-profit becomes—it takes life and then it becomes the purpose of the action, and in the context of that usually it compromises. In the end, you really are not doing much of a change. You are just trying to figure out how you stay alive. People just don't have one problem. The question is how do we look at change as a process.

For example, we look at housing not like putting a roof over your head. We look at housing from the perspective that housing is a fundamental element of stability for families to be able to then focus on education, to be able to focus on health, and to be able to focus on other factors. You got to deal with the factors that prevent you from focusing to prevent you from really dealing with the future./ When we talk about change, in my opinion, change is really in the head. Change is—we always say to people the solution is you. The solution is not somebody else. It is not a program. It is not somebody to come in and save you. The solution has got to be you. What you need is a support mechanism. What you need is someone that will meet you halfway. That will allow you to be able to get those tools./ The real solution is how do I get you to look at me just as a human being, and that's not going to come through legislation. That's not going to come through policy change. It is going to come from me convincing you and interacting with you in a manner that will have real change.

(2), (3)

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36. Cynthia Tisdol – DEEDCO, Homestead, FL

T/S/O - The philosophy is that if you don't have that much money coming in, (audio gap) if we provide you with a decent place to live (audio gap) that can also bring about social change. As far as your living conditions, and then maybe, perhaps, it'll better your chances of seeking good employment. A nice community to live.

(6)

S/O - … when we've put in the malls, the strip malls and things, we've had people that— in our strip mall in one area, we have (audio gap). People that normally would not deal with a bank, that could not go in to open an account, to see about a loan, or things of that nature. We're finding out that since it's accessible that they're actually going in, now, opening accounts, doing bank—

T/S/O - I think I would define social change as just—there are a lot of avenues out in the communities. There are a lot of communities that don't have access to a lot of modern technology, computer technology. There are a lot of communities that don't have access, or a lot of households I should say that don't have access to computers and the information highway.

I think social change is bringing everybody into the 21st century, so everybody is able to use (audio gap). There are some families, I know, that aren't able to use a teller machine, because they didn't have access at one point and were never trained to use it. I just believe that having everybody, in each community, up to date on what's going on in the world around them, and being able to use the tools that are available.

(3)

37. Karen Reid – Neighborhood Development Alliance, Minnesota, MN

T/S/O - I guess because we are primarily focused on housing development, our social change (audio gap) providing access (audio gap) rental housing to low income families which, as you know, probably means quite a few minority (inaudible) are used on candidates for programs that we serve. We have a (audio gap). Most our staff is Hispanic and our mission is to do (audio gap). Our social change in that realm is to help, especially new immigrants, the opportunities for housing. The programs that they have is essentially to increase ownership in the (audio gap) strengths are. A lot of that has to do with also talking about the issue of illegal immigrants and their access to housing and their access to housing, and their access to using (audio gap).

We also run tax clinics ten weeks a years and we do filings for W7's for people who need a tax identification number./ For NeDA, as a community development corporation focusing on housing, our social issues are connected with housing and sort of people's housing situation. And in a lesser extents their economic situation, but it's all tied together in that we have a tax clinic. So we want to make (audio gap) taxpayers can fully access (audio gap) report their taxes, but also get access to programs or benefits that they may not be aware of, like the earned income child credit and stuff like that.

(3), (6)

S/O - we partnered with another non-profit in the area that does primary economic development that (audio gap) with them and helped (audio gap) list funding for a main street program. If we hadn't been there doing housing and being a list sponsor of our housing things, they probably would not have gotten it. They have really taken off in helping to turn our commercial corridor around. (audio gap) programming, bringing in other funds, work for business. (audio gap) entrepreneur (audio gap) improvements, some initial development projects that are underway. So I think without us there that may not of happened either.

We worked with our district (audio gap) organization, the City Council district. So we work with them and the economic development partner together to try to keep the lines of communication in our neighborhood…

APPENDIX D. Origins of Social Change Ideation

PRACTITIONER CODES: (SP) = CDC service providers; (S) = CDC strategists;
(T) = CDC Theorists

	Family/Cmty. Upbringing	Personal/ Political Values	On-the-Job Training	College Education	Religious Affiliation
Sheila (SP) Haverkamp		identify with single parent surviving on min. wages			
Karen (SP) Reid	mother worked at low income day-care; others had less; work is more than $			experience as college paper editor; interest in politics	social change is big in UU church
Cynthia(SP) Tisdol			worked in sr. center in high school & urban league as adult		
Reid (SP) Robbins	dad was social worker, mom was school teacher in middle class community			M.A. in urban affairs	
Bobby (S) Calvillo	lower middle class family life; parents made sacrifices				we're supposed to help least among us
Margo (S) Weisz		democracy is a right that comes with task to create a just society; make world fair & safe for everyone		graduate school study of poverty	Jewish faith to take responsible. for world we live in
Jim (S) King	child of civil rights movement; grocery store owner taught me everyone deserves respect	consciousness that it's not just about $	experience in construction work – got entrepre-neurial spirit		

	Family/Cmty. Upbringing	Personal/ Political Values	On-the-Job Training	College Education	Religious Affiliation
John (T) Anoliefo	no state welfare in Nigeria – community takes care of young and old	can't force culture on others; education is essential for success	colleagues doing the same thing	student in urban studies	
Norm (T) Grenier	lower middle class life – sense of caring vs. economic mentality; father was a carpenter	it's a human issue: they deserve a home		formal training for the ministry	church taught you should help people who don't have much
David (T) Arizmendi	grew up in an orphanage – learned power of collective action; mother was model of self-confidence		early experience in community organizing work with Cesar Chavez		
Sandy (T) Williams	lived in subsidized housing - raising 3 kids while going to school not possible without help of others	everyone should have decent place to live	jobs in other fields always pushed me back to community development work	Vietnam war activist	
Sam (T) Diller	Menonite family – responsible to look out for others; grandpa was peace activist	1960s events had impact on my political perspective		multi-cultural college education; internship in Haiti; had professor into eco. justice	Christian view of love and taking care of others; rational positivism
Sharon (T) Wells	mother was community organizer in subsidized housing; family debated racial issues	no matter who you are, you deserve respect	early experience in summer youth and drug prevention programs		
Robin (T) Oxford		a peace that comes with being simple; bringing up kids with no sidewalks	influence of working in community of old people with wisdom		

Biography for Noah Eric Dorius

Noah Dorius has been a community development practitioner since 1978. In 1998 Noah was selected to be a Community Builder Fellow with the U.S. Department of Housing and Urban Development. Before going to HUD, Noah worked for 20 years as a community organizer and CDC director, an affordable housing and community development consultant, and a city planning and community development official. Noah founded nonprofit corporations to promote neighborhood-based development, employer-assisted housing, and early childhood education. He also directed a community mediation center, published articles on land use negotiation techniques and homeownership success measurement, and he organized three national symposia for CDC directors in the Neighborhood Reinvestment network.