STAKEHOLDER PERCEPTIONS ON THE ROLE OF COMMUNITY DEVELOPMENT
CORPORATIONS AND RESIDENT PARTICIPATION

by

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ABSTRACT OF THE DISSERTATION

"Stakeholder Perceptions on the Role of Community Development Corporations and
Resident Participation"

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Community Development Corporations (CDCs) were formed in the United States

to address issues in urban communities and often work with municipal governments on

these issues (Keating, 1997; Jennings, 2004). In some neighborhoods, CDCs seek to

rebuild and revitalize communities that suffered from social unrest, while others react to

the lack of government or inadequate programming addressing the economic and social

maladies of urban communities. The work of CDCs requires the involvement of all

community stakeholders – particularly city residents and public administrators. Does the

dual relationship CDCs have with residents and local government suggest that they bring

both closer together? This research studies this phenomenon by using Arnstein's Ladder

of Participation to examine the role CDCs play in cultivating citizen participation.

Specifically, this study seeks to examine how community stakeholders perceive the role

CDCs play in fostering resident participation in local government.

As a primary methodological tool for studying individual and group perspectives,

Q-method was employed to empirically study community stakeholder perceptions of

CDCs. Key research findings suggest that: a) community stakeholders believe that CDCs

are currently working to maintain the status quo of participation and advise that the

Context of Conventional Participation (1995) is present, b) stakeholders overwhelmingly

believe that CDCs should work to encourage participation that incorporates partnership,

and c) there should be less distance between residents and decision making, thereby increasing opportunities for engagement.

Through the exploration of the subjective, this study exposes the perspective of residents on citizen participation and identifies the need for a new direction of theory development that examines the creation of consensus and partnership building in community development organizations and initiatives. Furthermore, *Conditions for Ideal Participation* emerges from the data providing a practical guideline for strengthening participation in municipal government.

Conclusions from this study have both theoretical and practical implications to the scholarly and administrative work comprised of public administration.

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Chapter 1: Introduction

The American governance structure was designed to encourage citizens to be active participants in all aspects of government. According to Arnstein (1969), "participation of the governed in their government is, in theory, the corner-stone of democracy" (p. 216). The notion of democratic participation has far too often become a tertiary focus for many local governments and "although the political system in the United States is designed to reflect and engender an active citizenry, it is also designed to protect political and administrative processes from a too-active citizenry" (King, Feltey, & Susel, 1998, p. 318).

In general, the opportunities provided by governments for citizens to take part in decision or planning processes are often inauthentic and "typically involve citizens after the issues have been framed and decisions have been made" (Yang & Callahan, 2007, p. 249), thus allowing for the concentration of power to remain among the networked and affluent and creating a disenfranchised and powerless citizenry. In order to invigorate democracy, it becomes imperative to gain insight into the processes of participation and how individual stakeholders perceive participation occurring in communities. Specifically, this requires a better understanding of the role community-based organizations play in stimulating resident interest and participation in local government.

As agents of change, Community Development Corporations–focused on socially and economically developing neighborhoods–were created to give a voice to residents of urban, rural, and other communities experiencing or in need of revitalization. Residents of these communities often have limited social capital and are overlooked and

marginalized by government and public officials. These residents, in general, are less active in political participation.

Studying stakeholder perspectives on the role Community Development Corporations play in fostering resident participation is vital to understanding not only who participates and why, but how to best encourage and invigorate citizen groups that traditionally do not participate. A representative body of citizens participating in local government helps to anchor Arnstein's notion of democracy and, consequently, aides to ensure that the needs and concerns of all residents are addressed. With this information, political officials and public administrators, if they want, can create engagement opportunities that, through the process of involvement, shift power from a small group of individuals to the entire citizenry. A strong, powerful collective resident voice limits the ability of traditional power holders to marginalize community residents and provides an audience to which municipal government is accountable. Additionally, the incorporation of community stakeholder perspectives enriches the current literature on citizen participation thereby creating a balance between the citizen and administrator perspectives.

Statement of the Problem

Community Development Corporations.

Community Development Corporations (CDCs) are well known community organizations, many which have played and continue to play pivotal roles in American communities that consistently face economic and social challenges. CDCs originally formed in the 1960s to engage in community activism related to "political activity, civil rights, and religious movements" (Gittell & Wilder, 1999, p. 342) and continued to

evolve over four generations. The first cohort of these community-based organizations focused on job creation (Stoecker, 1997); however, they began to work toward building and providing housing and human service programs (Gittell & Wilder, 1999; Fisher, 1994). The 1970s brought about CDCs that focused on urban renewal, bank redlining, and other "physical displacement" (Gittell & Wilder, 1999, p. 342) initiatives. With the next generation of Community Development Corporations, their focus shifted from economic to housing development, with the number of CDCs multiplying from less than 100 in the 1960s and 1970s to upwards of 1000 in the 1980s (Gittell & Wilder, 1999; Pierce & Steinbach, 1987). At this time, CDCs began to embody an entrepreneurial spirit; they relied less on federal funding and rather sought financial support from private funders and created partnerships and collaborations with municipal and state level governments. Although federal funding in the 1980s drastically decreased, community development activities rose. This surge in activity correlated to the grassroots response to the troubled economy and federal political decisions. The 1990s was marked by a rise in government funding for CDCs resulting in an increase in the "scale of development activity among CDCs" (Gittell & Wilder, 1999, p. 342). With this new federal funding, CDCs were able to focus their efforts on housing development. In addition to the escalation in federal support, private funding sources, including foundations and corporations, focused more on community development initiatives leading to a plethora of funding opportunities for CDCs.

Today, Community Development Corporations, primarily housed in urban and rural communities, have expanded their services. CDCs now offer programs and initiatives that include resident advocacy and community organizing and no longer

maintain a focus on changing the built environment. New Community Corporation (NCC), in Newark, NJ, has created job-training programs for city residents and opened a number of businesses that generate a consistent stream of income for the organization in addition to partnering with developers and construction companies to build affordable housing. NCC also provides social and mental health services, owns and operates a K–5 charter school, and offers a series of community art events (NCC, 2008).

Through their presence and relationship with communities, many Community Development Corporations have developed long-standing relationships with their respective municipal governments. As a result, municipal governments often look to CDCs for assistance in completing redevelopment projects or other tasks closely connected with the community (Keating, 1997; Jennings, 2004). Because government is unable, unwilling, or incapable of doing certain things, community organizations have been forced to fill the gap in providing certain supplemental services. For instance, The City of Newark partnered with The Urban League of Essex County (located in Newark, NJ) to identify abandoned and vacant buildings in the area immediately surrounding their facility. Newark officials ultimately wanted to complete a project that would work towards either re-inhabiting or rebuilding these structures, thereby alleviating the nuisance they cause in communities. Through this partnership, the city was able to use the manpower found within the community organization and work toward achieving a goal of identifying and developing vacant and abandoned properties.

Significant amounts of research have used Community Development Corporations as their focus. Many studies have demonstrated the conditions that influence CDC successes (Gittell & Wilder, 1999; Cowan, Rohe & Baku, 1999),

performance (Bratt, 1997; Bratt & Rohe, 2004; Bratt & Rohe, 2007; Caprar, 2004; Keating, 1997), and challenges (Stoecker, 1997; Vidal & Keating, 2004). Additionally, research has been conducted that examines the efficiency of these organizations by scrutinizing the number of built structures created. These studies focus more on efficiency and less on the effectiveness of CDC work. Studies that have quantitatively examined the impact CDCs have made on communities generally focus on measureable outputs, i.e., number of homes constructed/rehabilitated, dollars invested, number of jobs created, etc. Although these measures in some way represent the result of CDC work, they do not capture or measure the potential advances to interpersonal and intra-community relations generated by CDC initiatives. Through the sole analysis of structural outputs, the development and/or strengthening of social capital in neighborhoods, citizen empowerment, and community regeneration are ignored.

An Arkansas based study[1] sought to determine the role of CDCs in fostering participation among residents. Hunt's (2007) attempt at linking CDCs and participation resulted in the identification of some connections. Hunt found that, in general, the work of CDCs increases citizen participation but only as it relates to projects and initiatives spurred by the CDC. Furthermore, it was determined that CDCs did not encourage citizens to become more involved in their municipal government. Hunt's study began to explore the role of CDCs in fostering public participation and highlighting the benefits of and challenges faced by CDCs in communities as they relate to resident involvement in the local political process. Through the use of one case, CDCs operating within the Arkansas Delta region, Hunt was able to determine that participation occurred as a result

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[1] Hunt's 2007 study was conducted in the Delta Region of Arkansas, one of the most rural and poor regions in the country. Due to the economic conditions of the residents in this area, many rely on services provided by grassroots and other non-profit organizations.

of pro-active and "persistent efforts on the part of the CDC directors to encourage it" (Hunt, 2007, p. 23).

This study seeks to extend Hunt's findings in three primary ways. First, this study does not only seek to examine the perspectives of CDC directors. The perspectives of all community stakeholders affected by CDC work (excluding funding organizations) are evaluated and these primarily include those individuals who have day-to-day contact and interaction with CDC initiatives, staff, and programs. The public, which in Hunt's case included "area residents receiving services from the CDC and other area providers" (p. 15), was not studied; rather, the data gathered was solely collected from CDC directors. This study, specifically seeks to probe resident perceptions, a perspective less examined in the social sciences.

Second, Hunt's findings are not representative of all CDCs within the region in which her study focuses. Here, I seek to create a study that, although not generalizable to a national population, will be representative of the local region and the discourse surrounding citizen participation, as is the goal of the methodology used in this study.

Finally, Hunt's study focused on a geographic region that crosses two states; therefore, access to certain individuals and information was limited and impacted the study's findings. This study focuses on a much smaller geographic region and, although it is smaller in terms of area than Hunt's study, the research setting is much denser and thus provides rich data.

Hunt's (2007) study is one of a few bodies of research that aim to make a direct connection between resident participation and the work of Community Development Corporations. There is no existing base of literature that connects CDCs directly to

participation or specifically links CDC programs, projects, and initiatives to an increase of participation in municipal level government. This project begins to fill this gap in the literature and aims to further investigate this connection through the perspectives of community stakeholders.

With the increasing relationship between CDCs and municipal government and the long-standing relationship between CDCs and community residents, it seems inevitable that these organizations would play some role in fostering, increasing, or impacting the degree of resident participation with municipal government. CDCs, through their relationships with community residents, small business owners, private developers, and municipal government, are placed in a unique position to provide concrete solutions (housing, creation of jobs, etc.) to community challenges and "serve as mediators between their communities, [and] local government…" (Bratt & Rohe, 2007, p.75). Organizations based within communities are likely to "engage residents in political action both directly and indirectly. Successful CDCs have organized community members to advocate their own interests and have represented community interests in the local context" (Gittell & Wilder, 1999, p.344). Community Development Corporations serve as conduits for engagement and their role in impacting citizen participation in local government is worthy of investigation.

Although the work of CDCs focuses on addressing social, economic, and political issues, their emphasis on community development arguably encourages and supports resident participation in local government initiatives and potentially decreases the perceived distance between residents and the ability to make decisions. Moreover, if local municipalities looked to CDCs as an avenue to engage residents, a natural and

trustworthy pipeline could potentially be created thereby building a bridge between local government and residents, which ultimately increases political participation and citizen trust of their government and its officials.

It may be that the work of CDCs, in addition to stimulating the economic and social conditions of a community, stimulates an active citizenry and a representative group of citizens participating in municipal government. If so, this relationship would suggest that these community organizations not only aid in changing the face of a community but also create an informed, active, and interactive group of residents. The opposing theory suggests that CDCs have no (or little impact) on participation in local government and keep participation levels at the status quo. Without proper examination of this phenomenon, we may never know which exists nor be able to foster relationships that may bring economic, social, and political benefits to residents of a community. It is thus imperative that more attention be paid to the opinions and perceptions of CDC influences on resident engagement and participation.

Citizen participation.

"Citizen participation is a device whereby public officials induce nonpublic individuals to act in a way the officials desire." Former United States Senator Daniel Moynihan

Citizen participation has been prominently researched within public administration, political science, urban planning, and public policy, among many other academic fields. Some researchers have argued that including citizens or residents in political decisions is often done in the later stages of planning (Yang & Callahan, 2007) ensuring that the intentions of public officials are met rather than the needs of those residing in local communities. Furthermore, others believe that certain processes and political structures are designed to keep citizens and residents the furthest away from an

issue or decision (King et al.,, 1998). The intentional alienation of residents ensures that public officials remain in control of the issue and that progress is made in the manner intended by officials. Barber (1984) argued that, "a people that do not set its own agenda, by means of talk and direct political exchange, not only relinquishes a vital power of government but also exposes its remaining powers of deliberation and decision to ongoing subversion" (p. 181). Such conditions can lead to distrust in government, its public officials, the issues they address, and the decisions they make.

The general critique of municipal government is that little is often done to develop virtuous citizens with "an enhanced understanding of citizenship" (Frederickson, 1991, p. 409) who are involved in the planning processes and/or decision-making sessions that affect the daily lives of residents. If citizen participation is deemed as "the means by which [citizens] can induce significant social reform which enables them to share in the benefits of the affluent society" (Arnstein, 1969, p. 217), than the lack of adequate participation thus removes citizens from playing an active role in designing the physical and political landscape of their community and creates a political structure that violates the tenets of the American democratic system.

The study outlined here strives to identify the perceptions of community stakeholders to determine if the status quo of participation is present and how to shift power from current power holders to ensure residents can fulfill Arnstein's definition of participation. Using mixed methods and in-depth analysis, this study examines perceptual evidence to better understand CDC work and its impact on citizen participation. Q-Methodology is ideal for the objectives of this study, as human subjectivity is of primary interest. The examination of stakeholder perceptions provides

valuable insight into better understanding the "street-level" view of Community

Development Corporations. An analysis of perceptions also begins to determine what, if

any, viewpoints are shared among stakeholder groups. Agreement amongst stakeholders

may prove a viable catalyst toward lessening the dissonance between residents and power

holders.

Collectively, the research findings prove to be valuable to scholars and

practitioners regarding the community perception of CDCs, their impact on democratic

participation, and avenues to strengthen resident participation in local government.

Organization of Dissertation

Chapter 2 provides an overview of the existing research on citizen participation in

the United States, including the various ways in which citizen participation is defined,

and the research is outlined in such a way as to reference the many categorizations used

for the differing types and levels of resident participation. This chapter also outlines the

historical evolution of Community Development Corporations and the various roles they

play in communities. Finally, Chapter 2 introduces the conceptual framework used in

this study. Arnstein's (1969) Ladder of Participation is used to explain the progressive

levels of resident participation, which range from manipulation to citizen control.

Examples describing each of the 8 dimensions of participation are used to illustrate their

meaning and differences.

Chapter 3 provides a clear outline of the methodology used for this study and the

steps involved in the sampling of statements and the selection of participants. In addition

to comparing and contrasting Q method (the methodology used) with a more traditional

methodology, R method, this chapter also reviews the processes for data collection. This

study uses a mixed methodological approach to data collection through Q-sorts and semi-structured interviews. The parameters of the Q-sort and questions included in the interviews are included for review.

Chapter 4 presents the results of the data analysis and research findings and this is followed by a discussion of these findings in Chapter 5.

Finally, the study is summarized and concludes with recommendations for future research.

Chapter 2: Literature Review

This chapter outlines the theoretical foundations upon which the research question and propositions are based. A review of the pertinent literature on citizen participation, Community Development Corporations (CDCs), and the link between community development and engagement are presented.

Introduction

The purpose of this study is to understand beliefs and attitudes surrounding CDCs and the role they play in fostering citizen participation in the communities they serve. Rather than focusing on the structural outputs of CDC work, this study examines the work of CDCs from the perspectives of community stakeholders and considers how they view the influence of CDCs on levels of resident participation.

Within the field of public administration there are countless studies related to citizen participation, citizen engagement, and public participation. Zhang and Yang (2009), Thomas (1990), Denhardt and Denhardt (2000), Stivers (1990), and Adams (2004) represent just a selection. Despite the exhaustive number of studies in this area, few (Gastil & Weiser, 2006; Adams, 2004; Halvorsen, 2003; Schachter & Liu, 2005) have directly sought input from community residents or citizen groups. This disparity has created a gap within the public administration literature; this study addresses this gap.

Research Question

Stakeholder perceptions of the role Community Development Corporations play, if any, on fostering levels of citizen participation are examined in this study. Specifically, this research investigates whether CDCs contribute to the creation and/or development of active and authentic citizenship–participation that engages stakeholders

in deliberation and benefits and stimulates the interest of all involved. This kind of

participation influences "public sector decision making, animated, at least in part, by

concern for the public interest" (Schachter, 1997, p.1) and "requires rethinking the

underlying roles of, and relationships between administrators and citizens" (King et al.,

1998, p. 317). The identification of these perspectives (city residents, CDC executives,

and city administrators) not only allows for the accurate portrayal of the role CDCs play

in fostering resident participation, but also, through an increased understanding, may

reduce the discord that exists between Newark political leaders and city residents.

Through the analysis of stakeholder perspectives, this study provides insight and

comparative knowledge of those affecting and affected by Community Development

Corporations. This research aims to highlight the avenues that exist (or those that need to

be created) to give citizens a say in how their communities are shaped. CDCs are

primarily located in urban and rural communities and, by design, work for those rarely

seen to have political power and influence. There is currently little evidence that

supports the idea that their work encourages residents to be involved in democratic

participation.

Therefore, this research seeks to answer:

How do community stakeholders (CDCs executives, local government executives and community residents) perceive how CDCs foster resident participation in local government?

The findings of this study help clarify whether resident participation in the local

political process can be fostered through Community Development Corporations or if

their role solely lies in creating and strengthening avenues for economic growth.

Furthermore, research findings glean how best to create mechanisms for engagement that

increase citizen interest in participation activities, provide equity and fairness, lead to an

increase in the sharing of information, and ultimately create a representative body of residents who participate in municipal government.

Defining Community Development Corporations

The mid-twentieth century encompassed government initiatives and social maladies that left many urban communities in depressed conditions. Community stakeholders and supporters, seeing a need for (re)development and growth, engaged in activities designed to revitalize the social, economic, and physical conditions of neighborhoods. These grassroots endeavors became commonly known as community development. Community development is based on three main tenants: 1) to improve the economic conditions of a particular community through the increase in resident income and wealth; 2) to improve upon and enhance the built environment and aesthetics of a community via housing construction, transportation, public spaces, and shopping areas; and 3) to reinforce the connections and social capital that exist amongst community residents (NCCED, 2005).

The act of community development is seen as "asset creation that improves the quality of life of residents of low- and moderate- income neighborhoods" (Vidal & Keating, 2004, p. 126). Community Development Corporations (CDCs) have, over the course of five decades and through a variety of initiatives, attempted to revitalize suffering communities across the nation. The term Community Development Corporation means different things to different people. The National Congress for Community Economic Development (NCCED) states:

> [T]here is no established legal definition for [Community Development
> Corporations] CDCs, they are characterized by their community-based leadership
> and their work primarily in housing production and/or job creation. This is what
> differentiates them from other types of non-profit groups (NCEED, 2005).

In the late 1960s, CDCs began to form as a result of political advocacy efforts designed to address certain social issues, including civil and religious rights (Vidal, 1992 as cited in Gittell & Wilder, 1999). The focus of Community Development Corporations began to shift in the late 1960s and throughout the 1970s as advocacy efforts began to take effect. During this period, CDCs attempted to stimulate job creation (Stoecker, 1997), create housing to replace those destroyed through urban renewal programs, address problems resulting from redlining (the institutional practice of denying housing mortgages based on ethnic background), and address issues pertaining to "other physical displacement projects" (Gittell & Wilder, 1999, p. 342). By 1986, despite President Reagan's decision to reduce federal funding to CDCs, the number of Community Development Corporations in America doubled (Gittell & Wilder, 1999). Such an increase was a direct reaction to the federal government's lack of attention to urban poverty and the decaying conditions of urban communities. Coupled with a general shift in organizational mission–from economic to housing development–CDCs began to diversify their private funding sources (corporations and private foundations) and developed partnerships with local and state governments. When management began to adopt "entrepreneurial corporate style practices" (Gittell & Wilder, 1999, p. 342), private funding of Community Development Corporations significantly increased. Federal funding programs were not prevalent until the 1990s and included Community Block Development Grants, HOME, and the Federal Low-Income Housing Tax Credit Program. These programs were designed by the government to support CDCs and their physical development activities.

However, economic and public policy decisions far too often affected community development (Vidal & Keating, 2004). Redlining by financial institutions not only prevented minorities from purchasing homes, but it also created systematic disinvestment in economically distressed communities. These practices limited economic and social growth in urban, rural, and low-income communities throughout the country. The federal urban renewal program also left many communities far worse than they were before the government's attempt at "revitalization" (Fullilove, 2004). Community Development Corporations are often left vulnerable when public policy and economic shifts occur (Vidal & Keating, 2004; Bratt & Rohe, 2007) and are not always able to quickly shift their development activities. Changes in funding guidelines are a particular concern for CDCs. The elimination of federal, state, and local programs may result in less funding for these organizations, thereby limiting the resources necessary to accomplish goals and initiatives. CDCs rarely influence these political changes yet are directly impacted by them. Funding may be eliminated and communities may be demolished with no plans to redevelop thus leaving CDCs to create and execute new plans. Residents often suffer from un- and underemployment and commercial investors may see these communities as having little economic and social potential and choose not to invest in them. The leading challenge for CDCs is securing and maintaining an adequate amount of funding which allows for the successful implementation of programs and development initiatives. These challenges, that often hinder the progress and success of Community Development Corporations, stem from a change in economic and political policies. Ironically, changes in these policies create conditions within a community that require the attention of CDCs.

Today, many Community Development Corporations practice a holistic approach to community development. Rather than focusing on just housing development or job creation, many CDCs have varied programs and focal points and choose to address the issues of urban America from a variety of angles. CDCs now "blend physical development activities with an array of community-building activities" (NCEED, 1995), and engage in "comprehensive community development initiatives" that create growth in communities that results in comprehensive rather than selective development. CDCs have become focused on ensuring the development of an entire community "through comprehensive treatment of social and physical conditions, measuring success in terms of physical redevelopment and community regeneration, participation, and empowerment" (Stoecker, 1997, p. 4).

Historically, research evaluating the performance of Community Development Corporations (Vidal, 1992; Reingold & Johnson, 2003; Sterrett, Murtagh, & Millar, 2005) was based on quantitative measures which relied on simple outputs, i.e. the number of buildings constructed, units rehabilitated, jobs created, or workers placed. With a fundamental expansion of the CDC focus, from solely tangible economic development initiatives to economic and social development that included non-tangible measures, research in this area began to reevaluate how it measures CDC success.

Vidal (1997) identified five shared characteristics among successful Community Development Corporations. According to Vidal, "CDCs that have been most productive over a sustained period" (p. 431) have a budget that enables them to employ individuals with specialized talents who can successfully implement ambitious initiatives; a prioritized list of goals; experienced staff, executives, and board of trustees who all,

through their levels of experience, foster the comfort and support of financial and political partners; a leader who has shown her/his level of commitment through tenure in office and the capacity to lead; and a critical and strategic approach toward accomplishing their mission. Clay (1995) noted that community-based organizations that have "a defined mission, experienced staff, adequate operating and capital resources, a professional and active board, and community support" are mature and most likely to achieve their goals and mission (p.103).

Gittell and Wilder (1999) considered mission, organizational competency, political capital, and funding the primary determinants of CDC success. Success in this case refers to the "improvement of residents' access to (1) financial resources, (2) physical resources, (3) human resources, (4) economic opportunities, (5) and political power and influence" (p. 345). They argued that the CDC mission must be specific enough to allow for attainable goals yet broad enough to capture citizen minds and encourage community participation. The mission ultimately defines the character of the organization and the degree of resident buy-in to the development programs. The professionalism and knowledge of staff and leaders determine the organizational competency of a CDC. Organizations with strong levels of competency are more likely to engage and succeed in fundraising, program implementation, planning, and community organizing. Successful CDCs have used their relationship with a community to spearhead organized political action efforts for citizens to advocate their needs, disappointments, and concerns. Finally, CDCs that are able to secure diverse funding sources are protected from being vulnerable to shifts that occur as a result of changes in political party leadership or funding cuts. An organization's ability to be successful in

the area of fundraising is largely contingent upon their organizational competency and their ability to create strong funding proposals and performance reports. Each case that embodies these factors fulfills the prescribed definition of success.

The adaptability and breadth of community development organizations may help to work against challenges. With a change in public policy, the withdrawal of a funder, or the departure of a political ally, CDCs must be able to quickly adapt to a new set of conditions. Bratt and Rohe (2004) "found that the breadth of an organization's mission affected its ability to adjust to changes in contextual factors such as changes in market conditions or the policies of major funders" (p. 199). Challenges can be addressed more accurately and quickly when CDCs demonstrate flexibility and diversity within their initiatives, area(s) served, and funding sources. Additionally, poor leadership is detrimental to prosperity. Leaders who demonstrate poor communication (with, for example, political officials, staff, board members, and/or organizational or property management) or reporting skills are linked to the failure of numerous CDCs (Bratt & Rohe, 2004).

Community Development Corporations are seen as primary vehicles in the strengthening of urban and rural communities in America, particularly as it relates to urban planning and development. As previously explained, the common characterization of Community Development Corporations in America is their desire to provide community-based leadership, housing and job opportunities, and other social and political ailments that are in direct response to the needs of community residents. The significance of CDC work and initiatives are best viewed through their proximity to the ground level. Community Development Corporations, as grassroots organizations, are

connected to, aware of, and are more understanding of the everyday issues faced by community citizens and residents. This connection to the *street* enables CDCs to better address the concerns and challenges faced by communities. Through the place-based approach (Vidal & Keating, 2004), Community Development Corporations have served as community assets. The construction or rehabilitation of homes and the creation of jobs and child care facilities all serve as assets to community residents, which in turn become catalysts for community change and revitalization.

Defining Citizen Participation

Citizen participation is both valued and defined in as many different ways as the avenues that exist for it to occur. Researchers and practitioners often debate the degree of participation, the amount of information provided to citizens, and the degree of expertise held by citizens. Despite the ongoing debate within the realm of citizen participation research, most scholars and their studies in some form point to the many political and social benefits of citizen participation to the American governance system.

The political vitality of local communities is largely dependent upon two primary variables. First, local government must be responsive and willing to provide equal opportunities for all citizens to be a part of the decision-making process. Second, local government must value the needs of their citizens more than the needs of the political organization and serve citizens rather than direct society (Denhardt & Denhardt 2000). While some (Thomas, 1990) suggested that administrators should decide whether or not to include citizens in the decision-making process, others believe that citizens should not be equated to employees and administrators to supervisors. Yang and Callahan (2007) argued that administrators evaluate certain variables–administrative responsiveness to

salient community stakeholders, normative values associated with citizen involvement, and administrative practicality–when choosing to engage citizens. Although academics and practitioners continue to debate both the importance of and process toward implementing citizen participation, no clear universally accepted definition of citizen participation exists.

Orientations to citizenship.

Almond and Verba (1963) developed three orientations to citizenship: parochial, subject and participant. Citizens with the parochial orientation require nothing of government and hold a broad definition of political leadership that includes community and/or religious leaders. Those with the subject orientation have expectations of government, react to what government does, and have a high regard for political leaders. Participant-orientated citizens seek for an active relationship with government, believe that having expectations of government is necessary and is a part of good citizenship, and are actively involved with government contributions and productivity. Almond and Verba's initial analysis suggests that varying countries foster differing levels of citizenship depending on their social design. These categorizations promote understanding of citizenship; however, they are not as isolated from one another as suggested. We can find evidence of all three categories in American society, which suggests that these orientations are not mutually exclusive and may be present within the same social structure.

Almond and Verba's (1963) archetypes of citizen orientation provide a backdrop for viewing citizen participation. Citizens with the parochial orientation are more likely to be those who minimally participate. These individuals have no requirements or

expectations of government and therefore do not look to receive anything from government. Those embracing the subject orientation are more likely to participate but are less likely to initiate their engagement, as they are more reactive than proactive. Citizens oriented to participation are much more proactive since their view of citizenship involves directing government and paying particular attention to the contributions and productivity of government. These citizens are more likely to seek out ways of participating rather than remain idle until presented with opportunities from government. The categorization of citizenship provided is indeed specific and defined; yet assigns full responsibility of involvement to the citizen.

The presence of each type of orientation makes it more challenging for government to create effective opportunities for participation that simultaneously attract residents incorporating characteristics of the three groups. Perhaps it is unrealistic to suggest that all citizens are willing and interested in participating. However, it is vitally important that local government understands these differences and tailors opportunities to participate in such a way as to attract the majority of their constituents, thereby allowing a representative voice to be heard.

Later research (Verba et al., 1993) focused on political participation and considered

> a variety of political activities in addition to voting: working in electoral campaigns, making campaign contributions, getting in touch with public officials, attending protests or demonstrations, engaging in informal efforts to solve community problems, attending meetings of a local governing board or council on a regular basis, and serving in a voluntary capacity on such a board (p. 304).

According to Verba et al., these types of political involvement provide more opportunities for change than the electoral process. Individual citizen votes all carry the same weight, meaning they are all equal to one another. Thus, votes provide the ability

to relay general wants and needs and decrease the power of the individual. Collaborative means of participation offer greater influence and power and are arguably a better tool to communicate citizen's specific desires. Parochial-oriented citizens are less likely to participate in this manner, as it requires community members to be active in seeking out and becoming involved in democratic and political processes. Political participation is ideal for participant-oriented citizens; however, it can potentially exclude a substantial portion of the citizenry.

Deliberative and authentic participation.

Ideally, a collaborative government, between public administrators and citizens, strives to meet the interests of both parties and entails the investment of everyone involved. Such collaboration is possible, but requires administrators to see their roles and interactions with citizens differently. Public administrators should see themselves as facilitators and citizens as partners and experts (King et al., 1998). Authentic participation "works for all parties and stimulates interest and investment in both administrators and citizens" (King et al., 1998, p. 317). Paramount to collaborative governance is an open and effective communication processes. Gaunt (1998) believed that citizen participation is:

> a programmatic communication process between public officials and targeted individuals and groups as well as general publics, that provides for a mutual exchange of information, reaction, and dialogue for the purpose of influencing decision making in the planning and implementing of specific governmental policies and programs (p. 277).

In a democratic political society, access and communication with political leaders are what create equality amongst citizens. As Gaunt (1998) pointed out, "Equality is to be found not simply in the choice of leaders as decision makers, but in the dialogue with

leaders on what decisions are to be made" (p. 278). Far too often, *elite* (financially or socially powerful) groups of citizens have access to political leaders while the non-elite citizens have limited or no access and only have increased access during active periods of re-election. However, elite citizens have unlimited, unregulated access that tips the scales of an equal citizenry. This disparity creates a disproportionate amount of influence over political decisions and begins to redefine and reshape citizen participation and how it is executed. Gaunt's definition of citizen participation uses dialogue as the primary tool toward effective, active engagement in the processes of political decision making.

The importance of communication in defining citizen participation resonates in King, Feltey, and Susel's (1998) description of the interaction between government and citizen in the *Context of Conventional Participation,* shown in Figure 2.1 (Appendix A). Public administrators manipulate the exchange of information mechanisms in order to suppress citizen power. Through the separation of citizens from the issue, information surrounding a political decision does not properly move through the administrator–citizen channels. In this context, citizens–due to their distance from the issue–have the least amount of information, which effectively creates the inability on their part to properly address said decisions. The *Context of Conventional Participation* (King et al., 1998) suggests that administrators and bureaucratic systems and processes serve as obstacles in preventing residents from connecting with and affecting issues in their communities. As primary components of participation, officials often determine the extent and degree of resident involvement in addition to which issues are discussed. The ineffective methods found within the conventional paradigm attempt to include residents when it is too late

for them to impact issues and/or decisions, which results in citizens being "reactive and judgmental, often sabotaging administrators' best efforts" (King et al., 1998 p. 320).

Mechanisms of deliberative and authentic participation are geared toward creating avenues for a collaborative, dynamic, and communicative exchange of ideas and concerns. As evidenced by King et al. (1998), "elements of authentic participation [are] focus, commitment, trust, and open and honest discussion" (p. 320). Easing the discord that currently exists between residents and government helps the process of fostering these elements. However, for this to occur there needs to be a shift in how residents view government officials and the participation initiatives that exist, how officials view residents' and their knowledge base of issues, and the degree of trust that is shared between community organizations, city residents, and local officials.

Through deliberative communication, citizens' views of themselves shift. Deliberative participation puts residents in a position to see less of a disparity between the elite and non-elite and possess feelings of increased power. Through these mechanisms, citizens begin to see that government's role is to partner with them when decisions need to be made–not make decisions for them. Empowered citizens limit the government's ability to make isolated political decisions and increase resident contributions to the decision-making process, thus improving the administrative state. The act of deliberation itself influences the process by which policy decisions are made, the choice of which decisions are made, and ultimately the way in which one behaves as a citizen. Gastil and Weiser (2006) argued that deliberative participation mechanisms, in their case jury service, have a "transformative power" (p. 606) that alters the behavior of those participating. Having a positive experience in a deliberative participation

mechanism encourages participants to become more engaged in public service. Crosby, Kelly, and Schaefer (1986) argued that more than an opportunity for deliberation is needed for this transformative power to occur. According to them, successful participation must meet six criteria: 1) there should be a representative group of citizens and citizen perspectives, rather than a small group of citizens speaking for a special interest; 2) the deliberative methods used should promote "effective decision making" (p. 170); 3) the deliberative methods used should be fair; 4) the deliberation should be done in a cost effective manner; 5) the methods should be flexible–malleable to differing settings and tasks; and 6) it should be known that there is a high percentage of the adoption of the recommendations provided. Based on Crosby et al., even if deliberation is present, the participation initiative will not be successful without meeting these six criteria.

Barriers to authentic participation–citizens' daily responsibilities, the methods of participation initiated by government, and the administrative processes surrounding participation initiatives (King et al., 1998)–suggest that there is a need to restructure the way in which participation initiatives are created and executed in order to provide assurance to residents that their time and feedback is valued. Communication between residents and officials is sustained by focusing on the exchange of information and the importance of presenting information in an accessible and user-friendly way (Schachter, 1997). Communication should be understandable and not deter residents from engagement. Government officials tend to provide information in a way that is not easily understood (perhaps using jargon) and create written literature that is "prepared in a user-hostile manner that makes people shy away from wanting to see their contents" (p. 75).

Ideally, communication and subsequent interaction between government and residents encourage participation rather than discourage it.

A strong democracy (Barber, 1984) does not promote government structures that operate within or advance conditional, individualist/private ends and rights, but moves toward a participatory structure in which decisions are made through a united citizenry bound by common concerns. Within Barber's strong democracy, government institutions are required to involve residents in deliberation and decision-making processes. Moreover, citizens must understand the importance of ensuring that the public good is attained, rather than their individual needs and wants (Schachter, 1997). Paramount to this notion is "the development of a citizenry capable of genuinely public thinking and political judgment and thus able to envision a common future in terms of genuinely common good" (Barber, 1984, p. 197). This form of democracy views citizens through their commonality and strives to transform "private into public, dependency into interdependency, conflict into cooperation, license into self-legislation, need into love, and bondage into citizenship" (Barber, 1984, p. 119), all of which can be done in the context of participation. Within this is the notion that participation is key to politics and governance. Citizenship is what binds individuals within a community and participation serves as the avenue that weaves individual interest into the collective, public good (Barber, 1984).

The current governmental structure works in a manner in which those in high-ranking positions hold the judicial, executive, and law enforcement power. Bingham, Nabatchi, and O'Leary (2005) defined this as "government" while they refer to "governance" as a structure where decision-making power is shared, independent citizen-

driven thought is encouraged, and parties, citizens, and government work to achieve the public interest and the greater "common good" (p. 548). Research suggests that the current American government structure does not support authentic and genuine participation. Bingham et al. recommend a structural shift for government. By moving away from the traditional government structure to the innovative governance structure, citizens have a space within the political process to participate. According to Bingham et al. (2005), new governance participatory processes fall into two categories: quasi-legislative processes, including "deliberative democracy, e-democracy, public conversations, participatory budgeting, citizen juries, study circles, collaborative policy making, and other forms of deliberation and dialogue among groups of stakeholders or citizens" and quasi-judicial processes, which include "mediation, facilitation, early neutral assessment and arbitration" (p. 547). Participation within the governance structure requires public administrators to develop a new skill set. The ability to properly facilitate deliberation and consent, manage conflict, and negotiate citizen and government desires creates a comfortable and open environment for genuine participation to occur.

The ultimate goal, however, is authentic participation: a deliberate, genuine, and ongoing involvement in government processes "with the potential for all involved to have an effect on the situation...authentic participation is the ability and the opportunity to have an impact on the decision-making process" (King et al., 1998, p. 320).

Based on these theoretical points this study presents the following propositions:

P_1: Stakeholders perceive the current existence of the conventional participation paradigm, therefore, creating an environment of participation initiatives that do not go beyond the categorization of tokenism.

P$_2$: Stakeholders see residents' participation in local government initiatives as being primarily funneled through Community Development Corporations.

Citizen power.

Arnstein (1969) argued that citizen participation "is a categorical term for citizen power" and continues stating, "[i]t is the redistribution of power that enables the have-not citizens, presently excluded from political and economic processes, to be deliberately included in the future" (p. 217). The notion of shifting power from the administrator to citizen is one that is not often discussed, at least using this verbiage, in studies that focus on citizen participation. The argument is that through access to information, how it is distributed, and the policies, decisions, and programs that affect their livelihoods, citizens and residents can fully possess the "benefits of the affluent society" (Arnstein, 1969, p. 217). The existence of a powerful citizenry is the foundation of American democratic tenets.

Many local municipalities, like New York City,[2] Phoenix, AZ,[3] and Pasadena, CA,[4] have organizational charts that place citizens above the mayor, indicating that the mayor is to be subordinate to the citizenry and is held accountable to those who have elected her or him into office. The notion of citizens and public officers sharing power is not a new concept–at least in theory; however, the implementation and actual practice of sharing power has yet to be universally absorbed. The forms of participation that we see most often do not fulfill Arnstein's desires for citizens. For example, public hearings are a popular form of government-initiated participation. Hearings allow local government

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[2] http://www.nyc.gov/html/om/pdf/citywide_org_chart.pdf

[3] http://www.ci.phoenix.az.us/webcms/groups/internet/@inter/@dept/@mgr/documents/web_content/016897.pdf

[4] http://cityofpasadena.net/City_Org_Chart.aspx

to hear from a relatively large number of citizens in a short time frame. Yet, they are not interactive nor require deliberation and thus remove the possibility of "generative learning," the ability to learn from one another through deliberation, from the political process (Roberts, 2002). Public hearings have been criticized as only attracting a relatively small group of residents (Baker, Addams, & Davis, 2005) and not appealing to residents of all ages, education levels, and ethnic groups (Lowndes et al., 1998). The configuration of public hearings, by the nature of their structure, does not reduce the distance between citizens and a political or economic issue. The formation of public hearings do not allow for power to be shared between citizens and public administrators as administrators are in control of the situation, the way in which the hearing is being managed, and the availability of information. Administrators can limit citizen influence on the topic and they determine when the issue will be discussed. Public hearings may in fact, "permit sanctioned isolation of agencies and agency officials seeking as little program and policy change as possible" (Cole & Caputo 1984).

Other techniques that involve citizens, but do not foster citizen power, are citizen surveys, citizen advisory committees, and citizen panels. Citizen surveys provide a small snapshot of citizens' feelings at a particular time. Surveys are particularly problematic because they force decisions to be made without the knowledge of what others think and thereby block the possibility for generative learning. Citizen advisory committees and citizen panels are often problematic because of the potential bias of in-member selection.

Public administrators are not the only obstacles toward achieving Arnstein's definition of citizen participation. Frequently, residents and citizens themselves do not participate in engagement opportunities. Oftentimes attendance at public meetings does

not resemble the larger community enabling the more vocal and active citizens to voice their concerns, which are not always representative of the public interest (Cole & Caputo 1984; Gastil & Kelshaw 2000; Adams 2004). Ultimately, a small resident showing results in large segments of the population whose voices go unheard. Barber (1984) supported *talk* amongst citizens and government and suggested that it is deeper than that which occurs in public hearings and meetings. The *talk* which Barber argued for serves as an opportunity for officials and residents to engage in two-way communication that fosters the exchange of ideas and interests as both parties set agendas and determine what is needed and good for the community.

Denhardt and Denhardt (2000) argued that the onus of participation should not fall upon the citizen, but rather government should operate in a manner that serves the public's needs rather than steers the interests of government. The paradigm of New Public Service (NPS) shifts the ideals from individualism and entrepreneurialism, found within New Public Management (NPM), toward achieving the collective good. NPM is based on private sector ideals and business practices. According to the NPM perspective, public managers are encouraged to think and act entrepreneurially and more individualistically and view the role of government as one that steers administrative decisions (p. 550). NPS looks to governance (rather than government) structures to serve citizens and assist them in attaining their collective desires. The primary roles of administrators are to understand that the interests of the citizenry are most important and that what is required of public administrators is to serve the people.

NPS is fostered through the citizen-as-owner perspective. Schachter (1997) suggested that with the revival of ownership obligations, citizens must inform

administrators of the public interest, demand administrative accountability via the creation and maintenance of legal records, and prevent effective public servants from falling victim to false accusations. The citizen-as-owner model facilitates NPS and aligns with Arnstein's argument for the relinquishing of power from the administrator, thereby shifting power to the citizen.

A shift in the organizational structure of government transforms government/citizen relationships (Stivers, 1990). The presentation of the archaic city-state or polis model combines citizen engagement and the administration of politics, thereby forming ideal participation. Stivers argued that changing the structure of government/citizen interactions from its current model of separate and sporadic to an agency that is "an authentic polis" (p. 96) provides a public space for active discourse between those that govern and those that are governed. Within the polis, citizens become a "political community" (p. 88), which enables them to work with one another, to solve conflict, and to further common interests and values. Historically, public administrators operating within what Stivers called the "administrative state" (p. 89) hold the power and discretion to decide when to include the citizenry. By maintaining this level of discretion, administrators are able to maintain control of the decision-making process, engage citizens only when it is believed that little expertise is needed, and can successfully manage the project. Stivers' polis model seeks for citizens to see themselves as citizens, rather than customers or clients, and as active participants in governance:

> Citizens must, in fact, come to see themselves as citizens, in the sense outlined earlier, rather than as consumers, clients, or beneficiaries of the administrative state. If they have the opportunity to see themselves as engaged in – or inherently capable of engaging in – the exercise of administrative discretion, therefore in governance, with public administrators, rather than "involved" simply to the extent of petitioning administrators to satisfy their needs, they may be able to

> develop improved practices and make wiser judgments. In this way, and under enabling structural conditions, citizens and administrators together can transform the agency setting into an authentic polis: a public space in which human beings with different perspectives join to decide what do and to act together for the public good (p. 96).

The polis serves as a powerful model that effectively combines the ideal roles of citizens and government.

The responsibilities of city residents in their daily lives often serve as challenges to participation in local political processes. Many residents are limited by their access to public transportation and countless others are concerned with their families, a poor economy, or work tasks (King et al., 1998). Community-based organizations understand these challenges and dilemmas and often create opportunities for residents to receive information about projects and initiatives. These organizations attempt to make a conscious and persistent effort to encourage and ease the process for residents (Hunt, 2007). Oftentimes, this includes inviting public officials to community centers for public hearings or community meetings, making interaction and dialogue between residents and officials possible. Creating projects designed to channel information from officials to residents facilitates resident interest and engagement.

Individuals who are "long-term disadvantaged" (Hunt, 2007, p. 26) are rarely engaged in the democratic process and their engagement is often limited to opportunities provided by community organizations. Residents rely on these institutions to obtain relevant information and participate in municipal government initiatives on behalf of community residents. This, in itself, is arguably a suspicious model of participation, as it limits collaboration between residents and government, prevents opportunities for individual and collective capacity development, and thwarts discourse.

Based on these theoretical points, this study presents the following propositions:

P_3: Stakeholders believe CDCs should work to reduce the perceived distance between residents and the ability to address issues and make decisions affecting communities.

P_4: Residents seek increased direct interaction/involvement with city government through participation initiatives.

Ladder of Participation.

To ascertain a) whether CDCs play a role in fostering democratic participation and b) what their role is, it becomes imperative to refine what is specifically meant by the term "participation". Clarifying the existing levels of participation will help uncover what types of participation activities are currently being employed and how or where CDCs factor into limiting, expanding, or avoiding opportunities for participation. Arnstein's *Ladder of Participation* serves as the analytical framework used for this research and guides the researcher in identifying the role of CDCs.

As previously discussed, a large amount of research seeks to categorize and typify processes of participation. This is done as a means to better understand the phenomenon of democratic participation. Arnstein's *Ladder of Citizen Participation* (1969), perhaps the most cited piece of participation research (Fung, 2006), defines what participation and non-participation is and provides us with an 8-rung ladder that categorizes progressive levels of participation. Figure 2.2 (Appendix B) shows these eight levels or steps of participation and their placement into three descriptive categories–non-participation, tokenism, and citizen power–with each step corresponding to "the extent of citizens' power in determining the end product" (p. 217).

Arnstein's groupings of citizen participation begin with the first two steps: Manipulation and Therapy. They describe what Arnstein considers "non-participation" initiatives in which resident involvement is manufactured and used to mask ulterior motives, specifically the desire to persuade and/or "educate" residents. As the ladder (and levels of participation) progress, the types of engagement move from "non-participation" to "tokenism" (Informing, Consultation, and Placation), in which residents are given an opportunity to hear from local officials and other power holders as well as provide their voice; however, in this stage they are not able to ensure that their voices and suggestions are considered. "Citizen power" (Partnership, Delegated Power, and Citizen Control) refers to the types of participation that enable residents to be a part of negotiating, directing, and having full decision-making power.

Manipulation and Therapy.

Manipulation and Therapy represent methods of participation that have been created to imitate active or genuine participation; however, in reality, they intentionally exclude any opportunities for participation. Arnstein (1969) argued that these types of participation methods are used by the powerful to quell the citizen voice through the disguise of genuine participation initiatives. Manipulation is used as "a public relations vehicle by power holders" (Arnstein, 1969, p. 218) to conjure project support from residents. The manipulation step, as the word indicates, uses participation methods (community action committees, citizen advisory groups, etc.) as a façade to convince residents that the project or initiative–to which the decision to implement has already been made–should have their support, thus providing an illusion of participation. Arnstein (1969) used urban renewal in the 1960s as an example:

The illusory form of "participation" initially came into vogue with urban renewal when the socially elite were invited by city housing officials to serve as Citizen Advisory Committees (CACs). Another target of manipulation were the CAC subcommittees on minority groups, which in theory were to protect the rights of Negroes in the renewal program. In practice, these sub-committees, like their parent CACs, functioned mostly as letterheads, trotted forward at appropriate times to promote urban renewal plans (in recent years known as Negro removal plans).

At meetings of the Citizen Advisory Committee, it was the officials who educated, persuaded, and advised the citizens, not the reverse. Federal guidelines for the renewal programs legitimized the manipulative agenda by emphasizing the terms "information-gathering", "public relations", and "support" at the explicit functions of the committees (p. 218).

Here we can see how avenues of participation are manipulated as proof of inclusion without ever allowing residents an opportunity to be involved or to have their voices heard.

The participation level of Therapy is also comprised of illusory forms of engagement. In this context, the government initiates resident participation under the guise of engagement but in reality "subjects the citizens to clinical group therapy" (Arnstein, 1969, p. 219) as a means of alleviating grievances against government. Residents are engaged in widespread activity, but the focus is put on dissuading issues that residents have with their government rather than addressing the context in which these issues develop. An example of this is:

…common examples of therapy, masquerading as citizen participation, may be seen in public housing programs where tenant groups are used as vehicles for promoting control-your-child or cleanup campaigns. The tenants are brought together to help them "adjust their values and attitudes to those of the larger society." Under these ground rules, they are diverted from dealing with such important matters as: arbitrary evictions; segregation of the housing project; or why is there a three month time lapse to get a broken window replaced in the winter (Arnstein, 1969, p. 220).

Again, with Therapy, government is imposing thoughts, beliefs, and ideals upon the citizen rather than listening and deliberating with them.

Informing, Consultation, Placations.

Next is "tokenism", which includes the steps of Informing, Consultation, and Placation. The tokenism category represents the types of participation that bring citizens and residents to the table with officials, allows their voices to be heard, and allows them to hear from officials. What this category does not do is provide residents with the power to ensure that their views and suggestions will be incorporated. The primary difference between Placation and the steps of Informing and Consultation is that citizens have advisory power and in latter two stages no advisory role is present.

The Informing step is saturated with one-way communication with the flow of communication coming from the government official to the citizen. This stage represents any type of communication (printed materials, meetings, television commercials, internet ads/postings) from officials to citizens that provide information but do not allow for comment or retort. Oftentimes, these mechanisms are used late in the planning process when decisions have already been made or input is no longer being sought.

The citizen opinion is a fundamental component to gaining active participation. However, the consultation step neglects to incorporate many of the subsequent actions that create genuine participation. The consultation step puts residents in a position to provide their opinions, attitudes, or perceptions about a given issue to officials, yet officials only use this information to: a) demonstrate that participation has occurred and/or b) display statistical support for community needs and desires (Arnstein, 1969). The downside to *b* is that residents do not generally know what all of their options are

prior to stating their needs and therefore may ask for a small item hoping to receive it.

Arnstein (1969) exemplified this in the following:

> Survey after survey (paid out of anti-poverty funds) has "documented" that poor housewives most want tot-lots in their neighborhood where young children can play safely. But most of the women answered these questionnaires without knowing what their options were. They assumed that if they asked for something small, they might just get something useful in the neighborhood. Had the mothers known that a free prepaid health insurance plan was a possible option, they might not have put tot-lots so high on their wish lists (p. 220).

Consultation is also a form of one-way communication with the communication directed from citizen to official and with no response, retort, or action in return.

As previously stated, the Placation stage incorporates processes that enable residents to have some influence over decisions. However, in this stage officials may scrutinize the recommendations or advice given by residents. "If they [citizens] are not accountable to a constituency in the community and if the traditional power elite hold the majority of the seats, the have-nots can be easily outvoted and outfoxed" (Arnstein, 1969, p. 221). Citizens may be appointed to boards but if a preponderance of "haves" is also on the committee, than those in the majority may choose to "judge the legitimacy or feasibility of the advice" (Arnstein, 1969, p. 221).

Partnership, Delegated Power, and Citizen Control.

Partnership is what the Placation step lacks. A fundamental shift occurs at the Partnership stage; power is redistributed from being solely held with officials to a shared structure with citizens and officials. This scenario incorporates shared planning and decision-making power "through such structures as joint policy boards, planning committees and mechanisms for resolving impasses" (Arnstein, 1969, p. 222). Key to the

Partnership stage is the agreement that the rules developed through citizen/official

negotiation cannot be changed once the agreement is made.

Partnership is most evident in communities where citizens are organized, have a

group of accountable community leaders, and are able to hire their own experts. Arnstein

argued that these situations give the residents the greatest amount of bargaining power

and influence over the outcome of a plan. These situations, however, seem to only occur

when citizens force partnership rather than when it is requested from officials (Arnstein,

1969). Partnership, for Arnstein is the lowest of participation types within the "citizen

power" category.

The Delegated Power step is the first step on the ladder in which citizens have a

dominant role in decision-making authority. At this step, citizens "hold the significant

cards to assure accountability of the program to them" (p. 222). Officials who interact

with citizens on these types of participation efforts take the onus to initiate the bargaining

process when discord occurs. Arnstein (1969) provided an example of Delegated Power

in Connecticut:

> In New Haven, residents of the Hill neighborhood have created a corporation that
> has been delegated the power to prepare the entire Model Cities plan. The city,
> which received an $117,000 planning grant from HUD [U.S. Department of
> Housing and Urban Development], has subcontracted $110,000 of it to the
> neighborhood corporation to hire its own planning staff and consultants. The Hill
> Neighborhood Corporation has eleven representatives on the twenty-one member
> CDA (City Demonstration Agency) board which assures it a majority voice when
> its proposed plan is reviewed by the CDA (p. 222).

If citizens sought more control or influence in the "non-participation" and "tokenism"

types of participation, they would have to aggressively take the power they desired and

force officials to relinquish some control. However, with participation initiatives that are

considered to be at the Delegated Power stage, officials willingly work with citizens and residents to achieve the targeted goal.

The last step and final component of the "citizen power" category is Citizen Control. Citizens, within this type of participation, have full control over program or policy development and implementation. A requirement of Citizen Control is that residents have primary guidance and goal setting power. This step "guarantees that participants or residents can govern a program or an institution, be in full charge of policy and managerial aspects, and be able to negotiate the conditions under which 'outsiders' may change them" (Arnstein, 1969, p. 223). Community residents (normally a representative group of residents or a community organization) serve in a leadership position to plan and manage projects affecting the neighborhoods.

The application of Arnstein's ladder aids in the analysis of the data and in the explanation of the research findings. With the *Ladder of Participation* as the conceptual framework and through the process of collecting data, perceived levels of participation will arise within the study. Once these levels of participation become evident, the researcher is able to examine how stakeholder groups perceive the influence of CDCs on resident participation and, therefore, understand their role as stakeholders in fostering participation in local government.

Conclusion

Public participation has proven an integral component of redevelopment and urban planning initiatives. Jennings (2004) saw participation as a means to balance the power and influence of political machines and institutions and as a way to ensure that what is implemented benefits residents. Participation in development projects helps to

ensure that the voices of residents are at the very least heard and at the very most incorporated into the final plan. As Hunt (2007) noted, "Without public participation, development projects will tend to focus almost exclusively on growth as determined by business leaders' interests without more than a backward glance at the remaining public…" (p. 13).

Schachter (1997) argued for citizen education and criticizes American society for "not doing an adequate job of developing citizens who want to get involved in public-sector issues" (p. 65). CDCs liaise between government and residents and provide a voice to the unheard. They are often the first organizations that take proactive measures to redevelop distressed areas. Arguably, interaction with CDCs provides some level of citizen education and a voice for citizens and residents (Glasser & Yavuz, 2003 as quoted in Hunt, 2007). Local governments seek to collaborate with CDCs on planning and development initiatives due to the fact that they are embedded in communities and have relationships with residents. CDCs across the country collaborate with their local municipality (Hunt, 2007; Jennings, 2004), serving as a bridge between local government and community residents. Within the role of liaison, CDCs often serve as a funnel to facilitate resident participation in government that should both reduce perceived distance between residents and decision-making and provide more direct interaction between residents and local government.

Citizen involvement in CDC activities, i.e. attendance at monthly meetings and program and project development, normally "does not go beyond the public receiving information regarding impending projects and being provided with information regarding the amount of resources allocated to each" (Hunt, 2007, p. 19). Hunt (2007) found that

this occurs due to citizens' lack of comfort and feelings of intimidation when interacting with municipal administrators during formal meetings. Hunt (2007) indicated that the CDCs she studied "rarely experience public participation at the optimal level" (Hunt, 2007, p. 19). Hunt's findings suggest that lower levels of participation and the conventional participation paradigm exist in this research setting.

Although CDCs focus on improving communities, they are limited in what they can actually achieve since many of these organizations "remain small and undercapitalized" (Vidal & Keating, 2004). Their capacity to assume projects, particularly those indirectly related to their mission, is restricted based on financial and human resources. CDCs with limited capital "are forced to live a hand-to-mouth existence and miss fleeting opportunities because the grant will not come until next year and the opportunity will pass next week" (Stoecker, 1997). Furthermore, CDCs frequently lack staff with the expertise and experience to manage programs (e.g., community organizing) hindering their ability to adequately and aggressively foster participation (Gittell & Wilder, 1999).

Charitable organizations, when providing financial support to CDCs, give according to their funding dockets. Support from these organizations is geared toward a specific purpose. Therefore, if a CDC receives financial support from a foundation for building affordable housing units, the funds must be used for this purpose. CDCs are thus limited when considering the use of their grant income.

All CDC work is impacted by contextual factors. Perhaps the most impactful are those factors relating to the local political climate and the willingness and cooperation of the local municipality. CDCs existing in an environment of municipal support are,

generally, more likely to flourish that those that operate within an environment in which municipal government is not supportive or collaborative (Gittell & Wilder, 1999).

The assumption here is that these limitations do not allow Community Development Corporations to fully develop programs that educate and organize residents. The ability of CDCs to develop initiatives and strategies that create higher levels of participation are hindered by these factors.

It is evident that no one definition of citizen participation exists within academic and practical realms nor does any one definition standout amongst those in the literature. The common denominator among these definitions is the intent to deliberate. These definitions explicitly require a purposeful act for participation to occur. The engagement initiative must be a deliberate effort on the part of government and exhibit a desire and commitment toward ensuring that all citizen and resident voices are heard. Despite the illumination of deliberative gestures, the majority of the literature, while attempting to define citizen participation, negates to gauge the citizen perspective and rather explores the phenomenon of democratic participation from the positions of government and its administrators (Thomas, 1990; Baker, Addams, & Davis, 2005; Yang & Callahan, 2007). A key gauge of effective participation is the perspectives and perceptions of citizens and their feelings toward opportunities for participation. There are many theories and conceptualizations of what citizen participation is yet many who study this vital component of American democracy have missed a very important viewpoint–that of the citizen.

Scholars in the fields of public administration, urban planning, political science, and education, among others, continue to study the importance of involvement. Stivers

(1990) and Bingham et al. (2005) present exemplary, holistic models of effective and authentic participation. The question of the willingness of administrators to make the change necessary to create such models remains unanswered.

Chapter 3: Research Design & Methodology

This chapter outlines the methods and procedures employed for this research project and explains the use of a mixed-methods design to measure stakeholder perspectives. Additionally, this chapter discusses the unit of analysis, procedures for sampling, and data collection and analysis.

Research Setting

The City of Newark, the largest city in the state of New Jersey, has a history of ineffective leaders who created a political environment that has generated tremendous distance between public officials and community residents. The city suffers from a history of limited citizen engagement, resulting from disengaged mayors and marginalized residents; a consistently corrupt leadership; and a slow, limited recovery from the civil unrest occurring in the late 1960s (Curvin, 1975).

Historically, Newark residents have been disenfranchised, have had limited participation in the political process, and have little or no trust in its public officials (elected and administrative). Former Newark mayor, Sharpe James, served in office for 20 years and was known for making opaque, closed-door deals and transactions. James was convicted in April 2008 of fraud for illegally selling city-owned property to his mistress (Craven 2008; Jones 2008; Press 2008). The new mayor, Cory Booker, elected in 2006 on a platform of change and now in his second term, has vowed to eliminate the distance between City Hall and Newark residents and change politics in the City of Newark (Jacobs 2002a; Jacobs 2002b; Malanga 2007). Whether Mayor Booker has implemented change and fulfilled his vow remains to be seen. The political history has created a climate within the city that has led to great discord between residents and local

officials. Residents are often not included in policy decisions or are asked to participate

solely as a mean of appeasement. Oftentimes, officials have made decisions and

participation initiatives are merely reporting sessions, letting residents know what is

going to occur.

The City of Newark is home to 21 Community Development Corporations, one of

which is one of the largest (physically and fiscally) in the United States. Many of these

CDCs were formed in response to the lack of effort of local government as perceived by

community leaders. Newark experienced a civil unrest in 1969, the damage of which can

still be seen today. Some CDCs in Newark were created because of the social conditions

that led to the rebellion and others formed to address the conditions that resulted from the

unrest. The combination of entrepreneurial spirit exhibited by the community, the

discord found between city residents and officials, and the history of Newark city politics

made the city a valuable and viable research setting.

Unit of Analysis

The unit of analysis for this study was community stakeholders. This referred to

three primary stakeholder groups: 1) Executive Directors of Community Development

Corporations in Newark, NJ; 2) Executives working for the City of Newark; and 3)

Newark city residents served by Newark-based Community Development Corporations.

Having a clearly defined unit of analysis protects the researcher from the risk of

portraying unfounded conclusions because the "assertions about one unit of analysis are

actually based on the examination of another" (Babbie, 2010). Through the examination

of group perceptions, this study obtained a comprehensive analysis of the community

stakeholder groups' opinions, thoughts, and perceptions related to the role CDCs have in

influencing resident participation in local government initiatives. Therefore, allowing for the comparison of factors related to levels of citizen participation.

Each group of stakeholders, through their professional and social roles, has extensive knowledge of the work and work by-products of Newark CDCs. CDC Executive Directors are influential in setting the goals and objectives of their respective organization and, therefore, have a keen understanding of organizational mission and the influences that CDCs may have on participation. Given that community organizations are influential in helping residents develop their social voice (Glasser & Yavuz, 2003), CDC Directors, due to their proximity to organizational goals and mission, have a clear sense of the role that their organization plays.

Select executives of the City of Newark, through their professional responsibilities, are required to interact and collaborate with both community organizations and city residents. These non-elected administrators are familiar with both stakeholder groups (city residents and CDC Directors) and through their positions are charged with coordinating with CDCs and city residents, giving executives ample knowledge of the influence of CDCs on participation. Community Development Corporations are used as intermediaries for resident connection, permitting them to perform tasks and duties that the city is unable, incapable, or unwilling to do. City executives are well informed of the work and activities of CDCs, thus providing them with experiences that develop their perspectives on the role CDCs play in democratic participation.

Finally, Newark residents, particularly those living within the focus areas of Newark-based Community Development Corporations, have extensive knowledge of

CDC influences on participation in local government. Some of these individuals serve their local CDC as board members, some volunteer with other community-based organizations, and others work within their neighborhoods to inform and organize residents. They are all community leaders who are actively engaged and committed to their immediate neighborhood and their larger community. These Newark residents are seen as leaders by their fellow neighbors and as being a representative of their voices. They are familiar and interact regularly with CDCs, increasing their awareness of the projects and initiatives within their communities. They have established long-term residences in Newark and are keenly aware of the influence CDCs have had on their own individual levels of participation in addition to that of their neighbors.

Through their social and/or professional experiences, community stakeholders have observed the ways in which Community Development Corporations and the work they do impact the degree to which citizens become involved in democratic participation. Through the examination of stakeholder perceptions, this study investigated the relationship between Community Development Corporations and resident involvement in local participation activities.

Overview of Methodological Approaches

Overview.

The research design for this study incorporated both quantitative and qualitative methods to adequately examine stakeholder perceptions. The researcher investigated Community Development Corporations in New Jersey's largest city, Newark, as a single research setting. This exploratory study combined the strategies of quantitative and qualitative analysis (semi-structured interviews) to provide a series of factors, which

identify group perspectives. The triangulation of methods allowed the researcher to

avoid the tradeoffs found between large *n* and small *n* research. The research methods

employed were designed for small *n* research and sought to expose the units of analysis

in order identify whether CDCs in Newark have an impact on participation. This study

focused on attaining in-depth information rather than a breadth of superficial data.

Furthermore, it sought to understand the causal mechanisms [of increased participation],

rather than the sole identification of a causal relationship (George & Bennett 2005;

Gerring 2005). George and Bennett (2005) state that,

> Within a single case, we can look at a large number of intervening variables and
> inductively observe any unexpected aspects of the operation of a particular causal
> mechanism or help identify what conditions present in a case activate the causal
> mechanism (p. 21).

The goal of this study was not to expose data that can be generalized to a wider

population in the traditional sense. Rather, this study sought to: 1) provide theories that

better explain the relationship between CDCs and resident participation, 2) create a body

of research that can serve as a comparison base for future projects, and 3) be

representative of perspectives specifically as they relate to the discourse surrounding

CDC impact on participation.

Research Methodology.

Q Methodology.

Q Methodology was the most appropriate research methodology for this study as

it seeks to examine and better comprehend stakeholder perspectives and produces

perceptual and subjective evidence. The Q Method allowed the researcher to collect,

analyze, and examine perceptual data regarding the influences of Community

Development Corporations' work on resident participation in the democratic process.

This study asked a key question: *How do community stakeholders perceive CDCs fostering resident participation in local government?* Since the primary goal of this study was to better understand the thoughts, opinions, and perceptions of individuals, Q Methodology was the best fitting methodological tool. Q Methodology was founded by William Stephenson in 1935 and was designed to "assist in the orderly examination of human subjectivity" (Brown, 1980, p. 5). Q Methodology enabled the researcher to systematically and empirically understand subjective data gained through an individual's personal experiences. Q Methodology is:

> …life as lived from the standpoint of the person living it that is typically passed over by quantitative procedures, and it is subjectivity in this sense that Q methodology is designed to examine and that frequently engages the attention of the qualitative researcher interested in more than just life measured by the pound (Brown, 1996, p. 561).

This methodology allows for:

> researching the range and diversity of subjective experiences, perspectives, and beliefs. At the same time, it facilitates the identification of similarities, the construction of broad categories of the phenomenon being investigated and the exploration of patterns and relationships within and between these categories (Shinebourne, 2009 p. 94).

Furthermore, "it is an intensive methodology that maps how individuals think about an event, issue, or topic of research interest" (Brown, Durning, & Selden, 2008, p. 722).

Q Methodology has been used in a variety of academic research projects across numerous fields and is a constructive research tool, particularly in situations that include discord due to its ability to refine issues between conflicting parties (Webler, Danielson, & Tuler, 2009). Goto, Tiffany, Pelto, and Pelletier (2008) used Q Methodology to analyze the varying perspectives that exist on HIV/AIDS prevention strategies, Still and Gordon (2009) used it to develop effective models of professional development within

the education field, and Robinson, Popovichand, and Gustafson (2003) examined older adults' perceptions of senior stereotypes in magazine advertisements.

Q Methodology has proven to be a successful research tool in the field of public administration as well. For example, the exploration of how individuals comprehended war narratives post September 11th was conducted through the use of Q (Callahan, Dubnick, & Olshfski, 2006); Brewer, Selden and Facer (2000) studied how 69 individuals viewed the motives associated with public service work; and Mathur and Skelcher (2007) sought to study democratic software–informal daily operations of agents within networks–in order to gain a better grasp on wider governance networks. Further work by Selden, Brewer, and Brudney (1999) demonstrated public administrator views about their administrative roles and responsibilities through Q Methodology.

More specifically, Q can be useful when planning for or evaluating public participation initiatives as evidenced in a 2009 study on social perspectives in environmental research (Webler et al., 2009). Furthermore, Webler and Tuler (2001) employed Q Methodology to study how watershed management planners and activists distinguish the best way to engage the public in decision making. By its design and purpose, Q Methodology enables an individual to represent her or his perspective "for the purposes of holding it constant for inspection and comparison" (Brown, 2008), thereby providing a realm in which community stakeholders' positions, opinions, beliefs, and perspectives are scientifically collected and analyzed, which further informs practitioners on how best to engage residents and informs residents on how best to be engaged.

For these reasons, I employed Q Methodology to scrutinize stakeholder perceptions on the role CDCs play in influencing resident participation in local political

processes. This analysis explored the perceptions of city residents, CDC executive directors, and city officials in order to identify how they perceived the influence of CDCs on resident participation. The identification of these perspectives highlighted what items each stakeholder group felt was important and the extent of inter- and intra-group agreement and disagreement. Jointly, this information determined how each stakeholder group perceived the current work of CDCs, how CDCs measured up to the ideal standards of stakeholder perceptions, and whether CDCs fostered participation in local government.

Quantitative and qualitative components.

Q Methodology incorporates aspects of both quantitative and qualitative data collection techniques in order to understand and reveal social perspectives. The fundamental basis of Q Methodology is the Q-sort. Q-participants are given a set of randomly numbered statements individually printed on index cards. These statements refer to the specific concept being examined. Participants are then asked by the researcher to rank-order or sort the statements (based on a normal distribution) using a condition of instruction. Participants are limited to the number of statements that they are able to place under each rank, forcing them to adhere to a normal like distribution. Using a forced distrution format gives subjects the freedom to to place cards where they deem most appropriate, thus giving their individual meaning to the contiuum. Furthermore, the forcing of Q-participants to sort on a normal distribution encourages "subjects to consider the items more systematically than they otherwise might" (McKeown & Thomas, 1998). Brown (1980) argues that the forced distribution "encourages [participants] to make distinctions that they might not otherwise volunteer but of which they are generally

capable." (p. 203) The use of the forced distribution forces participants to make the tough decisions necessary to expose their perspectives. The researcher (and in some cases participant) then records the Q-sort in a chart that represents the forced distribtuion imposed upon the participant. The data gathered from all sorts are then entered into a statistical data analysis program, PQ Method, and through the use of factor analysis, the underlying social perspectives–the group's subjective expressions–become evident (Webler et al., 2009).

Considered a component of discourse analysis, the qualitative data analysis method that analyzes texts to identify themes, patterns, and meanings, Q Methodology enables participant responses to be directly and consistently compared (Webler et al., 2009). As a way to delve further into the factors or primary perspectives identified through the sort, participants are asked several questions at the completion of their Q-sorts. These questions enable the participant to expound upon their sort, i.e. the placement of statements, allowing for the participants to, in their own words, explain the extreme columns of the distribution. These semi-structured interviews give participants the opportunity to further explain their choices and why they sorted the statements as they did. Futhermore, the incoporation of semi-structured interviews provides depth to the quantitiave analysis, permitting the researcher to examine arising phenomenom closely. The rich qualitative data gathered during the semi-structured interviews provides tremendous insight into each stakeholder group and its views of the role of Community Development Corporations.

The researcher is present during each sort allowing participants to ask questions or get clarification on statements. Moreover, the researcher observes the mannerisms and

body language of the participant, further enhancing the quantitative results of the study.

Q versus R.

Q Methodology has proven a valuable research method when looking to examine human subjectivity and is "of great importance to political theory in both normative and empirical respects" (Brown, 1980, p. 5). Its processes are similar to many other research methods in that it requires the collection, manipulation, and analysis of data and can be used to create new or test existing theories (Brown et al, 2008). Despite these similarities, Q Methodology is fundamentally and philosophically different from traditional R (Pearson's "r" statistic survey) studies. "The differences between Q and R methods are not simply a matter of technique, they reflect different philosophies of inquiry that encompass competing epistemologies and different understandings of what constitutes sound scienctific practice" (Brown et al., 2008, p. 722). Table 3.1 (Appendix C) summarizes the differences between the two methodologies.

The simplest distinguishing characteristic between Q and R is that R studies are considered to be objective research in which the researcher defines a standard meaning of variables, while in Q, the researcher is studying the subject's perspective or view on a given topic and allows the participant to assign meaning to statements. Brown (1980) explained further in the following:

> The irreducible difference in that R *provides a persepctive on behavior that is external i.e., from the observer's standpoint*: the subject after all is unaware that the test he is taking is a measure of alienation; he merely *receives* a score. In contrast, *Q provides a persepctive on behavior that is internal*, i.*e., from the subjects standpoint*: The investigator, after all, does not know which statements are valued most until the subject places them under +5; rather than reciving a score, therefore, the subject *assigns* a score, and this makes all the difference (p. 176, emphasis as original).

Additionally, in Q, the "subjects" of study are the Q-statements and the variables are the

Q-participants (represented by their sorts), whereas the variables in R research are the questions and the "subjects" are the survey respondents.

R methodology takes an extensive, objective, and positivist approach to studying phenomena and seeks to compare relationships among variables (i.e. individual survey questions) across a set or groups of people. This type of study takes "a deductive approach" and "is concerned with testing or confirming hypotheses" (Riccucci, 2010, p. 45). R researchers "[look] to see if the valuation of one variable is related to the valuation of a second variable in the same individual" (Webler et al., 2009, p. 6) and requires that the researcher be an outside objective observer, having little to no interaction with the participant. It asks participants to answer or rank survey questions/statements independent of one another. Therefore, identifying "the structures of opinions or attitudes in a population" and describing characteristics of a population that are statsctically associated with the attitudes, opinions, or behaviors being studied (Brown et al., 2008, p. 726).

Q research, on the other hand, is a postpositivist, intensive, and subjective method that looks for similarities and patterns across variables (participants' Q-sorts). It "seeks to understand how individuals think about the research topic of interest" (Brown et al., 2008, p. 726) and takes an inductive approach "to promote a greater understanding of the meanings that humans attach to events or phenomena" (Riccucci, 2010, p. 45). Rather than confirming hypotheses, Q endeavors to build theory from exisiting experiences. Participants, in Q, consider the items in relationship to one another and are asked to rank or sort statements along a continuum that (in this case) ranges from rarely (-3) to almost always (+3). Since they are "forced" to place a certain number of items under each

column of the contiuum, their opinions and attitudes about each statement, when compared to the others, are made apparent. Interaction between the researcher and participant is incorporated in Q studies. The researcher observes each participant's sort and is available to answer questions and provide clairification. Q researchers may also choose to ask the participants questions during the sorting process and/or conduct semi-structured interviews after the sorting has been completed. With Q, dialogue between the researcher and participant are encouraged. "This interactive relationship that is established between the researcher and the subject allows for increased dialogue as an indepth analysis that is often absent when a survey instrument is administered" (Puran, 2003, p. 87).

Concepts included in a R study are defined by the researcher and confine the responder to previously identified concepts. This is unlike Q Methodology, in which the participants are able to "construct a picture of his or her own viewpoint" and "interpret each statement in his or her own way" (Danielson, 2009, p. 221).

Perhaps the biggest differences between Q and R studies are the definitions of sample, the selection process of participants, and the ability to (or not to) be generalizeable to the population. The R method (an extensive method) seeks representativeness and generalizability to the population. Its design is geared "to extract an understanding of populations through representative samples of them," thus requiring "data from a certain percentage of the population of interest" (Brown et al., 2008, p. 726). Although not generalizeable to a population in the R sense, Q findings are generalizeable to the concourse which surrounds the phenomenom being studied.

Samples in R methodology are defined as a random selection of persons from a

population; in Q, this term refers to the statements selected from the concourse (dialogue) surrounding an issue. Since participants in Q studies correspond to survey questions in R studies, they are not randomly chosen and rather selected based on their level of interest in the topic and on the fact that they have informed opinions. Participants in Q studies are selected so that they represent the breadth of viewpoints that exist around a given topic, rather than the distribution of opinions within a given population (Webler et al., 2009). Therefore, the researcher aims to include a diverse participant group that through their participation ensures that "the full range of opinions and positions are represented" (Brown et al., 2008, p. 723).

The Q-study, an intensive method which does not seek generalizeability to a population, has a significantly smaller sample size than an R study, which must have a sample random enough to represent the general population. McKeown and Thomas (1998) argued that small P-sets and single case studies can provide meaningful generalizations about the (subjective) behavior of individuals. The small person sample of a Q-study follows "the behaviorist dictum that it is more informative to study one subject for 1,000 hours than 1,000 subjects for one hour" (McKeown & Thomas, 1988).

The differences between Q and R studies are varied; those outlined above are not meant to comprise an exhaustive list but rather provide a general overview of differences. The discussion of variations between Q are R is not designed to support one method over the other, nor does it seek to suggest that one method is superior to the other. Rather, it serves as a guide to illustrate each method's relevance based on the goal of a project. This study, designed to identify stakeholder perspectives, is fundamentally aligned with the research goals of Q Methodology.

Operationalizing Key Concepts.

There are a number of key concepts that require operationalization for this study. They are:

Community Development Corporation (CDC): a non-profit organization that is engaged in the economic and/or social development of the community within which it is based. Development initiatives may include (but are not limited to) housing, job placement, and social programs.

Citizen (Resident) Participation: any initiative in which the citizen is able to partake in deliberate engagement with local level government. The use of the term *citizen* does not suggest legal status; rather it refers to women and men who reside and are invested in a given community.

Community Stakeholder: an individual or a group of individuals that has a particular interest in the economic and social growth of a community. This study works with three groups of community stakeholders: a) city executives, b) CDC executives, and c) community residents.

Concourse: all thoughts, opinions, and expressions–all existing perspectives– surrounding one particular topic within Q Methodology. In Q Method, the goal of the researcher is to collect statements that represent (or can be generalized) to the entire concourse.

Forced-free Distribution: participants conducting a sort must place a certain number of items in each prescribed rank. The participant controls the specific rank of statements and thus the contextual significance of each item.

Person Sample: a small number of subjects selected for intensive analysis. Persons are chosen based on their relevance to the goals of the study.

Q-sample: the set of statements used in the sort. The Q sample is generalizable to the concourse.

Q-sort: the product of the participant sorting the Q sample based on their individual social perspectives.

Q-statements: sentences, statements, or brief phrases selected to represent the concourse. In Q Methodology, participants are asked to sort these statements according to a condition of instruction (e.g. from *least like how I* think *to most like how I think*).

Social Perspectives: "…a coherent pattern of opinions about a topic. It is a narrative, a system of beliefs, or a 'story that makes sense' about the topic. A social perspective is composed of core and secondary beliefs" (Weber et al., 2009).

Sampling Procedures

Q Methodology is designed to enable the researcher to gain in-depth knowledge about the perspective of an individual or a group of individuals on a given topic. Since the purpose of this study was to investigate perceptions of Newark-based CDCs, a random sample of participants was not appropriate. Rather than select individuals that were representative of a population in the R sense–enabling the researcher to generalize to a larger population–the sample of Q-participants was selected to represent the span of opinions within the targeted population (community stakeholders). Moreover, the Q-sample (the set of statements sorted by each stakeholder) was chosen to contain "the comprehensiveness of the larger process being modeled" (Brown, 1993, p. 96).

Due to the intensive and in-depth nature of Q, a small person sample is required. "The purpose is to study intensively the self-referent perspectives of particular individuals in order to understand the lawful nature of their behavior" (McKeown & Thomas, 1988, p. 36). Within a Q study, the person sample (the selected individuals) is very different from the Q-sample (statements), yet both are representative and generalizeable, not in relation to a total population, but to the targeted population of individuals, ideologies, and diversity of the concourse (the discourse surrounding a topic).

Community Stakeholder Groups.

Q-participants, when likened to an "R" type of study, represent the survey questions. Webler et al. (2009) suggested that:

> Survey questions are not selected at random. They are intentionally selected because the researcher feels that they will yield interesting insights. Comparatively, Q researchers select participants because they think those individuals have something to say (p. 9).

It is for these reasons that this study had the following person sample: eight (8) CDC Executive Directors, eight (8) city executives, and eight (8) city residents. Purposive sampling was used to identify two of the three groups within its person sample: CDC Executive Directors and city executives. Purposive sampling is a nonprobability sampling strategy that gives researchers the ability to choose subjects based on specific knoweldge or expertise (Berg, 2007) to represent a population. This technique is often used to "examine the effectiveness of some intervention with a set of subjects or clients who have particular characteristics" (Engel & Schutt, 2008, p. 134). Rubin and Rubin (1995) suggested adhering to three primary guiding principles when choosing a personal

sample using purposive sampling. They recommended participants meet the following

criteria:

1. Knowledge about the cultural arena or situation or experience being

    studied;

2. Willingness to talk; and

3. Representative of the range of points of view.

CDC Executive Directors, having direct input (and in some instances control)

over the organizational mission and project incorporation, have first-hand knowledge of

what CDCs in Newark, NJ, do and do not do as it relates to resident participation.

The city executives who participated in this study, were all, through their job

responsibilities, familiar with and required to interact with both residents and community-

based organizations.

Snowball sampling was used to identify a diverse selection of city residents, all

familiar with Community Development Corporations in the city. Since CDC executives

have existing working relationships with residents, their recommendations were sought

after to identify residents with familiarity of the topic of this study. Additionally, select

participating residents were asked to provide recommendations to ensure for the inclusion

of diverse perspectives. According to Berg (2007), snowball sampling is "sometimes the

best way to locate subjects with certain attributes or characteristics necessary in the

study" (p. 44). Referrals were primarily accepted through CDC executives, limiting the

number of indiviudals referring residents for participation. The more distance that exists

between the referee and the referred creates problematic responses (Biernacki & Waldorf,

1981). This is a result of referees not being fully aware of the research topic and/or the

referred individual's personal connection to the research topic. The detachment between the referee and the referred also threatens confidentiality of participant information. To properly address this issue, individuals making referrals were asked to sign a condifentiality agreement stating that they would keep all information related (in any way) to the study confidential, including information that may lead to the identification of participating residents. Moreover, as Biernacki and Waldorf (1981) pointed out, as word of the research circulates within the larger community (in this case, of CDCs), friends, and colleagues may refer individuals that end up being false starts. False starts refer to individuals who are referred to the study because there is an understanding that they fit the criteria of participation; however, once the researcher interacts with the participant, it becomes apparent that the participant does not fit the criteria. To address the possibility of false starts in this study, the researcher asked CDC executives to refer three individuals for particpation with the expectation that at least one would fit all criteria for particiation.

It is possible that snowball sampling procedures may create bias within the sample and lead to selected individuals not being represetative of the concourse. Control over the referral chain was employed in order to ensure "that the sample include[d] an array of respondents that, in qualitative terms, if not rigourous statistical ones, reflect[ed] what [were] thought to be the general characteristics of the population in question" (Biernacki & Waldorf, 1981, p. 155) and that the sample was not biased. The targeted population in this study was community stakeholders with knowledge of CDC work. As previously stated, Q Methodology does not seek to determine how wide a set of persepctives are; it aims to reveal a set of social perspectives around a specific issue. Because this study was not geared toward being generalizeable to the population in the R

sense (rather being generalizeable to the targeted population), the referral sampling process did not create any selection biases.

The person sample for this study was the following:

City Executives (8).

City executives consisted of individuals in positions that were responsible for an entire office or division and whose responsibilities required them to either work with Community Development Corporations or be aware of CDC work.

Community Development Corporation Executive Directors (8).

CDC executives were either Presidents or Executive Directors of the organization. Executive Directors could choose to designate someone of equal knowledge to participate in their place. Newark, NJ, at the time of this research, had 21 operating CDCs. The 8 CDCs chosen for this study embodied the landscape of all Newark-based CDCs. Therefore, the organizations selected represented the population of CDCs in Newark.

Detailed data regarding each CDC can be found in Table 3.2 Appendix E. A brief summary of each CDC at the time of this research is discussed below.

CDC No. 1.

Founded in 1991, CDC No. 1 began as a technical assistance provider to small Community Development Corporations; however, over the years their focus has shifted towards developing affordable housing and neighborhood development in Newark's South Ward. Its mission is designed to create community development opportunities in seven of New Jersey's northern counties and provide them with technical assistance and housing development.

To date, CDC No. 1 has helped to build over 400 affordable housing units in Newark and the surrounding areas. While affordable housing is at the center of its activities, CDC No.1 also works to provide services that include financial education, homebuyer assistance, and youth development with hopes of improving the quality of life for those living in the units they build. CDC No. 1 also specializes in revitalizing stagnant and abandoned neighborhoods.

CDC No. 2.

This organization began in 1969 by a group of residents who started a preschool to meet the growing need for childcare in the City of Newark. CDC No. 2 now looks to provide the residents of their community with the services, resources, and opportunities they want, need, and deserve. This CDC has developed a variety of programs that provide social services and grassroots organizing for community activism. Since creating a preschool of neighborhood children, they now operate a comprehensive childcare center, a family success center, a literacy initiative, and a community center. CDC No. 2 is very active in the redevelopment of commercial buildings surrounding residential neighborhoods in addition to the Passaic River waterfront.

CDC No. 3.

CDC No. 3 was founded in 1972, after the civil unrest, by Newark residents who sought to create economic and social stability for their community in the North Ward. Their mission is to encourage residents to be self-sufficient and empowered. CDC No. 3 employs a holistic approach to community development and integrates an array of supportive social services and community economic development programs that promote family well being, healthy child development, educational achievement, employment

opportunities, home-ownership, financial self-sufficiency, energy conservation, and neighborhood renewal.

As part of the collaborative network that they have created, residents are connected with other community-based organizations to take advantage of services and resources not currently available in their community.

CDC No. 4.

CDC No. 4, the youngest of Newark CDCs, was formed in 2002 by a group of community residents who wanted an active role in the redevelopment of their community. Their goal is to plan, design, and build a comprehensive arts and cultural district in Newark, NJ, through a focus on sustainable urban development.

Originally, this CDC was formed to advocate in the best interest of community residents and arts organizations in its focus area; however, it shifted its focus to include community development. Its objectives are driven by the following guiding principles: economic opportunity, community awareness, cultural advancement, environmental sustainability, equal opportunity, diversity, historic preservation, neighborhood revitalization, and musical performance. Their key projects include 300 green certified housing units, an urban garden cooperative, development of "green collar jobs", and an annual music festival. They are also in the process of the restoration of a historic site that will house the Smithsonian Museum of African American Music.

CDC No. 5.

CDC No. 5 is located in Newark's Central Ward and is the largest and most comprehensive community development organization in the United States. Founded in 1968 because of the devastation caused by the riots of 1967, its mission is to help

residents improve their quality of life and personal achievements. In order to meet this objective, it has implemented various initiatives ranging from shopping centers to housing units to daycare centers. It prides itself on taking a comprehensive approach to community development, which includes being active in housing, health care, education, training, childcare, and economic development.

CDC No. 5 owns and operates almost two thousand housing units for the elderly, families, and other underserved populations. They operate a resource center to address the various economic needs of community members and provide transitional job training for public assistance recipients, among other programs. As a result, CDC No. 5 is the largest nonprofit in the state of New Jersey as well as the largest CDC in the country.

CDC No. 6.

Community activists founded CDC No. 6 in 1966 when looking to have an impact on the need for safe and affordable housing in Newark, Paterson, and Jersey City. This organization seeks to facilitate social and economic self-sufficiency, promote citizen participation in community development, and serve as an advocate for disadvantaged populations. By striving to provide services in education, employment and technological training, social services, health and mental health care, and housing that meets the needs of the residents and families it serves, CDC No. 6 hopes to create a community of civically involved residents.

CDC No. 7.

CDC No. 7 is a neighborhood-based human services and community development agency founded in 1972 by local residents seeking to improve the quality of life in this neighborhood. Current program offerings include: meals on wheels, crisis intervention,

family counseling, housing development, and community and parent organizing programs. The mission of the organization is to create a stable and compassionate community by bringing together representatives of various local groups in an attempt to solve some of the existing neighborhood problems. Some of the community programs they offer for residents are outreach to the elderly, childcare and youth development, and housing development. CNC No. 7 also maintains a forum for neighborhood collaborations focused on activism and safety initiatives. It relies on the leadership and guidance of its residents.

CDC No. 8.

CDC No. 8 is a grassroots urban environmental organization that was founded in 1995. The organization strives to capitalize on the economic, educational, and vocational opportunities available for the community. Its primary mission is to enhance the quality of urban life by restoring and capitalizing on the 311-acre park within the West Ward. It strives to use the resources of the park to create economic, educational, and vocational opportunities for community residents. Currently, CDC No. 8 is collaborating with a local university and community members to assess the wealth of environmental resources that the park has to offer and create a platform of advocacy on its behalf.

Community Residents (8).

Community residents were citizens who resided in the areas served by CDCs and who were, or had been, involved with CDCs in a capacity that would provide them with knowledge on CDC work. Furthermore, these community residents had established relationships with other residents and thus had an understanding and an opinion as to the extent of resident participation in the local political process.

The selection of community residents was based on specific criteria. Residents were required to be at least 18, not currently hold an elected political position, have resided in the city for a minimum of five consecutive years, be knowledgable of the work of their community CDC, and be interested in participating in their local government. All residents that participated in the study fulfilled all selection criteria.

Preliminary contact with a representative from each stakeholder group suggested their willingness to participate in this study. Two individuals that represented CDCs were not the president or executive director; however, the executive director of their respective organization suggested their participation in place of the executive director. Both individuals were well exposed to the work and objectives of the CDC and were able to operate as surrogate participants. Demographic data of all participants can be found in Table 3.3 (Appendix F).

Q-sample (statements).

In Q Methodology, samples "are in terms of statements or other stimuli drawn from some parent population" (Brown, 1980, p. 28). The tool or instrument used in Q to collect data is the Q-sample, a collection of opinion statements. Statements within the Q-sample should be short, concise, easily readable, and understandable. Unlike survey questions, which are designed to mean the same thing for each survey respondent, Q-statements may be interpreted in different ways by different sorters (Brown, 1970); however, the statements should not provide too much excess meaning in order to avoid difficulty on the part of the researcher in distinguishing and comparing the resulting perspectives. The primary goal of statement selection is to ensure that those selected and included in the study are "in major respects, the comprehensiveness of the larger process

being modeled" (Brown, 1993, p. 96). Specific sampling techniques were employed to ensure that the Q-sample included in this study met the criteria outlined above.

Since there was no ready made Q-sample available for adoption, the naturalistic sampling approach was used to create a set of opinion statements employed in this study. Naturalistic sampling aids the researcher in producing a Q-sample stemming from respondents' oral and written communication, relevant literature, previous research, and/or media sources (primarily newspaper articles). For this research, opinion statements were developed based on public administration and urban affairs literature as well as newspaper articles and reports focused on citizen participation. Statements were "taken verbatim from the concourse" (Weber et al., 2009, p. 9) and worded so that they were significant to those doing the sorts, understandable, and something that participants would have an opinion about. It is recommended that a total of 20–60 statements be included in the study (Weber, 2009). Fewer statements may not allow the sorter to fully express her or his view and a larger number may be too time consuming for participants and test their levels of patience. Figure 3.1 (Appendix D) illustrates the entire process of statement sampling and selection.

Once the initial list of statements were collected, the researcher used a structured sampling process to narrow down the statements. This entailed dividing the concourse into categories and assigning the intitial statements to the best fitting category. The categories, in this case, were theoretically based on Arnstein's Ladder of Participation (1969). The eight (8) rungs of the ladder, each corresponding to a level or degree of resident participation, were used. The initial list of statements was individually placed in

the appropriate participation category. The final set of statements (Q-sample) represented a smaller set of statements from each category.

Linking Participation and Q-statements

The dimensions of participation in this study were adopted from Arnstein's Ladder of Participation (1969). This text, the most cited work focusing on democratic participation (Fung, 2006), identifies eight categories or dimensions of citizen participation ranging from Manipulation (the lowest level) to Citizen Control (the highest level). Arnstein's dimensions were utilized for two primary purposes: 1) to help create the final Q-sample and 2) to analyze the perceptions of stakeholder groups. This framework has been proven to be an effective tool for analyzing varying levels of resident participation in government initiatives (Cooper & Bryer, 2007; Wondolleck, Manring, & Crowfoot, 1996) and was the primary tool used for the design of the Q-sample.

The initial 54 statements, those based within Public Administration and Urban Affairs literature in addition to media sources and research reports, were reviewed to determine which step of the ladder they best represented. Once classified into one of the eight dimensions of participation, the statements were reviewed again to determine those that were the best fit for each category. The three statements that best fit the definition of each participation dimension remained while all others were eliminated. The final 24 statements were reworded so that they were short, concise, and easily understandable by members of each stakeholder group (CDC Executive Directors, city executives, and city residents).

Each level or dimension of participation (Manipulation, Therapy, Informing, Consultation, Placation, Partnership, Delegated Power, and Citizen Control) was represented in the final Q-sample by three statements. Table 3.4 (Appendix H) provides a list of the final Q-sample.

Table 3.4 Final Q Sample (Structured Sample)

Statements	Category of Participation
Manage and control the flow of information. Distort opportunities for resident engagement into a chance to advance governments agenda. Control the extent of resident support.	Manipulation
Distract residents from their own concerns and issues with government. Seek to change residents' values and attitudes to match broader community concerns. Help residents manage their fears and avoid suspicion of planned projects.	Therapy
Report back to citizens about new programs or policy decisions. Discourage communication from government to residents that restrict feedback and program influence. Frequently use brochures, posters, and other documents that provide information to residents.	Informing
Seek input and feedback from residents. Invite residents to provide opinions in participation activities. Frequently use attitude surveys, neighborhood meetings, and public hearings to gain residents' opinions.	Consultation
Facilitate residents' input on a decision before it is put into action. Incorporate resident suggestions into project plans while final approval lies with local officials. Give residents' a limited role in influencing project outcomes.	Placation
Support shared planning and decision-making responsibilities between residents and local officials. Encourage collaboration between residents and officials in designing and carrying out policies and projects. Facilitate decision-making and policy creation that is divided equally between local officials and residents.	Partnership
Encourage giving residents significant control over program and policy development activities. Assist in the negotiations between citizens and officials that result in citizens achieving primary decision making ability. Support residents in achieving dominant authority over planning policies and projects.	Delegated Power
Believe final approval power and accountability lie with community residents. Support transferring primary guidance and goal setting power to residents. Strive to guarantee that residents are in full charge of policy-making and program/project planning.	Citizen Control

Instrumentation: Pre-test

The research instrument (the final Q-sample) was pretested to ensure statement

clarity, comprehension, and appropriateness. The first pretest group was comprised of a

group of seven public administration graduate students familiar with various types of

citizen participation. Individuals within this group were given a list of statements and the

names and desrciption of the eight dimensions of participation. They were asked to

categorize each statement into the appropriate dimension. The ability and/or inability to

perform the task spoke to the clarity and ease of statement comprehension. This process

was repeated until each statement adequately represented its intended meaning, was clear,

and easily understood. Questions and comments stemming from this process aided in the

development of the final Q-set used. Additionally, a panel of four experts was asked to

review the statements to determine if they were relevant to the current state of

participation in the City of Newark; if they were thorough and representative of all

aspects of the participation concourse, as it relates to the conceptual framework applied;

and if there were any concepts that should be added.

Finally, four preliminary sorts were conducted with both academics and

practitioners. This process served beneficial to the researcher for several reasons. One,

the researcher was able to conduct practice sorts prior to those for the research study.

Second, individuals participating in the preliminary sorts were able to inform the

researcher of any flaws or ambiguity in the instructions provided, lack of clarity in the

statements, and other logistical aspects of the sorting process.

Overall, the process of pre-testing the statements and the sorting process provided

valuable feedback to the researcher. Some statements were revised for ease of

comprehension. Additionally, changes were made to the instructions given to the participants during the sorting process. Specifically, the researcher added additional language in the instructions reminding participants that the placement of statements was not final and that they (participants) could choose to move the statements as often as necessary until they felt their views were best represented.

Data Collection

Q Methodology incorporates a systematic set of principles that when combined with statistical methods can measure an individuals' subjectivity. It is "based on the premise that subjective points-of-view are communicable and always advanced from a position of self-reference" (McKeown & Thomas, 1988, p. 5). The study of subjectivity is done through the rank ordering of a number of opinion statements, the correlations of the sorts, and the process of factor analysis.

Q-sort technique.

The process of allowing subjective opinions to be empirically studied begins with the Q-sort. Within a Q-sort, the subject models his/her opinions by rank ordering the opinion statements along a continuum. "The Q-sort technique is a modified rank-ordering procedure in which stimuli are placed in an order that is significant from the standpoint of a person operating under specified conditions" (Brown, 1980, p. 195). Distribution markers are used to indicate each positive (+) and negative (–) score and the neutral (0) position. These markers reproduce the distribution continuum and assist the participant in card placement as they conduct the sort. Participants are given a condition of instruction to guide them through the sorting process, which "can be simple requests

for agreement and disagreement or operationalizations of theoretical constructs"
(McKeown & Thomas, 1988, p. 30).

Participants are asked to read through a set of randomly numbered statements,
familiarizing themselves with the information. As this is done, they are asked to sort the
statements into three piles: to the right are the cards that the subject agrees with, to the
left are the cards that the subject disagrees with, and in the middle pile are the cards that
the subject is neutral or unsure of.

Subjects are then asked to select a number of cards (this number is predetermined
by the distribution) that they agree with most and place them under the extreme positive
(+) column. They are then asked to select the same number of cards that they disagree
with most and place them under the extreme negative (–) column. The number of cards
placed in each column relates to the total number of statements and is defined by the
researcher. Subjects continue switching between the positive (+) and negative (–)
columns as they place the predetermined number of statements for each. The alternating
from the positive (+) and negative (–) sides is "to help them think anew the significance
of each item in relations to the others" (McKeown & Thomas, 1988, p. 33). The
researcher or participant (or both) record the final Q-sort by writing the statement
numbers on a score sheet that replicates the Q-sort distribution.

Researchers then conduct semi-structured interviews with each participant asking
them to explain their placement of cards. This data aids the researcher by supplementing
the qualitative findings using the participant's own words.

Once all sorts are conducted, the researcher uses statistical software designed
specifically for Q Methodology (many use PCQMethod or PQMethod) to input the sort

configurations. Factor rotation and analysis is done resulting in the identification of the primary perspectives of participants.

Data collection methods: Q-sort.

In this study, 24 participants were asked to sort 24 statements from rarely to almost always. The participants, when sorting the statements, were told that they were only allowed to place a certain number of cards in each rank. Forcing participant sorts into a normal like distribution has no statistical importance yet aids them in clarifying their preferences, forcing respondents to carefully consider how they view the opinion statements during the sorting process and "contemplate the Q statements in a thoughtful way" (Weber, 2009, p. 19). Brown (1980) states that:

> as a practical matter, however, subjects should be advised to adhere as closely as to the recommended distribution as possible since it encourages them to make distinctions that they might not otherwise volunteer but of which they are generally capable (p. 203).

Figure 3.2 illustrates the forced distribution and range used for this study.

In preparation to conduct the sorts, email correspondence from respected members of the community was sent to CDC Executive Directors and city hall executives. Within this correspondence the researcher and topic of the study was introduced along with encouragement for participation. The researcher sent follow up emails to schedule meetings. A number of potential participants required follow up phone calls and some required face-to-face contact. All individuals identified for participation were included. Two CDC Executive Directors suggested that the person filling the community organizer position participate in lieu of their involvement.

Figure 3.2 Forced Free Distribution

-3 RARELY	-2	-1	0 NEUTRAL	1	2	3 ALMOST ALWAYS
■						■
■	■				■	■
■	■	■		■	■	■
■	■	■		■	■	■

These individuals were knowledgeable of the history of CDCs and the landscape of citizen participation in Newark and, therefore, served as acceptable surrogates for their Executive Directors. CDC Executive Directors were asked to provide three names of residents that met the criteria previously outlined. Executive Directors referring residents signed confidentiality forms to keep resident participant identities confidential.

At the beginning of each face-to-face meeting, the researcher explained the study and informed participants that their participation was voluntary and that their identity and responses would be kept confidential. The researcher assured all participants that their names or any other identifiable characteristics would not be used and asked participants to sign and date an informed consent form. Furthermore, participants were informed that they were welcome to a copy of the research findings if they so chose. During the meetings, participants were read a set of instructions and guided through the steps involved with sorting the statements presented. Participants were first told about the nature of the study and that their authentic viewpoints were the focus of investigation.

They were instructed that they would be conducting two sorts. In the first sort, participants were told to *sort the cards according to how often or not they thought CDCs currently did the things listed*. The second sort asked the participants *to think about an ideal world and sort the cards again, according to how they believed CDCs should do the items listed on the cards*. The conditions of instruction for each sort are restated in Table 3.5 (Appendix G).

Participants were then asked to read through the pile of statements (statements were printed individually on index cards and randomly numbered) and create three separate piles according to how they felt CDCs currently did the items listed on the index cards. In the first sort, they were asked to place the cards that they believed CDCs almost always did in a pile to the right, the items CDCs rarely did in a pile to the left, and the items about which they were unclear, uncertain, or ambivalent in a neutral pile in the middle. They were then instructed to choose two statements from the almost always pile that they believed CDCs did the most and placed them under +3. Participants were then instructed to choose two statements from the rarely pile (the pile on their left) that they believed CDCs did the least and placed them under -3. They were then asked to return to the almost always pile and choose three cards that they believed CDCs often did, just not as frequently as the two statements they placed in +3. These cards were placed in +2. Participants were instructed to go back to the left side and choose three statements that they believed CDCs rarely did, although they did a little more than the two statements in -3. These cards were placed in -2. This process was repeated for +1 and -1 asking participants to place four cards in each column. The six remaining cards were placed in the neutral column. The researcher chose to have participants alternate from the right

side (*almost always*) and the left side (*rarely*) to help participants think freshly of the significance of the statements in relation to one another (McKeown & Thomas, 1988). If participants ran out of cards in the *almost always* or *rarely* piles prior to completing the columns for each, they were informed that they could choose cards from their neutral pile. Furthermore, the researcher continuously reminded respondents that they could, at any time, move the cards to best represent their views and opinions. Once the sorts were completed, participants reviewed their placement of cards and made any adjustments that they deemed necessary. Participants were then asked to record the numbers on the back of cards in a grid that matched the distribution of the sort. The researcher also recorded statement numbers during this time as a means to ensure the accuracy of the data.

For the second sort, respondents were asked to think about an ideal world and re-sort the statements according how often or not they thought CDCs in Newark should do the things stated on the cards. Again, participants sorted cards in three piles (*almost always, rarely*, and *neutral*). The make up of the distribution and the sorting process was the same as the first sort. Subjects again alternated between right and left sides when ranking statements.

The duration of each Q-sort solely depended on the participant and their process; however, the researcher's goal was for all sorts not to significantly exceed one hour in duration. If a participant required additional time, the researcher provided whatever additional time was needed. All Q-sorts were held in quiet, safe locations convenient for the participants. Those locations included offices in Newark City Hall, conference rooms, personal offices within the Community Development Corporation, and resident homes.

Data collection methods: qualitative data.

After the completion of the first sort, respondents were asked to explain their thought process during the Q-sort. Participants were asked to explain the reasons for the placement of cards in the +3/-3 and +2/-2 categories. Specifically, they were asked to talk about their thought processes and elaborate on the statements placed in the +3 column, the -3 column, the +2 column, and the -2 column.

Following the completion of the second sort, respondents were asked to elaborate on their card placements, as they were with the first sort. Subjects were asked a variety of additional questions. They included:

- Can you discuss some of the similarities that you noticed between the first and second sorts?

- What were some things that came through your mind as you conducted the sort?

- Were there any statements that you found particularly challenging to place?

- How long have you resided in Newark? (resident participants only)

- Can you talk a little bit about your role working for the city? (city executives only)

- Has engaging in this process sparked any new thoughts on participation in Newark? (CDC Executive Directors only)

These additional questions, although not required in Q Methodology (many Q studies only ask participants about the extreme categories), provided in-depth, robust qualitative data to support the quantitative findings. The incorporation of these questions allowed the participant to verbalize any internal conflicts she or he may have had when making the hard decisions asked of Q subjects. Additionally, these questions provided subjects

with the opportunity to expound upon statement placement. Post-sort interview questions can be found in Table 3.6 (Appendix H).

All sorts and semi-structured interviews were audio recorded with the consent of the participants. Each digital recording was transcribed and, using grounded theory techniques, the researcher formed conceptual themes stemming from the interviews. Charmaz (2006) argued that this process helps to shape "an analytic frame from which you build the analysis" (p. 45). The themes and responses found in interview transcripts were used to compliment the quantitative findings. Once all audio recordings were transcribed, the researcher categorized participant comments by statement. For instance, all comments for statement No. 24 were categorized together and all comments for statements No. 13 were categorized together, etc. This was done to enable the researcher to use the data gathered during the interviews to better understand why people loaded on a certain factor as they did.

Finally, participants were asked to complete a nine-item questionnaire providing demographic information.

Data collection methods: quantitative data.

The statistical software, PQ Method, was used to enter all quantitative data stemming from the Q-sorts. PQ Method is software designed specifically for the requirements of Q Methodology. It is built upon the foundational mainframe created by John Atkinson with the direction of Steven Brown (Kent State University) and has since been "adapted, revised and is maintained by Peter Schmolck" (Schmolck, 2002, p. 2).

> Specifically, it allows to easily enter data (Q-Sorts) the way they are collected, i.e. as 'piles' of statement numbers. It computes intercorrelations among Q-Sorts, which are then factor-analysed with either the Centroid or Principal Component method. Resulting factors can be rotated either analytically (Varimax), or

judgmentally with the help of two-dimensional plots. Finally, after selecting the relevant factors and 'flagging' the entries that define the factors, the analysis step produces an extensive report with a variety of tables on factor loadings, statement factor scores, discriminating statements for each of the factors as well as consensus statements across factors, etc. (Schmolck, 2002, p.1).

Q Method provides a user-friendly interface allowing the researcher to follow several steps when entering the study parameters. PQ Method "is much easier to use for Q analysis than standard statistical software (such as SPSS), because it produces outputs that are easy to interpret in a Q context" (Webler et al., 2009, p. 25).

First, researchers enter the final set of opinion statements into the database. Due to the 60 character limit, the researcher chose to shorten statements (easing the process of interpretation later in the study) rather than allowing the program to truncate statements on its own. Once the statements were entered, the researcher was prompted to enter the parameters of the Q-sort: the range of columns (-3 to +3) and the number of statements allowed under each column. Next, the researcher entered unique sort ID numbers and the data associated from their respective sorts (information was pulled from the recording sheets described above).

Once all Q-sorts were finalized and all raw data entered into PQ Method, a correlation matrix was created. The correlation matrix allows the researcher to see which Q-sorts have higher positive correlations, suggesting which two Q-sorts or similar, which ones have a strong negative correlation, and which two resemble one another the least. Q-sorts that have correlations measuring closer to +1.00 are more similar than those that have correlations closer to -1.00, which are dissimilar and demonstrate high levels of disagreement between the two. The correlation matrix is not the primary statistical analysis, rather the process of factor analysis is what best enables the researcher to see the

social perspectives within the data collected. Correlations are, however, "a necessary way station and a condition through which the data must pass on the way to revealing their factor structure" (Brown, 1993, p. 103).

Factor analysis of the data was then conducted to determine which Q-sorts could be grouped together or become the same factor, due to similarity. These factors represent "manifestations of actual thinking defined operationally in terms of concrete human behavior" (Brown, 1980, p. 208). It is the factor analysis that groups thoughts, perspectives, and perceptions and begins to tell a story of how stakeholders see the issue. PQ Method extracts a maximum of eight factors. Principal Components Analysis (PCA) is the most commonly used type of factor analysis and draws on both the commonality among all Q-sorts and the specificity of each individual sort (Webler et al., 2009) as opposed to Centroid which is based on the commonality of sorts. Due to its ability to analyze factors based on both commonality and individual specificity, PCA was used for this study.

Factor rotation provides a different vantage point for the researcher to examine the Q-sorts. Furthermore, factor rotation can help to explain the hypothesis using a theoretical standpoint. Varimax and judgmental (manual) rotation are allowed with PQ Method. Varimax, the most often used, seeks to rotate the factors so that each individual is associated with just one factor. Manual rotation is often used when researchers seek to test hypotheses on how perspectives relate to one another (Webler et al., 2009). This research employed the use of both factor rotation methods to determine which method provided the soundest findings. Those sorts that loaded highly (positively or negatively) for each factor (those found to be significant at the .01 level) were flagged for further

analysis. PQ Method automatically flags cases that explain more than half of the common variance and are significant at the p>.05 level.

Conclusion

The employed method enabled the examination of community stakeholder perceptions within a real-life, palpable environment. Q Methodology serves as an empirical vehicle to examine and understand an individual's personal experiences (McKeown & Thomas, 1988) and is thus an ideal method in evaluating stakeholders' views. Through the use of these strategies, this research sought to identify and better comprehend community stakeholder perceptions of CDC influences on resident participation. The rationale was that individuals that have a close working (or volunteering) relationship with Community Development Corporations would serve as ideal participants due to their profound institutional knowledge of the work conducted and results accomplished by the community organization.

The views and personal experiences of community stakeholders, in this case, provided access to information that is traditionally not the focus of empirical studies.

Chapter 4: Results

This chapter reports the findings of the quantitative (Q-sort) and qualitative (semi-structured interviews) analysis. Q Methodology was used to group like-thinking individuals together as a means to identify perspectives of the role Community Development Corporations have on resident involvement in local government. Presented in the following are the findings for the Q-sorts conducted using two separate conditions of instruction. The qualitative data gathered from the semi-structured interviews was used to support the quantitative findings of the study.

Data Analysis – Sort No. 1 (Current Perceptions)

Participants were asked to sort 24 statements according to how often, or not, they believed CDCs in Newark, NJ, did the items listed on the cards. The instructions provided by the researcher were to place two statements under the +3 and -3 columns, three statements under the +2 and -2 columns, four statements under the +1 and -1 columns, and 6 statements under the neutral or zero column. The data was entered into PQ Method and factor analysis was conducted to identify how Q-participant perspectives were grouped.

Once the between sorts correlation matrix was produced, the researcher conducted Principal Component Analysis to identify the components that were composites of a given perspective. Eight un-rotated factors were identified; six of these factors had eigenvalues greater than one. Traditional statistical methods indicate that factors with eigenvalues greater than or equal to one should be selected for rotation as they account for at least one perspective. Brown (1980) argued against solely using statistical measures to select factors and suggested that "the importance of a factor cannot be

determined by statistical criteria alone, but must take into account the social and political setting to which the factor is organically connected" (p. 42). After considering both the theoretical meaning and statistical criteria, six factors (with eigenvalues greater than one) were selected for Varimax rotation (an orthogonal rotation that forces factors to be uncorrelated with one another). The decision to select these factors was two-fold. First, statistically, Factors 1–6 had eigenvalues of at least one, indicating that the each factor accounts for at least one perspective. Second, loadings for Factors 7 and 8 did not have any one sort that loaded highly on a single factor, thus suggesting that there is no one distinguishing sort or dominant perspective defined for either Factor 7 or 8.

Six factors were accounted for in 20 of the 24 sorts, suggesting that Varimax rotation produced meaningful results. The four unaccounted sorts did not meet the statistical criteria (imposed by PQ Method) to be considered defining sorts; however, they were statistically significant at the $p > .01$ significance level. There were no confounding sorts (sorts that loaded high on more than one factor).

The researcher allowed PQ Method to automatically flag the distinguishing sorts for each factor since it is designed to flag "pure" cases and considers both variance and statistical significance in doing so. Sorts that are considered to be pure and distinguishing sorts for a factor explain more than half of the common variance and load significantly at $p > .05$. For analysis purposes, the researcher also manually flagged those sorts that met the $p > .01$ significance level (.526). This can be seen in Table 4.1.

Table 4.1 Rotated Factor Loadings – Sort No. 1 (Current Perceptions)

Q Sorts	Factor Loadings					
	1	2	3	4	5	6
00100	0.1567	**0.8103X**	0.0716	0.1457	0.2936	0.0562
00101	0.0298	0.2585	**0.6987X**	0.2414	-0.4163	0.0994
00102	0.1248	-0.0443	0.2041	0.1366	0.1509	**0.8011X**
00103	0.1240	**0.6265X**	0.0382	0.0956	0.0923	0.5253
00104	0.3920	0.1111	0.3243	-0.1085	0.1750	**0.6762X**
00105	-0.1167	0.0182	**0.6770X**	0.0287	0.3144	0.3563
00107	0.1225	-0.0450	-0.0542	-0.0766	**0.8485X**	0.1234
00108	**0.7642X**	0.1499	0.1669	-0.1807	0.4265	0.2019
00200	0.1968	0.1696	**0.7794X**	-0.1858	0.0354	0.1392
00201	**0.6033***	0.1096	0.2137	0.1887	**0.5769***	0.1132
00202	-0.0953	0.3076	0.0268	-0.4596	**-0.5464***	0.2353
00203	0.4987	**0.6536X**	-0.1469	-0.0596	-0.3352	-0.0899
00204	**0.8569X**	0.1836	0.0943	-0.1667	0.2373	0.2027
00205	**0.5770***	0.0980	-0.1567	0.0802	**0.7066X**	0.2027
00206	0.3980	-0.1674	0.3246	0.0736	0.4410	-0.0233
00207	0.2181	0.0017	**0.7366X**	-0.0628	0.3142	0.0948
00300	-0.0384	**0.8690X**	0.2663	-0.0952	-0.0070	-0.0538
00301	0.3179	-0.0028	0.1350	-0.3263	**0.7179X**	0.0402
00302	**0.6837X**	-0.0127	0.2583	0.4267	0.3027	0.0870
00303	0.2902	0.0302	0.4123	-0.1192	**0.5981X**	-0.0160
00304	0.1634	0.0744	0.1666	-0.0623	**0.8288X**	0.2960
00305	**0.5694***	0.3041	0.0859	0.1422	**0.6296***	0.1836
00306	0.2130	0.2593	0.2568	-0.1031	**0.7858X**	0.1235
00307	-0.0313	0.1081	-0.0962	**0.7379X**	-0.2905	0.1407
% Expl. Var.	16	11	12	6	24	8

X - Defining Sort (Auto Flagged)
* - Significant at p>.05, not unique in variance

Factor interpretations in Q are based upon factor scores rather than loadings. Factor

scores are computed by generating a factor array or model Q-sort (one for each factor)

with scores ranging from -3 to +3 (the distribution used in this study). Defining variates

(sorts that singularly and significantly load on a factor) are designated and merged to

compute an ideal array for the factor. Since some sorts are more closely aligned with the

viewpoint of a given factor, factor loadings are weighted to represent the varying degrees

of association with a factor. Factor scores are computed as z-scores (McKeown &

Thomas, 1988). These normalized scores enable the researcher to compare the

distinguishing Q-sample between factors. For convenience, the normalized scores are

converted to whole numbers, representing the factor array used in the sorting process (in

this case, -3 to +3). Table 4.2 summarizes factor interpretations for Sort No. 1.

Table 4.2 Factor Interpretations – Sort No. 1

Factor	Perspective	Dominant Perspective Holders	Interpretation
1	Therapy/Consultation/Placation	All Stakeholders	Work to keep the status quo
2	Manipulation/Informing/Placation	Residents	Provides managed information but limits ability to engage
3	Consultation/Partnership	Residents/City Officials	Strive for shared planning and collaboration
4*	Manipulation	CDC Executive Director	Fosters involvement but controls information
5	Consultation/Informing	CDC Executive Directors	Gathers opinions and provides information
6	Consultation/Placation/Partnership	Residents	Shared planning and collaboration
*One person with high loading			

Factor 1: Therapy, Consultation, and Placation.

As indicated by Table 4.3 (found below and as Appendix I), Factor 1 represented

a perspective shared by all stakeholder groups. Three participants loaded highly on this

factor. Resident 00108 had a factor loading of .7642, city executive 00204 had a factor

loading of .8569, and CDC Executive Director 00302 had a factor loading of .6837.

Factor loadings are essentially correlation coefficients that "indicate the extent to which

each Q-sort is similar or dissimilar to the composite factor array for that type" (McKeown

& Thomas, 1988, p. 50). Positive factor loadings indicate agreement or shared

subjectivity with other individuals on that factor, whereas negative factor loadings

indicate the inverse, disagreement, or rejection of the viewpoint presented within a factor.

The loadings for each distinguishing sort for Factor 1 were positive, suggesting that each participant is in agreement with the dominant perspective presented.

Table 4.3 Rank Statements – Sort No. 1

No.	Narrative Statement	Factor 1 (Consultation/ Placation)		Factor 2 (Manipulation/ Informing)		Factor 3 (Consultation/ Partnership)		Factor 4 (Manipulation)		Factor 5 (Consultation)		Factor 6 (Consultation/ Placation/ Partnership)	
		Z-Score	Factor Array	Z-Score	Factor Array	Z-Score	Factor Array	Z-Score	Factor Array	Z-Score	Factor Array	Z-Score	Factor Array
1	Frequently use brochures, posters, and other documents that provide information to residents	0.70	1	2.11	3	-0.51*	-1	0.58	1	1.60	3	0.41	1
2	Assist in the negotiations between citizens and officials that result in citizens achieving primary decision making ability	-1.35	-2	0.02	0	0.11	0	1.16*	2	0.02	0	-1.06	-2
3	Give residents a limited role in influencing project outcomes	0.20	0	1.61*	3	0.85	2	-1.16	-2	-1.17	-2	-0.18	0
4	Support residents in achieving dominant authority over planning policies and projects	-1.61	-3	-0.80	-2	-0.04	0	0.00	0	0.24	0	-1.11	-2
5	Facilitate residents' input on a decision before it is put into action	0.13	0	-0.07	0	0.75	1	-1.74**	-3	0.85	2	1.71*	3
6	Believe final approval power and accountability lie with community residents	-0.38	0	-0.31	0	-1.18*	-2	0.00	0	0.30	0	0.00	0
7	Support transferring primary guidance and goal setting power to residents	-0.45	-1	-1.00	-2	-0.57	-2	0.00	0	0.18	0	-1.71	-3
8	Distort opportunities for resident engagement into a chance to advance governments agenda	-1.60	-3	0.19	1	-1.22*	-2	1.74**	3	-1.86	-3	0.00	0
9	Manage and control the flow of information	0.00	0	1.04	2	-0.37	-1	1.16	2	-0.70	-1	0.41	1
10	Seek input and feedback from residents	1.35	2	0.99	1	1.88	3	-1.16**	-2	1.60	3	0.88	1
11	Encourage collaboration between residents and officials in designing and carrying out policies and projects	0.45	1	-0.23	0	1.85	3	1.16	2	0.38	1	1.06	2
12	Strive to guarantee that residents are in full charge of policy-making and program/project planning	-0.96	-1	-2.01	-3	-2.05	-3	-1.74	-3	-0.78	-1	-0.69	-1
13	Encourage giving residents significant control over program and policy development activities	0.06	0	-0.37	0	0.39	1	-0.58	-1	-0.25	-1	-1.01	-2
14	Report back to citizens about new programs or policy decisions	0.84	2	1.10	2	-1.73	-3	-0.58	-1	0.50	1	-0.83	-1
15	Facilitate decision-making and policy creation that is divided equally between local officials and residents	-0.64	-1	-0.71	-1	-0.16	0	-1.16	-2	-0.08	0	0.18	1
16	Frequently use attitude surveys, neighborhood meetings, and public hearings to gain residents' opinions	0.83	1	-1.03	-2	-0.53	-1	0.58	1	1.30	2	1.52	2
17	Invite residents to provide opinions in participation activities	1.92	3	0.70	1	0.99	2	-0.58*	-1	1.30	2	1.29	2
18	Discourage communication from government to residents that restrict feedback and program influence	-1.04	-2	-1.23	-3	-0.19	0	0.00	0	-0.99	-2	0.00	0
19	Distract residents from their own concerns and issues with government	-0.88	-1	-0.41	-1	0.00	0	1.74**	3	-2.04**	-3	-0.23	-1
20	Control the extent of resident support	-0.97	-2	1.43**	2	0.48*	1	-0.58	-1	-0.86	-2	-0.88	-1
21	Seek to change residents' values and attitudes to match broader community concerns	1.23	2	-0.32	0	-0.46	-1	0.58	1	-0.78	-1	-0.23	-1
22	Incorporate resident suggestions into project plans while final approval lies with local officials	1.47	3	-0.71	-1	0.61	1	0.58	1	0.72	1	-0.18	0
23	Help residents manage their fears and avoid suspicion of planned projects	0.26	0	-0.39	-1	-0.15	0	0.00	0	0.31	1	-1.29*	-3
24	Support shared planning and decision-making responsibilities between residents and local officials	0.46	1	0.40	1	1.28	2	0.00	0	0.23	0	1.94	3

	Statements with Z-score ≥ 1 sd
*	Distinguishing statements for each factor p>.05
**	Distinguishing statements for each factor p>.01

Factor 1 was dominated by the Consultation and Placation levels of participation but was also marked by the Therapy level. As shown in Table 4.3, the statements aligned with this perspective portrays that currently CDCs almost always:

- Invite residents to provide opinions in participation activities, and

- Incorporate resident suggestions into project plans while final approval lies with local officials.

Stakeholders believed that CDCs almost always give residents opportunities to provide opinions in participation activities. CDC Executive 00304 suggests that this is:

a bedrock philosophy of CDCs, at least CDCs that are truly development corporations. I mean there are others that I could have put in there but these seem to be the most in their most distilled form the things that groups always do, almost always, I would say always actually for these.

City Executive 00204 further expounded, stating,

CDCs absolutely aspire to have members of their community be engaged and the easiest way to do that is to hear what they have to say so that really reflects both of those.

Stakeholders also held the view that currently CDCs rarely:

- Distort opportunities for resident engagement into a chance to advance government's agenda, or

- Support residents in achieving dominant authority over planning policies and projects.

The notion that CDCs rarely distort opportunities was made evident when City resident 00108 commented:

I just don't see how CDCs can distort resident engagement so that they do what the government wants…CDCs, oftentimes, oppose demolitions, encourage affordable housing, and that's something that we take to city hall or at other times they [government] wants to develop things that we think are harmful for a community so we use laws that we have that encourage any of these things and we bring them to the

forefront…so I can't say that every CDC or any CDC really in terms of development, developing a community is going to distort opportunities for resident engagement to advance government's agenda. That doesn't happen.

CDC executive 00302 further supports this irregularity,

I've never–never say never but–I don't think I've ever seen a CDC that is truly dedicated to the principles of community development, which are rooted in independent self determination for residents, ever do this.

Although there was no indication that CDCs distort opportunities for engagement, stakeholders did, however, believe that CDCs rarely assist in the negotiations between citizens and officials that result in citizens achieving primary decision making ability.

City Executive 00204 explained:

I don't think that's something that governments aspire to nor do I think its something that CDCs aspire to and frankly don't think that is, that necessarily leads to the best outcomes and so and I think that CDCs see themselves as having a valuable role as community leaders and that means helping frame, shape, and direct policy planning and development decisions. So I don't think that any of them are simply ciphers taking residents input or power and directly implementing that into action.

Despite the lack of influence in helping residents achieve dominant decision making authority, CDCs rarely discouraged communication from government to residents that restricted feedback and program influence or controlled the extent of resident support. CDCs were not only seen as providing information to residents by reporting back to them about new programs or policy decisions, but they also worked to invite residents to provide opinions and seek input and feedback from residents. Stakeholders also perceived CDCs incorporating resident suggestions into project plans with the understanding that local officials have the final say. CDC Director 00302 pointed out that, "getting buy-in is probably as more important as to who makes the final decision."

Those that ascribed to the dominant perspective in this factor did, nonetheless, feel that

CDCs sought to change resident values to match broader community concerns. CDC

Executive Director 00302 explained that this is often done in order to overcome,

> one of the bigger challenges in terms of people getting beyond themselves and their immediate needs and looking beyond their building, their block, their community.

> Further, he suggested that this was done with the idea for CDCs to work "collaboratively as a community."

In summary, the overriding perception found in Factor 1 was associated with

Therapy, a level of non-participation, and Consultation and Placation, levels of tokenism.

These participation initiatives allowed residents to have a voice and hear from power

holders, but residents did not have the ability to work to ensure that their suggestions

and/or considerations would be implemented.

Factor 2: Informing and Manipulation.

Citizens dominated Factor 2, as residents load 2:1 on this factor against city

executives and CDC Executive Directors. Citizens 00100 and 00103 had factor loadings

of .8103 and .6265, respectively; City executive 00203 had a factor loading of .6536; and

CDC Executive Director 00300 had a factor loading of .8690. All four stakeholders had

positive loadings indicating that they all positively correlated with the point of view in

Factor 2. The stakeholders, represented by their Q-sorts, correlated with Factor 2 by 81%

(00100), 63% (00103), 65% (00203), and 87% (00300).

The Informing and Manipulation levels of participation defined Factor 2, although

one of the five highly ranked statements was associated with the Placation level.

Individuals relating to the perception found in Factor 2 proposed that CDCs almost

always:

- Frequently use brochures, posters, and other documents that provide information

  to residents, and

- Give residents a limited role in influencing project outcomes.

The explanations given by Citizens 00100 and 00103 provided further clarity to this

perspective:

Non profits almost always have to advertise their services to the community so they often distribute flyers or brochures to let community residents know that they're available with whatever programs they have. (Citizen 00100)

...they're very good with that, especially if you are on the mailing list. The only drawback I do have is for the residents that don't, especially our seniors that don't have computers, so they feel everybody has computers so you know they do everything using the internet and I still say you still have to send out paper you know they don't want to do the old fashioned way. But you still need that for people who are not into modern technology. (Citizen 00103)

Residents' limited ability to influence projects may stem from the role that CDC staff

often plays in community development. Citizen 00100 stated:

A lot of times planning is done by staff within a community organization and residents aren't really given the full leisure of control over a lot of projects. Most of that power remains with the municipal government, the educational institution that may be partnering with it, or the non profit.

CDC Executive Director 00300 explains the use of brochures, posters and other documents:

I think pretty much we do that well, we all do that well. You know, we have the pretty pictures and the nice things to hand out that say a lot of stuff. You come into the building, you see a lot of stuff, a lot of information, and so we do that.

Factor 2 also illustrated the viewpoint that although Community Development

Corporations reported to residents about new programs and policy decisions, they

controlled the flow of information and the extent of resident support.

Executive Director 00300 explained that he uses the control of resident support as

a means to electrify his constituents:

I think that a lot of time we set the tone for how residents react to policy etc. If we come
out in support of something heavily than surprisingly I can't say it will correspond into an
equally strong resident support…but the negative response, I think, on the other side, if
we are against something, its not good for the community, that can really galvanize a lot
of negative support around it.

The narrative told in Factor 2 does not support the notion that citizens should be

in control of planning and project development. Stakeholders correlated with this factor

determined that currently CDCs rarely:

- Strive to guarantee that residents are in full charge of policy making and

    program/project planning, and

- Discourage communication from government to residents that restrict feedback

    and program influence.

Here stakeholders indicated that Community Development Corporations are

currently not supportive of residents being in control or having full charge of policy or

project planning despite their desire to inform residents and not discourage

communication between residents and government. Citizen 00100 added a level of

complexity to this perspective by stating:

A lot of times a non profit themselves aren't even in charge of policy making and
program/project planning, so they can't give that type of responsibility to the residents
cause they don't even have it. They're just a conduit.

The notion that participation initiatives that result in citizen control was not a

dominant perspective in Factor 2 was further supported by stakeholders, determining that

CDCs rarely supported residents in achieving dominant authority over planning policies

and projects and transferring primary guidance and goal setting power to residents.

City executive 00203 surmised:

I think that community based organizations use a lot of paraphernalia almost like they are
continually campaigning but they don't, I don't really see anyway, I don't really see
where they engage the residents as much as I think they should.

I don't see where, this talks about support residents in achieving dominant authority over
planning policies and projects and then assisting in negotiations between citizens and
government, I don't think that, they don't help from where I sit. They don't help
residents broaden their perspective on what might be available to them or how they can
better develop themselves, they don't, I don't see where they engage residents. I think
that they get grants, they do programs, they do what they think is important to the
community but sometimes I think they don't really know. They're in the community but
they've not really gauged what's important.

City residents were the primary (although some City and CDC executives agree)

view holders for this factor and believed that CDCs manipulate, inform, and placate

rather than engage residents in higher levels of participation. Here stakeholders

suggested that Community Development Corporations provided information, but they

also manipulated the information and participation activities that were presented.

Residents were placated through the limited role to which they were given with respect to

influencing project outcomes, although no true influence was to be had. This factor was

comprised of two primary levels of participation that characterized the nonparticipation

and tokenism typologies of Arnstein's ladder.

Factor 3: Consultation and Partnership.

The Consultation and Partnership levels of participation were most evident in this

factor. Here, four Q Participants loaded highly on this factor: two residents (00101,

00105) and two city executives (00200, 00207). No CDC Executive Directors loaded

highly on Factor 3. Citizen 00101 correlated 70% to the Factor 3 perspective and Citizen

00105 had a correlation of 68%. City executives 00200 and 00207 correlated 78% and

74%, respectively. These factor loadings demonstrated that each of these participants was in high agreement with the perspective of this factor.

The perspective highlighted in Factor 3 suggested that CDCs did not currently foster participation that led residents to have final approval power and full charge. Further, this perspective did not see CDCs distorting opportunities or reporting to residents about new programs or policies. This factor did, however, suggest that CDCs strive for shared planning and collaboration between residents and officials and seek to garner input and feedback from residents.

Similarly with Factor 2, the view presented here was not in support of citizen control. Unlike the first two factors, Factor 3 put more emphasis on communication. It was perceived that CDCs were willing to invite residents to provide opinions in participation activities but rarely:

- Strive to guarantee that residents are in full charge of policy making and program/project planning, and

- Report back to citizens about new programs or policy decisions.

City executive 00200 spoke about the state of communication from Community Development Corporations to residents:

I think that we, across the city, have yet to master communications, not everybody works on a single flyer, not everyone reads, not everyone reads English, not everyone goes to the church that you put the flyers in, not everyone goes on the computer if you have it on your website…I don't think that the reporting out is something that is done consistently or in a consistent place where I know I can go to anyone's website and get a weekly update on policies and programs.

She further explained:

I just don't think that we report enough. I'd rather over communicate than under communicate and again, you know sometimes you get a flyer about a program but there was a meeting last week about something but there was no updates that went out and

you're not gonna get an update unless you go to the next meeting, and you know I can't go to the next meeting cause my kid has soccer or my husband is sick or what have you. So there has to be other means of communicating.

This city executive also aligned with the perspective that CDCs did not foster

citizen control, which was made evident in the following comment:

I think that community development organizations don't strive to guarantee that residents are in full charge of policy making and program/project planning for a host of reasons. One is because no one body can be guaranteed that they are in full charge…I don't think that any good community development project and/or program can have one body of folks that are in full charge. It has to be a shared responsibility.

The notion of shared responsibility was what resonated in the perspective present

in Factor 3. Stakeholders that held this perspective believed that CDCs did not foster

citizen control but they did work to encourage Consultation and Partnership. The

individuals associated with the viewpoint of Factor 3 rated the following as almost

always occurring with CDCs:

- Encourage collaboration between residents and officials in designing and carrying

  out policies and projects, and

- Seek input and feedback from residents.

Stakeholders determined that CDCs often engaged in supporting shared planning

and decision-making responsibilities between residents and local officials. City

executive 00207 iterated:

I think that the non-profits, the CDCs that we have, I think that they do this, I think that they often do it. They are trying to encourage collaboration between residents and local government on projects and on policies. I think that since 2006 with Mayor Booker, I know they've had much greater success than they did before. I think they were more marginalized and excluded both CDCs and the residents by the prior administration, but I think that the community the residents and the non-profit/CDC community were hungry for collaboration and I think that they have consistently encouraged it.

Factor 3 was best categorized by the levels of Consultation and Partnership. Community Development Corporations fostered participation that allowed residents to hear and be heard and also provided them with opportunities to engage and negotiate.

Factor 4: Manipulation.

One Q participant loaded highly on this factor (00307) with a loading of .7379. Although one significant factor loading supported this factor, the stakeholder defining this factor represented the only Community Development Corporation whose mission is primarily focused on environmental concerns (open space, green technology, air quality etc). This unique organizational focus suggested that Factor 4 provided a distinct perspective. Therefore, the factor was kept for further inspection.

Factor 4 suggested that CDCs allowed residents to be involved in decision making and encouraged residents and officials to collaborate on projects, but controlled what projects were put on the table and how much information residents had. This was supported by the fact that the perspective here stated that residents were not a part of policy creation nor was resident input incorporated into decisions before they were put in place, thereby preventing residents to be in full change of policy making and planning.

It was the perception of CDC Executive Director, 00307, that currently, Community Development Corporations rarely:

- Facilitate residents input on a decision before it is put into action, and
- Strive to guarantee that residents are in full charge of policy-making and program/project planning.

CDC Executive 00307 explained his rationale for determining the frequency of CDCs attempting to facilitate resident input on decisions:

I'm dealing with recreation playground areas, rare experiences in those. So to have residents have input those residents should be provided with funds to hire a professional to mull over their ideas - if it is sound, if it is up against the wall, or if its not reasonable. And it shouldn't be based on cost. I mean we are so far behind the curve that the first thing they throw at you is you have to realize the cost. The cost should be out the window, you're dealing with an urban area because we always been underfunded and unless you come in with a open book and say we want to bring you up to par with the finest that we have in America, but they say 'why give them that?' They only gonna tear it up. They tear it up cause they not involved totally they not involved financially; their ideas aren't flushed out based on professionalism so…

Manipulation was the defining level of participation for this factor. This was evident in the ranking of the following statements as what CDCs almost always do:

- Distort opportunities for resident engagement into a chance to advance

    governments agenda, and

- Distract residents from their own concerns and issues with government.

CDC Executive Director 00307 provides clarification on how CDCs distract residents

and distort opportunities:

It's almost by rote… they don't even have to plan it. I mean that distraction comes in a lot of different subtle forms. They get a recognized person to assist them in that, who's on their payroll…they always have a distraction in one form or another to discourage residents about their own concerns. There is always the excuse of another policy that's more important than theirs…

We narrowly focus on environmental issues like the air quality because the port authority and the Newark airport they kill more people–asthma and various different other things that the pollutants emanate from those aircrafts and ships and trucks come from there. That's a major issue because they kill more people than homicides and (this is an EPA statistic, it might be a little old now but) they kill more people from those pollutants than traffic accidents and homicides combined. They not focused on that. They always discourage that.

Additionally, this factor determined that CDCs rarely sought input and feedback

from residents nor gave residents a limited role in influencing project outcomes. It

mimicked Factors 1 and 2 when considering CDCs facilitation of decision-making and

policy creation. As with the previous factors, stakeholders believed that CDCs rarely

aided in engaging residents and local officials in an equally divided decision-making and policy creation process.

Dominated by Manipulation, but incorporating Therapy, Placation, and Consultation, Factor 4 signified that CDCs rarely encouraged Citizen Control and Partnership, but often advanced Manipulation and Therapy. Non-participation (manufactured substitutes for genuine participation) and tokenism (no avenues for challenging the status quo) were most prevalent within this factor.

Factor 5: Consultation.

Six Q Participants loaded highly, defining the perspective present in Factor 5. The CDC Executive Director perspective dominated this factor as more executive directors correlated with the emerging viewpoint than any other stakeholder group. One resident (00107) had a factor loading of .8485, one city executive (00205) had a factor loading of .7066, and four CDC Executive Directors (00301, 00303, 00304, 00306) loaded highly on this factor .7179, .5981, .8288, and .7858, respectively.

This viewpoint was counter to that presented in Factor 4, which stated that CDCs foster participation that manipulated residents' input. The belief here was that CDCs do not foster Manipulation and Therapy but promote Informing and Consultation. Statements considered to almost always occur with CDCs are:

- Frequently use brochures, posters, and other documents that provide information to residents, and

- Seek input and feedback from residents.

Executive Director 00306 stated how they use the input and feedback from residents,

When we do policy and planning we were using all these markers to keep us on track in terms of how we want the plan to take shape.

The importance of resident feedback and opinions are exhibited when Executive Director 00303 suggested:

> I think that there is a lot of communication between CDCs and their residents. So the statements are almost the same – invite residents to provide opinions, seek input and feedback – so that's really that I think that CDCs often function as a clearinghouse for the community.

Furthermore, stakeholders correlated with this perspective believed that CDCs were frequently engaged in gaining resident opinions and inviting residents to provide their opinions in participation activities using attitude surveys, neighborhood meetings, and public hearings. Oftentimes, CDCs worked to facilitate resident input in a decision before it was put into action.

Stakeholders did not see CDCs fostering the Manipulation and Therapy levels of participation and, in fact, believed that CDCs rarely distracted residents from their own concerns and issues with government and discouraged communication from government to residents that restricted feedback and program influence. Within this viewpoint, stakeholders determined that CDCs rarely gave residents a limited role in influencing project outcomes. The participation activities that were most prevalent within this factor were those designed to engage in behaviors that gauge and gather resident opinions and provide information to residents using brochures and community/neighborhood meetings. CDC Executive 00304 clarified this viewpoint by stating,

> Frequently use attitude surveys, neighborhood meetings, public hearings almost all groups do that, they may not do all of those things all the time.

CDC Executive 00301 further stated,

> …we don't want to change residents own value and attitude just because their might be thinking a different way we want people to represent themselves and be authentic.

CDC executive directors that felt that their organizations did not foster participation at either extreme of the ladder of participation dominated Factor 5. Neither manipulative participation nor participation that required citizens to have full control were present within this perspective. CDC directors viewed their organizations as supporting participation initiatives that fell within the Informing and Consultation categories of participation, ultimately limiting resident participation to the extent of hearing and being heard, without any follow up or guaranteed inclusion of resident suggestions and opinions.

Factor 6: Partnership.

With two Q participants loading highly, citizens 00102 and 00104, Factor 6 characterized fostered participation at the Partnership level. Citizen 00102 correlated to this viewpoint by .8011 and citizen 00104 by .6762. Factor 6 did not see CDCs as fostering the highest levels of participation (Citizen Control and Delegated Power) but it did see the presence of activities that supported Partnership and Consultation.

Citizens 00102 and 00104 determined that CDCs almost always:

- Support shared planning and decision-making responsibilities between residents and local officials, and

- Facilitate residents' input on a decision before it is put into action.

When discussing how they viewed the undertaking by CDCs of the actions described in these statements, citizen 00102 said,

> I don't know of any organization that I'm familiar with that doesn't do any of these two things. That's pretty much a definite.

Citizen 00104 provided more detail by stating:

CDCs do try to maintain a relationship between the residents and local officials, be it municipal, the county, state…they do try to share planning and decision making responsibility with the two, bringing the two together and having discussions of issues that concern our community.

These stakeholders believed that CDCs invited residents to provide opinions in participation activities, used attitude surveys to gain the resident opinion, and facilitated resident input before action was taken. It was believed, in this factor, that these were all done through shared planning and decision-making responsibilities and collaboration between residents and officials.

Citizens aligned with this perspective did not perceive CDCs managing resident fears to avoid suspicion of planned projects; they, in fact, felt that Community Development Corporations rarely did this. Stakeholders also established that CDCs rarely sought to foster participation that supported transferring primary guidance and goal setting power to residents. Citizen 00104 explained:

I don't see where Community Development Corporations try to support the residents to achieve any type of authority over a planning policy or project. I don't see that. And CDCs like for the residents to be a support, but as far as full charge that's not happening. Policy making, they like their support, they like their input but its not like where residents have full charge of policy making and program and project planning.

Stakeholders deemed that CDCs were currently engaged in efforts that supported shared planning and sought to incorporate resident suggestions, but not in which residents were in primary control of the planning or decision-making process.

Those with high loadings on this factor rated all citizen control statements as rarely occurring. Stakeholders holding the perspective presented by Factor 6 believed that CDCs did not encourage giving residents significant control over program and policy development nor did they engage in negotiations in which citizens achieved primary decision-making responsibilities.

In Factor 6, CDCs were seen as organizations that currently engaged in participation initiatives that encouraged collaboration and partnership between community residents and local officials, while giving residents opportunities to have input on plans affecting their neighborhoods. Participation on the Delegated Power or Citizen Control levels was not supported by this factor. Citizen stakeholders with this view of Factor 6 resolved that Community Development Corporations were most engaged in partnership-associated engagement activities, enabling residents to be a part of negotiations and a give and take as it related to making decisions with local officials.

Correlated Factors

Factors 1 and 5 were identified as having a correlation score of .6280, indicating their similarities. Despite the statistical correlation of these two factors, there were distinguishing characteristics that made them both unique, which was why neither factor was excluded from the data analysis.

Factor 1 focused on the general idea of attaining resident input (inviting residents to provide opinions and seeking input and feedback) and Factor 5 represented the mechanisms of gauging resident support and input (using brochures, posters, and attitude surveys).

These factors (1 and 5), despite their high correlation, provided separate and unique perspectives. This was determined by reviewing the participants that had significant factor loadings for each. Factor 1 had one resident, one city executive, and one executive director loading highly. Factor 5, however, had 4 CDC executive directors, 1 resident, and 1 city executive that loaded highly. By reviewing which

stakeholder group loaded highly on these two factors, the researcher was better able to identify the uniqueness within these factors, despite the high correlation.

The differences between Factors 1 and 5 suggested fundamental distinctions in the perspectives held. The perspective presented in Factor 1 saw CDCs almost always seeking to change resident values and attitudes to match broader community concerns and giving residents a limited role in influencing project outcomes, whereas the perspective in Factor 5 saw CDCs rarely doing these things. The Factor 1 perspective suggested that CDCs rarely held negotiations in which citizens achieved primary decision-making power or suggested that residents achieved dominant authority over policy and program creation.

Finally, in Factor 5, stakeholders emphatically stated that CDCs rarely distracted residents from their own concerns and issues with government. However, in Factor 1 it was determined that, at times, CDCs do distract residents, although it may rarely occur.

The correlation scores between Factors 1 and 5 indicated similarity between the two, yet further investigation determined that in spite of this correlation, there were unique and distinguishing attributes to both.

Research Propositions

Proposition 1: The conventional participation paradigm exists and therefore, creates an environment of participation initiatives that do not go beyond the categorization of tokenism.

All six factors in Sort No. 1 supported the notion that the conventional paradigm currently exists and that it creates an environment plagued by participation activities and initiatives that fall within the tokenism category. The existence of such a paradigm

indicates that there is distance between residents and their ability to make decisions and that the participation initiatives that are currently in use in the research setting do not encourage partnership, collaboration, or higher levels of control. The perspectives of all stakeholder groups supported this proposition.

Proposition 2: Residents' participation in local government initiatives is primarily funneled through Community Development Corporations.

All factors and stakeholder perceptions supported the notion that current participation initiatives are representative of the lower levels of participation and lack resident autonomy. Therefore, CDCs initiate, facilitate, or liaise such participation endeavors encouraging resident participation to occur through these initiatives.

Data Analysis – Sort No. 2 (Ideal Perceptions)

As with Sort No. 1, Q participants were asked to rank 24 statements. In Sort No. 2, participants were asked to think about an ideal world and sort the statements in terms of how often, or not, they thought CDCs in Newark should do them.

After the statistical analysis was completed, eight factors were identified. Factors 58 were dropped from analysis for two primary reasons. First, they did not have eigenvalues greater than 1, suggesting that they did not account for one perspective. Second, no individual sort was significant for these factors, therefore indicating that no individual had high levels of agreement with the view included in these factors. For these reasons, four factors, all with eigenvalues ≥ 1, were chosen for Varimax rotation. A review of the four final factors can be seen in Table 4.4.

Table 4.4 Rotated Factor Loadings – Sort No. 2 (Ideal Perceptions)

Q Sorts	Factor Loadings			
	1	2	3	4
00100	**0.6591X**	0.3693	0.1687	0.202
00101	**0.6558X**	0.0073	0.4649	0.1805
00102	**0.5296***	-0.1714	0.4398	0.4631
00103	0.1203	0.1038	**0.8986X**	0.1121
00104	0.1317	0.3464	0.4184	**0.7412X**
00105	**0.7768X**	0.0393	0.0276	0.3319
00107	-0.0117	**0.7998X**	0.2199	0.328
00108	-0.0296	**0.8956X**	-0.0089	-0.0755
00200	**0.6306X**	0.1345	0.1261	**0.5540***
00201	0.512	0.3761	0.2515	0.5256
00202	**0.7970X**	0.406	-0.0345	0.0915
00203	**0.5379***	-0.1155	0.2582	**0.6090X**
00204	**0.7780X**	0.2114	0.0648	0.2893
00205	**0.7682X**	0.2048	0.4234	0.2113
00206	0.3512	**0.6654X**	0.4662	0.1296
00207	0.4849	-0.0439	0.0879	**0.6678X**
00300	0.4125	0.5157	-0.101	**0.6100***
00301	0.1653	**0.7517X**	-0.075	0.3065
00302	**0.7306X**	0.231	0.0734	0.3586
00303	0.4427	**0.6137X**	0.0758	0.2593
00304	0.4121	0.3747	-0.0016	**0.6968X**
00305	0.2027	**0.8784X**	0.0047	-0.1113
00306	0.4625	**0.5694***	0.1298	**0.5260***
00307	0.4901	**0.5413***	0.2932	0.3603
% Expl.Var.	27	22	9	17

X - Defining Sort (Auto Flagged)
* - Significant at p>.05, not unique in variance

Factor 1: Therapy, Consultation, and Partnership.

Eight Q Participants loaded highly on this factor, three citizens (00100, 00101, 00105) with factor loadings of .6591, .6558 and .7768, respectively; four city executives (00200, 00202, 00204, 00205) .6306, .7970, .7780, 7682, respectively; and one CDC

Executive Director (00302) .7306. Table 4.5 (found below and as Appendix J) shows

how these stakeholders were highly correlated with the perspectives of this factor and

define the viewpoint found.

Table 4.5 Rank Statements – Sort No. 2

No.	Narrative Statement	Factor 1 (Consultation/ Partnership)		Factor 2 (Citizen Control)		Factor 3 (Consultation/ Partnership)		Factor 4 (Multi-level Approach)	
		Z-Score	Factor Array	Z-Score	Factor Array	Z-Score	Factor Array	Z-Score	Factor Array
1	Frequently use brochures, posters, and other documents that provide information to residents	0.23	0	0.12	0	0.58	1	0.57	1
2	Assist in the negotiations between citizens and officials that result in citizens achieving primary decision making ability	0.43	0	0.74	2	0.00	0	-0.68	-1
3	Give residents a limited role in influencing project outcomes	-0.94*	-1	-1.57*	-3	1.16*	2	0.02*	0
4	Support residents in achieving dominant authority over planning policies and projects	-1.04	-2	1.33**	3	0.00	0	-0.64	-1
5	Facilitate residents' input on a decision before it is put into action	0.98	2	-0.18*	0	-1.16*	-2	1.55	3
6	Believe final approval power and accountability lie with community residents	-0.58	-1	1.74**	3	0.00	0	-0.26	0
7	Support transferring primary guidance and goal setting power to residents	-0.05	0	1.13**	2	-0.58	-1	-0.16	0
8	Distort opportunities for resident engagement into a chance to advance governments agenda	-2.04	-3	-1.43	-2	-0.58	-1	-1.48	-3
9	Manage and control the flow of information	-0.51	-1	-1.33	-2	0.00	0	-0.88	-1
10	Seek input and feedback from residents	1.59	3	0.68	1	0.58	1	1.19	2
11	Encourage collaboration between residents and officials in designing and carrying out policies and projects	1.26	3	0.61*	1	1.74	3	1.47	3
12	Strive to guarantee that residents are in full charge of policy-making and program/project planning	-0.61	-1	0.67	1	0.00	0	-1.28*	-2
13	Encourage giving residents significant control over program and policy development activities	-0.07	0	1.32**	2	-1.74**	-3	-0.26	0
14	Report back to citizens about new programs or policy decisions	0.5	1	0.16	0	0.58	1	1.17	2
15	Facilitate decision-making and policy creation that is divided equally between local officials and residents	0.41	0	0.29	0	1.74**	3	0.00	0
16	Frequently use attitude surveys, neighborhood meetings, and public hearings to gain residents' opinions	0.16	0	0.41	1	1.16	2	0.98	1
17	Invite residents to provide opinions in participation activities	0.88	1	0.39	0	1.16	2	1.10	2
18	Discourage communication from government to residents that restrict feedback and program influence	-1.78*	-3	-1.09	-1	-0.58	-1	-0.74	-1
19	Distract residents from their own concerns and issues with government	-1.33	-2	-1.5	-2	-1.74	-3	-1.45	-3
20	Control the extent of resident support	-1.01	-2	-1.5	-3	-0.58	-1	-1.36	-2
21	Seek to change residents' values and attitudes to match broader community concerns	1.17*	2	-0.76	-1	0.00	0	-1.01	-2
22	Incorporate resident suggestions into project plans while final approval lies with local officials	0.64	1	-0.23	-1	-1.16	-2	0.18	0
23	Help residents manage their fears and avoid suspicion of planned projects	0.54	1	-0.35	-1	-1.16	-2	1.07	1
24	Support shared planning and decision-making responsibilities between residents and local officials	1.16	2	0.37	0	0.58	1	0.90	1

	Statements with Z-score ≥ 1 sd
*	Distinguishing statements for each factor p>.05
**	Distinguishing statements for each factor p>.01

Factor 1 was dominated by city residents and executives and believed that CDCs

should encourage collaboration between residents and local officials, shared planning and

decision making responsibility between residents and officials, and seek feedback and

input from residents.

The following statements were identified as what CDCs should almost always be doing:

- Seek input and feedback from residents, and

- Encourage collaboration between residents and officials to carry out policies and projects.

Citizen 00105 believes that seeking input should be a natural function of CDCs. He provided his input by saying,

> Seek input and feedback from residents, that goes without saying. You shouldn't be a CDC if your not behaving in such a function. You charter should be banned.

City executive 00202 further supports this argument,

> CDCs can be very positive if they facilitate discussions and decision making, collaborative decision making, and really that could be an important primary role.

Citizen 00100 expounded further stating,

> I think that's a very vital role for CDCs to play in seeking to empower their constituents and facilitate their concerns. They have to seek input and feedback from residents.

Stakeholders' agreement that CDCs should almost always engage in activities that result in shared planning and decision making responsibility between residents and officials was complimentary to their desire for CDCs to encourage collaboration. However, these individuals also believed that CDCs should seek to change residents' values and attitudes to match broader community concerns. As seen in the first sort, there is a need to work against the "Not in My Backyard" (NIMBY) mentality. Citizen 00105 stated:

I whole heartedly agree because resident values and concerns are sometimes–and perhaps almost always–limited to their own perspective, their own issues versus looking at, versus taking the village perspective and saying this is about the community and CDCs should

spend quite a bit of their time focused on adjusting that thought process within the neighborhoods.

Within this factor it was also determined that CDCs should be facilitating residents' input on a decision before it is put into action.

Stakeholders defining this factor also believed that CDCs should not foster participation that incorporates manipulation, informing, or delegated power. This is evident as they ranked the following statements (both associated with these levels of participation) as things CDCs should rarely do:

- Distort opportunities for resident engagement into a change to advance government's agenda, and

- Discourage communication from government to residents that restrict feedback and program influence.

City executive 00202 stated that communities should be careful of organizations engaged in these behaviors because,

> CDCs can be destructive if they distract residents from larger issues and if they distort opportunities.

Citizen 00100 added that,

> CDCs should not be working towards the goal of a specific government agenda. It should be for the best opportunities for the residents that they serve.

Citizen 00105 drilled this point even further by saying,

> You just shouldn't do that, that does not promote democracy, it doesn't promote fairness. It's not about the government it's about community development. And so, the moment a CDC puts on a political agenda hat, it does a disservice to the community. That doesn't mean that the CDC cannot be political they just can't behave in a political manner.

Additionally, this factor incorporated the opinions that CDCs should rarely distract residents from their own concerns and issues with government, control the extent of resident support, and support residents achieving dominant authority over policies and programs. As stated by Citizen 00105:

You just cannot spend your time in my idea world, you shouldn't spend your time trying to support residents in being the dominant, that word is very strong once again dominant authority. In developing a community there is compromise, there are residents, there are small business owners, there are visitors, regular and frequent visitors, and there's government who should have a broader perspective of that community and that city and has that city at the forefront of their thinking when working with the CDCs. So it's unrealistic and it's not a good idea to provide support around residents seeking to be a dominant authority.

Factor 1 viewed CDCs as organizations that should be encouraging shared planning and collaboration in addition to seeking resident input and feedback. Apparent, at times, was the need to attempt to change residents' values and attitudes to match broader community concerns, particularly when residents held a NIMBY approach to projects and plans. Dominated by citizens and city executives, this factor did not believe CDCs should be striving for residents to have full and dominant authority of programs and planning. Stakeholders correlating with the view of Factor 1 believed that CDCs should foster participation that falls within the Partnership and Consultation levels of participation.

Factor 2: Citizen Control and Delegated Power.

Six Q participants loaded highly for this factor, including two citizens with loadings of .7998 and .8956, one city executive with a factor loading of .6654, and three CDC Executive Directors with factor loadings of .7517, .6137, and .8784. Citizens and CDC Executive Directors dominated Factor 2 and thus primarily defined this factor's meaning.

Factor 2 is characterized by the viewpoint that CDCs should almost always work to support citizens achieving dominant authority, primary guidance and goal setting power, and final approval power. This was indicated during the sorting process and how stakeholders ranked these items. Individuals aligned with this perspective declared that CDCs should almost always:

- Believe final approval power and accountability lie with community residents, and

- Support residents in achieving dominant authority over planning policies and projects.

Citizen 00108 believed this and stated:

…the real foundation has to be that the community residents should have final approval power and should be accountable for that decision as well. I don't think that we can hold people accountable right now for some of the decisions that are made, because they are not in their hands.

...in an ideal world we'd have highly engaged residents, people who are informed and concerned about their communities and I think that having that level of information and concern that creates passion that will help folks in a community make excellent decision and so a CDC would support having folks be able to control that.

Citizen 00107 agreed with concept of dominant authority for residents and stated:

I think that especially with planning projects, it would be ideal if the community had basic authority over them because they are the ones who have to live with the impacts. And really, what I think the CDC is about is quality of life for the residents in the community, so the impact on people of any kind of project is the most important thing. How dos it affect the quality of life of residents? And I think residents should have some sort of final say on things...

In addition to providing residents with full control and dominant authority, stakeholders aligned with this perspective believed that Community Development Corporations should encourage giving residents significant control over program and policy development and should support transferring primary guidance and goal setting

power to residents. It is clear that this factor was in full support of citizen control and delegated power.

Given that Factor 3 supported citizen control, the statements that stakeholders felt that CDCs should rarely do are:

- Give residents a limited role in influencing project outcomes, and

- Control the extent of resident support.

CDC Executive Director 00301 simply stated, "You don't want residents to have a limited role, you want them to have a large role." Citizen 00108 explained further in detail,

> I don't think that resident support should be controlled I think that in an ideal world we need residents who would actually be engaged or concerned about their community.

The viewpoint expressed in Factor 2 is explicitly focused on CDCs working to ensure that residents have full and prevailing authority. All lower levels of participation, according to this factor, should not be activities that CDCs support, foster, or engage. Distracting residents, distorting opportunities, and managing and controlling the flow of information were all what CDC Executive Director 00305 proclaimed were "contrary to our purpose." The highest levels of participation citizen control and delegated power (found within the citizen power category) formed the foundation of this factor.

Factor 3: Consultation and Placation.

Only citizen 00103 loaded high on Factor 3 (factor loading of .8986). The citizen holding this perspective may have had unique experiences with Community Development Corporations or with fellow residents that led to the formation of this opinion. Although this perspective was not a widely held view, an understanding of it may prove useful when considering the many stakeholders affected by the work of CDCs.

According to this stakeholder CDCs should almost always:

- Encourage collaboration between residents and officials in designing and carrying out policies and projects, and

- Facilitate decision-making and policy creation that is divided equally between local officials and residents.

In support of these rankings, citizen 00103 stated:

they should encourage the residents...the more you encourage them the more they, well support. We need more support from the community. We do realize that the officials can't do everything and we do have to be their eyes and ears to let them know of what's going on.

Citizen 00103 explained their rationale for shared decision making and planning authority when they stated:

Decision making…it should be between the officials and the residents. For one the residents are the ones who are paying the taxes. We're paying their salaries so I think we do, and we should have some input of what's going on, on what we like and what we don't like. And what we like to see increase or decrease as a community.

Statements relating to the Partnership level of participation were what this stakeholder believed CDCs should be encouraging the most. In addition to these, she also believed that CDCs should consult and placate by giving residents a limited role in influencing project outcomes. The belief here was that CDCs invited residents to provide opinions in participation activities, perhaps through the frequent use of attitude surveys and neighborhood meetings.

What CDCs should rarely do, according to citizen 00103, were:

- Distract residents from their own concerns and issues with government, and

- Encourage giving residents significant control over program and policy development activities.

Regarding giving residents control, the stakeholder defining this factor felt that,

Just like anything you have to you still have to have leadership, they still have to take responsibility. You just cant turn everything over to the community…things would kind of go a little buck wild or out of control.

This citizen also believed that Community Development Corporations should not distract residents, as explained in the following:

…because whether it be personal or community wise we are all human beings so we are always going to be distracted by something, but to just distract them completely we can't do that…we have to balance the two out. We know with government there's a lot of red tape. I think that's why a lot of people do get discouraged because there is so much red tape and if we can just lay the cards out on the table, and this what needs to be done and it can be done. Something that takes 6 months it should only take a month to do. No, we shouldn't get involved in everything, you know something, if its confidential and it gets out then you have trouble on your hands. Some things have to be kept behind closed doors.

This city resident did not believe that CDCs should be working to incorporate resident suggestions into project plans while final approval lies with local officials or that these organizations should facilitate resident input on a decision before it is put into action.

Consultation and Partnership were the primary levels of participation at play in Factor 3. Although partnership was very important to the stakeholder defining this factor, she did not believe the residents should have significant control. Furthermore, the lower levels of participation, Therapy and Placation, were not what CDCs should be doing. Factor 3 incorporated aspects of citizen power and tokenism, giving the residents a voice and an opportunity both to hear and allowing them to have some ability to negotiate with those in power.

Factor 4: Informing to Partnership.

City executives dominated Factor 4; two had factor loadings of .6090 and .6678. One resident and one CDC Executive Director with factor loadings of .7412 and .6968, respectively, correlated with this factor. Factor 4 was unique in that it incorporated more

levels of participation than any other factor identified in this study. The complexity of these intersections made it challenging to examine and understand.

The perspective represented here indicated that CDCs should foster a plethora of participation levels. This viewpoint was aligned with the five middle rungs of the ladder (Therapy, Informing, Consultation, Placation, and Partnership) and determined that CDC should almost always:

- Facilitate residents' input on a decision before it is put into action, and

- Encourage collaboration between residents and officials in designing and carrying out policies and projects.

Citizen 00104 felt strongly about collaboration and commented:

I always feel that it's important that things are done transparently and that people are made aware of different things that are going on that can affect them - either negatively or positively. I really believe in maintaining integrity and being honest no matter if you think that the information may not get a positive read. At least people know where they stand about different things going on. So I think it's always good to encourage that [collaboration] between residents and our elected officials.

City executive 00207 also discussed his views on collaboration:

…an important function of the CDCs is just to try to create collaboration because it's a challenge, it's a challenge to find the right balance and just to get the parties from talking past each other to actually collaborating. I think it's an important role that the CDCs in an ideal world would play.

According to CDC executive 00304, facilitating residents' input before decisions were made was a "foundational principal" for Community Development Corporations. It may also be a moral principle as implied by City executive 00203:

…they [CDCs] should spend more time engaging residents. I just think that if they are applying for these grants the money that they get to put these programs in place are really to support the community and not their own self-service. And its not in my view, I think and to kind of counter that a little bit I think that residents should be very much involved in planning programs and policies that are going to impact them and the community.

CDCs should also, according to the viewpoint of Factor 4, seek input from residents and invite them to provide their opinions in participation activities. Moreover, reporting back to residents about new programs and policy decisions were also considered vital elements of what CDCs should be doing.

What stakeholders correlating with Factor 4 identified as behaviors that CDCs should rarely engage were:

- Distort opportunities for resident engagement into a chance to advance governments agenda, and

- Distract residents from their own concerns and issues with government.

These statements were determined by CDC Executive Director 00304 to be,

clearly statements of manipulation of residents which are not acceptable. Distort opportunities for resident engagement into a chance to advance government's agenda, I don't know any CDC that wants to advance governments agenda, unless its aligned with something that's equitable and supportive of residents needs. Distract residents from their own concerns and issues with government again, these are pretty straight forward so I had no problem putting these where I put them.

City executive 00207 explained:

I just think it would be a complete bastardization, for lack of a better word, of what a non-profit or a CDC should be doing. I mean it's just the exact opposite right. They should be out there working for the community and to the extent that they are actually some form of subversive agent of government that is twisting whatever real opportunities for engagement there might be, I just think it would be something you would hope would rarely happen in an ideal example of how CDCs would and should operate in Newark and more broadly.

Furthermore, this perspective felt that CDCs should rarely seek to change residents' values and attitudes, control the extent of resident support, and guarantee that residents are in full charge of policy-making and planning initiatives.

Individuals associated with this factor thought CDCs should engage in varying levels of participation including Therapy, Informing, Consultation, Placation, and

Partnership. This factor did not support the levels of participation that fall on either extreme of the ladder of participation (Manipulation, Delegated Power, and Citizen Control) but determined that CDCs should foster participation that fall within the middle levels of participation.

Table 4.6 summarizes of all factor interpretations for Sort No. 2.

Table 4.6 Factor Interpretations – Sort No. 2

Factor	Perspective	Dominant Perspective Holders	Interpretation
1	Consultation/Therapy/Partnership	Residents/City Officials	Should encourage collaboration and shared planning
2	Citizen Control/Delegated Power	Residents/CDC Executive Directors	Residents should have a dominant role with full control and final approval power
3*	Consultation and Partnerhsip	Resident	Gather resident input and allow them to be partners in decision making
4	Informing to Partnership	City Executives/CDC Executive Directors	All levels should be at play (except Manipulation, Delegated Power, Citizen Control)
*One person with high loading			

Correlated Factors

Factors 1 and 4 had a correlation score of .7427, indicating that the two factors and their corresponding perspectives were similar. Factor 1 primarily represented the viewpoint that CDCs should foster and engage in participation initiatives that encourage Consultation and Partnership. Factor 4 was similar, in this respect; however, it differed in the sense that it incorporated a much more varied perspective of what CDCs should do. Factor 4 represented five of the eight levels of participation including Information, Therapy, Consultation, Partnership, and Placation. The differences in the extent to which each factor characterized the levels of participation are the primary distinguishing features between the two.

Although both factors agreed that CDCs should seek input and feedback from residents and encourage collaboration between residents and officials, they were most

distinguished by their view of whether Community Development Corporations should seek to change resident values and attitudes to match broader community concerns. Individuals defining Factor 1 believed that CDCs should almost always do this, as evidenced by a ranking of +2 for this statement. Those defining Factor 4 saw this as something that residents should not do, evidenced by a ranking of -2. Additionally, the perspectives representing these factors disagreed on the extent to which CDCs should not discourage communication from government to residents that restricts feedback and program influence and how often they should strive to guarantee that residents are in full charge of policy-making and program/project planning.

These factors did, in some ways, have a shared perspective but in many other ways they were uniquely different in how they prescribed CDCs' behavior in fostering participation.

Research Propositions

Proposition 3: CDCs should work to reduce the perceived distance between residents and the ability to address issues and make decisions affecting communities.

Factors 1 and 2 provided support to suggest that CDCs should work to decrease the amount of distance, or the perceived amount of distance, between residents and their ability to tackle the issues that impact their communities. Factor 3 did not support this proposition as it indicated that Community Development Corporations should give residents a limited role in influencing project outcomes. Incorporating so many levels of participation, Factor 4 proved inconclusive when testing Proposition 3. The community resident and CDC executive director perspectives primarily supported this proposition.

Proposition 4: Residents should have increased direct interaction/involvement with city government.

Factor 1, 2, and 3 supported this proposition. There was no evidence in Factor 4 that supported or refuted the proposition that residents should have increased direct interaction/involvement with city government. This proposition was supported by all community stakeholders.

An overview of all propositions can be found below in Table 4.7.

Table 4.7 Overview of Propositions

Propositions	Sort 1: Current Perceptions		Sort 2: Ideal Perceptions	
	Yes	No	Yes	No
P_1: Stakeholders perceive the current existence of the conventional participation paradigm, therefore, creating an environment of participation initiatives that do not go beyond the categorization of tokenism. Supporting Factors: 1, 2, 3, 4, 5, 6 Supporting Groups: All Community Stakeholders	√			
P_2: Stakeholders see residents' participation in local government initiatives as being primarily funneled through Community Development Corporations. Supporting Factors: 1, 2, 3, 4, 5, 6 Supporting Groups: All Community Stakeholders	√			
P_3: Stakeholders believe CDCs should work to reduce the perceived distance between residents and the ability to address issues and make decisions affecting communities. Supporting Factors: 1, 2 Supporting Groups: Community residents & CDC executives			√	
P_4: Residents seek increased direct interaction/involvement with city government through participation initiatives. Supporting Factors: 1, 2, 3 Supporting Groups: All Community Stakeholders			√	

Conclusion

This chapter summarized the findings from the study outlined in Chapter 3. Sort No. 1 incorporated perspectives regarding how stakeholders believed Community Development Corporations engage in various types of participation at the time of this research. Six factors were identified, and although there were some similarities and differences among them, the consensus was that CDCs were currently engaged in types of participation that perpetuate the status quo. On the other hand, when asked about what types of participation CDCs should be engaged in (Sort 2), stakeholders generally determined that Partnership and Collaboration were the ideal levels of participation that should be encouraged by these organizations. A discussion of these findings follows in Chapter 5.

Chapter 5: Discussion

This chapter interprets the findings outlined in Chapter 4 and their relationship to the propositions and research question previously outlined. Consideration is given to the impact on participation literature and theoretical and practical implications and recommendations are provided.

Research Propositions

Proposition 1.

Stakeholders perceive the current existence of the conventional participation paradigm, therefore creating an environment of participation initiatives that do not go beyond the categorization of tokenism.

As evidenced by the perspectives presented in Factors 1 through 6, residents indicated that they were kept away from issues and decision-making, thus illuminating the perspective that the conventional participation paradigm was present within the City of Newark. Primarily, stakeholders saw a government structure in place that was designed to keep residents the furthest from the issue. This became most evident in the fact that CDCs seemed to be fostering lower levels of participation. By attempting to change residents' values and attitudes, giving them a limited role in influencing project outcomes, managing and controlling the flow of information, distorting opportunities for resident engagement into a chance to advance government's agenda, and placating their needs through a host of other methods, Community Development Corporations have created an environment in which residents have not been equipped to properly address the issues and decisions that impact their communities.

CDCs were considered to frequently use brochures, posters, and other documents when providing information to residents. Seeking input and feedback from residents and reporting back to them about new community decisions were also tactics deemed to be standard procedures of CDCs. Stakeholders did not, however, see CDCs engaging in the higher levels of participation, including supporting residents in achieving dominant authority over planning policies and projects.

Despite that Factors 3 and 6 incorporated aspects of partnership and demonstrated that some believed that CDCs almost always support and encourage collaboration and shared planning in decision making, they also asserted that CDCs promote involvement associated with the Consultation level of participation. The perspective that residents were given a limited role in allowing them to provide opinions in participation activities best exemplified this. These types of initiatives, when used as an avenue of participation, were designed to allow residents to be heard and to hear from officials, yet prevented residents' influence on outcomes.

The high ranking of statements that reflected participation that was not collaborative and was void of negotiations and trade-offs implied that there was a perceived distance between residents and the issues and decisions relating to their communities. This was fundamental to the perpetuation of the context of conventional paradigm, therefore suggesting its presence.

Proposition 2.

Stakeholders see residents' participation in local government initiatives as being primarily funneled through Community Development Corporations

There was a preponderance of statements across all factors that reflected ideals that Community Development Corporations currently seek input and feedback or look to gain resident opinions using attitude surveys and neighborhood meetings. Residents were invited to provide opinions in participation activities but the understanding was that local officials had the final say. CDCs were seen, within these descriptions of participation, as playing a central role in taking initiative to communicate program or project information to residents. Citizens, therefore, believed that they were limited to the types of participation presented to them by these community organizations. In these instances, community residents did not have autonomy to fully engage in democratic participation largely because select information was brought to them and when asked of their input, those doing the asking selected what issues for which they sought input.

CDCs were not considered to support transferring primary guidance and goal setting power or considered to strive to achieve full charge for residents. There was a resounding lack of support for residents' achieving dominant authority. If this were not the current state of CDC activity, residents, in this case, would be engaged in direct interaction with government officials. CDCs served as a broker between residents and government sustaining this proposition and demonstrating that stakeholders saw resident participation as being primarily funneled through Community Development Corporations.

Proposition 3.

Stakeholders believe CDCs should work to reduce the perceived distance between residents and the ability to address issues and make decisions affecting communities.

Types of participation that gave residents significant and dominant control defined Factor 2. Subsequently, stakeholders determined these types of participation as ideal goals and endeavors for which CDCs strive. Factor 2 also recognized that CDCs should not control information, distort opportunities for participation, or distract residents from their concerns. The basic elements of Factor 2 revolved around resident inclusion.

Factor 1, although not in support of dominant control, viewed shared planning and collaboration as the ideal undertakings of Community Development Corporations. Manipulation, Therapy, and Informing are, conversely, types of participation that were not seen as ideal by the perspective emerging from this factor. According to those individuals defining the viewpoint of Factor 1, CDCs should work to achieve partnership between residents and officials and, consequently, provide residents with the ability and a better position to influence decisions or address the issues most critical to their community.

Factor 1 further perpetuated the belief that CDCs should rarely facilitate residents input on a decision before it is put into action. Through a limited role and an inability to provide input on decisions before they are put into action, residents were not able to work to address the issues and concerns afflicting their community.

For Proposition 3 to begin to take shape, CDCs must be committed to ensuring that residents are incorporated in issue-framing and decision-making initiatives as they relate to local government. Community Development Corporations can invite council members, city planners, and administrators working in neighborhood engagement and economic development to regularly scheduled community meetings. During these

meetings, residents and city officials can engage in dialogue about current and proposed projects in the community.

Proposition 4.

Residents seek increased direct interaction/involvement with city government through participation initiatives.

Both Factors 1 and 3 designated that CDCs should help to foster collaboration and partnership between residents and officials and did not believe that CDCs should manipulate opportunities for engagement. The support of cooperation and disapproval of manipulation suggested that the perspectives found in these two factors looked to increase residents' ability to interact with municipal government. Additionally, these factors suggested that residents should have more opportunities for this direct interaction to occur. An increase in the interaction between residents and government is fostered in an environment that supports residents in having primary control and power.

Community Stakeholder Perspectives

Community Resident.

Residents believed that CDCs were currently fostering participation, but only as it related to the low and mid-range levels of participation. Participation that embodies the characteristics of these levels of the ladder (Manipulation, Therapy, Informing, and Placation) was most prevalent in what residents currently saw CDCs engaged in. Some residents believed that CDCs were fostering Consultation (which falls within the tokenism category) and Partnership (the first step in citizen power), yet none believed that CDCs were currently fostering the highest levels of participation–Delegated Power and Citizen Control. The non-participation and tokenism categories plague the current

state of participation, at least those avenues thought to be stimulated by Community Development Corporations. According to King, Feltey, and Susel's (1998) definition of authentic participation–initiatives that include "focus, commitment, trust and open and honest discussion" (p. 320)–what is perceived as occurring in Newark is not authentic. The presence of the lower levels of participation indicated that residents felt that they were provided with superficial information and given an essentially meaningless role. As indicated by residents in this study, there were few opportunities for them to affect decisions and change in their communities. This perspective was most interesting because one might assume that since CDCs are community-based organizations, they would be perceived by residents as facilitating collaboration and partnership. According to city residents, Community Development Corporations were supporting the status quo as it related to participation. Information is disseminated primarily through print media with the perception being that it was controlled and managed.

Two primary perspectives became evident with regards to what residents felt Community Development Corporations should be doing. The first perspective demonstrated how CDCs should work to foster the highest levels of participation– Delegated Power and Citizen Control. Some residents believed that citizens should have and CDCs should support dominant authority and final approval power for decision-making and community planning.

A larger group of residents, however, held the second perspective. CDCs should foster higher levels of participation, but not to the extent of full citizen control. Residents who subscribed to this perspective believed CDCs should be fostering consultation and partnership. At the onset of this study, the researcher assumed that residents would want

participation that provided them with primary control and authority. As it turned out, residents did not want to be in full control or have dominant authority. Yet, resoundingly, residents did state that they wanted to be a part of the consideration process. Despite their lack of desire to be the sole drivers of change in their community, residents wanted to be aware of plans, impending decisions, and kept abreast of developments as they related to their neighborhoods and city. These individuals wanted to be made aware of issues/remedies before decisions were made, wanted CDCs to seek out their voice, and wanted a community planning structure put in place that was divided equally among community stakeholders and, ultimately, managed in a collaborative nature.

Given that residents often balance work, family, and other responsibilities and do not always have time for participation initiatives, CDCs can also work to develop Citizen Consortiums. This group of volunteer residents can regularly meet with select CDC leaders and local officials/administrators and relay the discussion back to the larger resident body via face-to-face conversations and/or electronic communication. These individuals can relay general community concerns to the traditional power holders in order to generate effective dialogue and deliberation. In some cases (when decided by the general citizen body), the Citizen Consortiums can partner with Executive Directors, officials, and administrators in framing issues and making decisions.

The distrust and discord that marked the political environment at the time and in the setting of this research amplified the difficulty of implementation. The skepticism exhibited by residents of local government may foster doubt of CDC and city executive intentions. Residents may also be less inclined to participate, viewing these endeavors as

business as usual. However, "if citizens believed the system was less rigged and corrupt, they would be more willing to contribute their voices to the process" (Neblo et al., 2010, p. 569). CDCs (and local officials) must truthfully demonstrate their genuine intentions to become partners with city residents. It must become apparent to residents that the deliberative mechanisms employed are not superficial. Neblo et al. (2010) determined that, "Deliberative democracy is rooted in the notion that legitimate political decisions must typically come with a rationale that does not merely restate the will of the decision maker" (p. 579). Residents must feel confident that CDC Executive Directors and the partnership initiatives they employ are authentic and that the local officials involved are not corrupt or disingenuous.

The resident perspectives outlined here support Almond and Verba's (1972) orientations of citizenship and how differing political cultures support various orientations to participation. It appears that residents are currently rooted in the subject orientation but strive for the participant orientation. The dichotomous perspectives maintain a trend of citizen involvement; however, clear distinctions exist with regard to the extent of power. Those holding the first perspective wanted not only to be actively involved, but also in control of all decision making and planning, while those aligned with the second perspective determined that collaboration and partnership is most ideal. Furthermore, these individuals understood that the final decision was determined by local officials. Even with two distinct resident perspectives, the common denominator between the two was represented by the levels of Consultation and Partnership.

Residents' desire for higher levels of participation indicated that there were opportunities for CDCs to foster avenues of citizen engagement that supported the

Consultation and Partnership levels. CDCs can work to carve initiatives with those stakeholders by seeing a place for the higher levels of participation in the democratic process. It is, however, important for residents (and other community stakeholders), particularly those aligned with the perspective that CDCs should foster delegated power and citizen control, to understand that participation defining the highest levels may not be possible. The prerequisites for this to occur require a willingness and degree of support that, based on the findings of this study, did not exist. Collaboration and partnership, however, seem viable options to explore.

City Executive.

Surprisingly, city executives did not dominate any of the perspectives emerging from the data analysis. Executives did, however, hold shared perspectives with residents and executive directors. City officials, along with residents and executive directors, seemed to believe that CDCs were working to maintain the status quo–encouraging participation activities limited to those relating to the Consultation and Placation levels. The view was that these community-based organizations were doing the bare minimum as it related to encouraging active and authentic participation. Instead of fostering partnership, they were providing information to and retrieving it from residents but only in a limited capacity, which was further complimented by limiting the resident role in project development.

City officials further aligned with community residents along the perspective that CDCs should foster participation at a level consistent with partnership. Here executives stated that the status quo was not what CDCs should be doing; instead they should be

encouraging residents and local officials to collaborate and facilitate policy creation that is divided equally between residents and officials.

Executive Director.

CDC Executive Directors, interestingly, did not see their organizations as fostering higher levels of participation. They saw CDCs gathering opinions and providing information but not fostering activities that incorporated partnership and collaboration. It seemed that CDC executives might have been evaluating themselves through a critical lens and recognized that there was more that could be done to foster improved cooperation between residents and city officials. Executive Directors certainly had a truer understanding of what was happening within CDCs, as opposed to residents and local officials, but for an unidentified reason were unable to stimulate participation that resulted in a collaborative environment. Directors did believe that their organizations should foster citizen control and provide opportunities for residents to have final approval power and accountability and have the primary power when setting goals and guiding policy. Despite this perspective, they were not achieving this goal.

Perhaps a primary variable impacting the work of CDCs and preventing them from operating ideally was what CDC Executive Director 00305 noted during their interview. They stated, "…most of the CDC leaders don't even live in the community that they serve. So people who live there need to have a part, a say in what happens."

Although not proven within the confines of this study, Executive Directors might not have had as vested an interest in the communities they served simply due to the fact that they did not reside in these communities. The issues most affecting these communities did not immediately impact directors or their families. Their children were

not attending the same public school system or playing at the same playgrounds, nor were they or their spouses shopping in the same grocery stores or even driving down the same roads as the people they served through their organizations. Three of the eight Executive Directors actually lived in the community served by the organization they led. The remaining five lived in middle to upper class communities that did not have the same challenges as the study city. To be fair, where Executive Directors resided may not directly impact the quality of their work at these organizations (further research can explore the potential existence of a causal relationship), but the fact cannot be ignored. As it has been theorized that the increased distance between residents and an issue impacts their ability to address issues, it may be that the more distance that exists between an organization's leader and the community they work in impacts their ability to address issues.

State oversight and public policy that enforces residency requirements of Executive Directors may serve as possible means to ensure that these women and men reside within the communities their organizations serve. Currently, states (usually within the Attorney Generals Office) are responsible for overseeing certain accountability issues as they relate to charitable organizations; however, this oversight focuses largely on fiduciary governance as it relates to charitable contributions and counterfeit fundraising appeals (Sword & Bograd, 1996). State agencies are given the official responsibility to oversee non-profit organizations but "the breadth of Attorney General responsibilities detracts from more general accountability for charity governance, effectiveness of enforcement, and funding for both enforcement and rulemaking because the AG [Attorney General] can always plead convincingly that other important tasks trump

charity governance oversight" (Mayer & Wilson, 2010, p. 518). If the state has difficulty managing the governance of financial abuses, which are infractions of law, then it is unlikely that they will manage oversight of a lesser non-legal infraction such as residency requirements for Executive Directors. Perhaps state mandates for this matter are not ideal as, based on current conditions, enforcement of these mandates would lack even if they did exist.

Many local municipalities have, however, implemented ordinances that require public service employees to reside in the city that employs them. Some have determined that by requiring civil servants to reside in the communities they work, there is more of a concern for the community and the affairs of the city (Eisinger, 1983). Assuming this is true, there are complications that would hinder this type of enforcement to leaders of non-profit organizations. First, Community Development Corporations (and other community-based organizations) are not municipal agencies. Mayors and council members do not govern the operations of these organizations. In fact, most non-profit organizations exist to provide services or programs to communities that government does not. Furthermore, employees of community-based organizations are not public employees and do not receive the benefits associated with having such status. For these reasons, it would prove rather difficult for municipal governments to attempt to enforce such residency requirements on Executive Directors of CDCs. As previously stated, the impact of leadership residency on organizational performance has not been proven but remains worthy of further discovery.

Overall Perspectives

Stakeholders perceived CDCs currently doing many of the things that they should do. In general, stakeholders did not see CDCs as fostering levels of participation that resulted in citizens having full control, nor did they believe that they should. Stakeholders generally perceived CDCs as not supporting residents achieving dominant authority over policies and programs and held the view that CDCs should not support dominant authority for residents. Similarly, it was perceived that CDCs did not and should not guarantee that residents are in full charge of policy making and planning. In this case, residents were able to possess the "benefits of the affluent society" (Arnstein, 1969, p. 271) but not the in same manner that Arnstein intended. Stakeholders did not want local officials to relinquish all authority; therefore, Arnstein's notion of citizen power was not thought to be ideal. Finally, stakeholders perceived that CDCs did not discourage communication from government to residents that restricted feedback and program influence nor did they distract residents from their own concerns and issues with government.

Although stakeholders perceived CDCs as not fostering types of participation that they should not be promoting, there were activities in place that stakeholders determined should not be occurring. Community Development Corporations frequently used brochures, posters, and other documents that provided information to residents; however, stakeholders suggested that this was done too often in lieu of the higher types of participation. Stakeholders saw the dissemination of information as vitally important but believed that it should be distributed using a variety of media formats and in multiple languages.

Stakeholders perceived that CDCs sometimes facilitated resident input on a decision before it was put into action, yet their perception of what should occur is that CDCs should almost always be doing this. It was also perceived that CDCs, at times, managed and controlled the flow of information, controlled the extent of resident support, and distorted opportunities for resident engagement to advance the government's agenda; however, stakeholders felt that CDCs should rarely be doing these things.

Lastly, stakeholders perceived CDCs as encouraging collaboration between residents and officials to carry out policies and projects and supporting shared planning and decision-making responsibilities between residents and officials. The perception, however, was that CDCs should be involved in fostering these activities far more than they were. The question was not whether this was being done, but to what extent it was done and how much more should be done.

The City of Newark is a community where stakeholders believe in the potential of Community Development Corporations and feel that the state of democratic participation is founded in collaboration and partnership. Research participants' perspectives on how CDCs foster engagement in local government suggested that active and authentic participation, participation that stimulates investment and works for all stakeholders (King et al., 1998), is viable within this community.

It becomes evident that Community Development Corporations should work to reduce the distance between residents and their ability to affect decisions in the communities. Community Development Corporations should engage in fostering partnership, which will ultimately bring residents closer to the issues plaguing their communities and the resolutions to address them.

Consensus vs. Disagreement

Residents and city executives were more in agreement than any other combination of stakeholder groups. Surprisingly so, citizens and city executives loaded highly on two factors indicating the shared perspective that CDCs should primarily be striving for partnership and collaboration between residents and officials and seeking to identify input and feedback from residents. These findings indicated that residents sought increased direct interaction and involvement with city government through participation activities.

The underlying animosity and political strife in the study location has prevented citizens and city officials from engaging in open and honest dialogue about what is needed and what they want. The existing discord has led to minimal interaction and discussion, primarily between residents and local officials. Members of these stakeholder groups are likely unaware that they hold shared perspectives. There is a great amount of potential that lies within the identification of this shared perspective. The possibility for both groups to come to the table for discussion, debate, and decision making is achievable through an understanding that both groups ultimately want to see the same things occurring in their community. There is tremendous opportunity for a community, beset by disheartened residents, to begin working with a government that has suffered from decades of distrust and corruption.

The road to open dialogue will, however, not be an easy one. Numerous conditions must be met in order to bring all parties to the table for impactful and productive sessions. These conditions surfaced throughout the processes of collecting

and analyzing data. Information dissemination, diverse funding for CDCs, and knowledge integration are foundational conditions for ideal participation.

Conditions for Ideal Participation

Information Dissemination.

The emerging stakeholder perspectives suggested that the dissemination of information–from CDCs to residents–is ineffective and inadequate. Resoundingly, residents, city executives, and Executive Directors stated that these community organizations were not successfully ensuring that pertinent information was making its way to citizens. Residents stated that they were rarely given updates on topics discussed during community meetings and often found themselves unaware of next steps and final decisions. Stakeholders stressed the importance of the flow of information and believed that open communication was the foundation for creating an informed, engaged citizenry and ensuring participation that incorporated collaboration and partnership. Educating residents about projected plans and initiatives is key to an increase in resident involvement and a decrease in the animosity and distrust between residents and local officials. These findings support Gaunt (1998) and Schachter (1997) who put forth that open communication and the need to provide information in accessible, user-friendly formats is vital to collaborative governance.

Community Development Corporations must develop streamlined processes to regularly provide residents with updated and up-to-date information about community projects, plans, and initiatives. This can be done in numerous ways. First, CDCs can explore the technological options available to them. The regular use of social websites, email blasts, and blogs are all possible avenues these organizations can explore to

instantly communicate with community residents. Board members or other volunteers can manage these initiatives rather than staff as to not add to daily responsibilities of staff members. CDCs should continue using brochures and other printed materials to communicate with constituents. They should, however, ensure that a variety of outlets are used. CDCs should consider using statewide and local newspapers, community-based businesses, city hall, and other venues frequented by residents. Finally, CDCs should hold regularly scheduled meetings within the community to give residents an opportunity to voice their concerns and hear or comment about project/planning progress or other issues/challenges/concerns that may be of interest to residents. Intrinsic within these meetings should be a commitment from CDCs to listen to constituent concerns and, when possible, be a voice for those concerns. On the other hand, residents must understand that all of their concerns cannot be addressed or included in plans, and that CDCs strive for the greater good of the community–not an individual good. Residents must work against a NIMBY (not in my backyard) mindset and (although challenging at first) trust CDCs to serve as a collective resident voice.

Knowledge Integration.

Information dissemination is based upon the trust and commitment of residents and Executive Directors. This can only happen if there is an integration of knowledge. Stakeholders voiced concern that CDCs were not fostering ideal levels of participation and residents expressed that their voice was not being incorporated. Through the integration of knowledge, this will not occur. During participation sessions, leaders of community organizations as well as local officials should see value in local knowledge– the knowledge of residents. Resident input is rarely considered to have value, as

residents are not seen to hold technical expertise (Schachter & Liu, 2005). Integrating local knowledge recognizes that, through their experiences as community residents, they have unparalleled knowledge, oftentimes more than that of Executive Directors and local officials and particularly those that do not reside in these communities.

Resident participants of this study have lived in Newark for no less than 13 years and on average 31 years. They have seen their neighborhoods change, they have elected city council members in and out of office, and some have lived through the civil unrest in the 1960s. The knowledge that these individuals have, compared to a recently elected mayor, appointed cabinet members, or Executive Directors who do not live within the community they serve, should be taken seriously and integrated into the decision-making process along side the recommendations of technical experts.

The notion of knowledge integration is not to suggest that local knowledge is better than or more useful than technical knowledge. They both indeed provide much needed insight into community projects. Nonetheless, a shift is needed in how Executive Directors and local officials evaluate and perceive local knowledge. Residents should be looked upon as experts in there own right (King et al., 1998) and the local knowledge present should be given the same consideration as technical expertise. This, of course, is based upon the topic at hand. When the goal is to deter illegal activity, Executive Directors would not ask planners which street corners are best to place lamp posts (as they do not know which street corners are most likely to attract individuals engaging in illegal behaviors), just as they would not ask residents how many feet homes should sit from the street curb. The appropriateness of considering each type of expertise is highly dependent on the questions being asked; however, they are of equal value and use.

Thomas (1995) suggested that local knowledge should be incorporated more when acceptance of a decision is principal and less when technical knowledge is paramount.

The integration of knowledge asks for an increase in resident input and strives for that input to occur in the earlier stages of planning and program development. Incorporating local knowledge is most beneficial when residents are engaged and their knowledge is integrated when community issues are being framed. As Schachter and Liu (2005) observed, "The absence of citizen involvement during the issue-framing stage affects the nature of the concerns that enter the public agenda" (p. 614). Historically, if residents are included, it is done after officials have framed the issues and made key decisions (Yang & Callahan, 2007). Appreciating the worth of local knowledge leads to an understanding that resident input is a valuable resource for developing economically and socially stable communities.

Funding

Non-profit organizations, in general, are limited in their social activities based on the source and guidelines associated with the distribution of program related support. Many Executive Directors commented on the inability of CDCs to engage in certain activities, particularly community organizing. Funding organizations generally distribute program-related funding rather than general operating support or support for constituency building. With a recent focus on performance and program measurement, funding organizations are primarily supporting the types of initiatives that can produce measurable goals and benefits. The benefits of resident engagement are quite difficult to quantify and measure and therefore are not priorities for many funding sources. This manifests itself into diminished priority for CDCs as well.

The program guidelines imposed by funding sources make it difficult for CDCs to take a more holistic approach and stifle efforts for capacity building and citizen organizing. Successful CDCs are generally those that have diverse funding options and who use this flexibility to engage in "ambitious initiatives" (Vidal, 1997). CDCs should take a more entrepreneurial approach to funding and look for (and create) funding streams outside of grant giving organizations. CDCs should explore and implement programs and business ventures that enable them to be self-sustaining. Through public/private partnerships CDCs can generate additional funding that decreases their dependence on program grants and allows them to generate funds that can be used for non-program related initiatives, like capacity building and community organizing.

Summary

The findings of this study are not generalizable as understood in traditional "R" research. The answers sought in this single setting study are not generalizable to CDCs universally. They do, however, help to create a theory applicable to CDCs in low-income urban communities that are disjointed from their local government.

Generalizability for qualitative researchers "is best thought of as a matter of the 'fit' between the situation studied and others to which one might be interested in applying the concepts and conclusion of that study" (Huberman & Miles, 2002, p. 199). The findings discussed above prove to have theoretical and practical implications for scholars and administrators interested in reducing discord between residents and officials and implementing conditions for ideal participation. They further expand, modify, and correct existing theories in addition to creating new ones to better understand the phenomenon studied (Babbie, 2001).

Q is understood to be "a method of and for the single case" (McKeown &

Thomas, 1998) as studies focused within a single setting "are interesting and suggestive;

but more than that, they advance general knowledge about the process by which

subjective worlds are constructed and experienced" (McKeown & Thomas, 1988). When

conducting studies in a single setting, the researcher is faced with the tradeoff between

comparability and representativeness. However, the one that took precedent for this body

of research was "intrinsic to the study/case study of research design" (Gerring, 2004).

Here, less of a focus was put on representativeness and more emphasis on comparability,

as the design strives to foster theory development rather than be representative of the

larger population. Goetz and LeCompte (1984) defined comparability as:

> the degree to which components of a study – including the units of analysis,
> concepts generated, population characteristics, and settings – are sufficiently well
> described and defined that other researchers can use the results of the study as a
> basis for comparison (p. 228).

 In summary, stakeholders believed that CDCs did not and should not foster

participation that results in participation levels of Delegated Power and Citizen Control.

The ranking of Delegated Power and Citizen Control throughout both sorts indicated that

stakeholders did not find them as important as seeking and providing input, receiving

information and ongoing communication, and creating opportunities for collaboration and

partnership. It seemed to be evident that the dominant perspective of stakeholder groups

in this study (including residents) was not to give residents full control, dominant

authority, or final approval power, but to include residents as equal parts of the process

and partners in making the decisions that affect them and their communities.

According to Arnstein (1969), the Partnership level of participation can occur

only through negotiations. Agreement to the redistribution of power "…through

negotiation between citizens and powerholders" (Arnstein, 1969, p. 222) must occur for partnership to happen. Negotiation threatens the existing power relationships. The question that then arises is: Are cities ready for this? Are cities and their leaders willing, capable, and ready to relinquish power and, more importantly, are they willing to see the resident voice and local knowledge as a valuable form of expertise?

Residents and city executives have shared viewpoints on what CDCs should be doing. This shared perspective can serve as the catalyst in igniting the effort to work toward eliminating the discord that exists between residents and political officials.

Stakeholders have unanimously identified certain conditions that, if met, can lead to authentic and active participation. Full implementation of these conditions may prove to be challenging in many communities since some residents are working to attain basic needs. Participation may seem cursory to these individuals and not worthy of their time and commitment. Nonetheless, it is vital that community organizations and local officials attempt to incorporate these conditions, as the ultimate goal of their work is to effectively change communities.

The findings of this study suggested that stakeholders perceived CDCs as not currently serving as a bridge for residents to be engaged at the higher levels of participation. The perspective of community residents, CDC Executive Directors, and city executives was that Community Development Corporations should be engaged in fostering participation that encourages city officials and residents to work together as partners–not for residents to have dominant control. A political structure that embodies shared decision making and collaborative work to achieve the common good is what Bingham et al. (2005) determine to be governance. The top levels of the ladder–

Delegated Power and Citizen Control–were not desired ends for stakeholders. Stakeholders saw community development as comprised of complex initiatives that require the knowledge, expertise, and inclusion of many actors, including residents, CDC Executive Directors, and city executives.

The results of this study question Arnstein's Ladder of Participation (1969), as it seems delegated power and citizen control are not ideal forms of participation. American society has made great strides since Arnstein developed the Ladder of Participation. Perhaps with these advances 21st century America may be more eager to support partnership and collaboration and may see partnership as the ideal type of participation. Conversely, 21st century America may only know the lower levels of participation and deem collaboration and partnership ideal because it seems reasonable or attainable. If the primary forms of participation currently in place incorporated equally shared power and decision-making abilities, then perhaps Citizen Control and Delegated Power would indeed be ideal participation.

The findings of this study alone did not begin to concretely solve this dilemma, but they did suggest that stakeholders in Newark, NJ, see participation differently than Arnstein suggested. Participants of this study expressed their desire for meaningful, authentic, and active participation and recognized that it cannot be accomplished without the inclusion of community stakeholders. Residents understood the limitations of their involvement and Executive Directors and government officials saw value in citizen participation. Each stakeholder group, within this study, understood the importance of each group's role in community planning and development. Future research is needed to further explore these findings and to determine if they hold true in different research

settings. The hard question that remains is: What can CDCs do, or how can city government assist them, in consistently fostering partnership and collaboration between residents and city government?

The conditions of ideal participation may serve as the next step in theory geared toward identifying avenues that can work against the context of conventional participation. Knowledge integration, in particular, may prove to be the next step in engagement literature, expanding upon democratic deliberation and authentic participation. Gaunt (1998) determined that equality is found "in the dialogue with leaders" (p. 278). The notion of knowledge dissemination extends beyond dialogue and Barber's (1984) talk and incorporates a belief of equal knowledge amongst stakeholder groups. Authentic participation "stimulates interest and investment" (King et al., 1998) but knowledge integration recognizes the value, quality, and excellence of the resident experience and intellect. The deliberative, authentic, and active participation theories all call for the inclusion of dialogue and the consideration of an alternative viewpoint. Knowledge integration challenges these theories by expanding the concept of engagement to include the recognition, acceptance, and integration of the alternative view, rather than just the willingness to consider it.

The study presented here helps to ascertain how community stakeholders perceive Community Development Corporations fostering resident participation in local government. The answers presented throughout serve as a preliminary guide on how some community-based organizations can strive to be more effective in including and increasing authentic and active participation in their communities. Future research can determine if the perspectives identified hold true using a regional (or national) survey.

Additionally, further research is needed to determine the organizational characteristics of community organizations that generally lead to higher degrees of resident participation. Possible variables for consideration are electoral voting rates, whether Executive Directors or city executives live in the served community, the city's median income, and population.

Finally, it is recommended that future research consider testing the conditions of ideal participation to demonstrate their ability to foster authentic and ideal participation in communities.

Researcher Bias

Although the design of Q Methodology aims to limit researcher influence, it is inevitable that the researcher would have some sort of biases resulting from knowledge of the topic and the study region. Every attempt was made to prevent such influences from impacting data analysis and research findings. Q statements were protected from researcher influence and bias since they were taken directly from the literature, news articles, and reports. Furthermore, the fact that participants conducted the sorts, they were, through their own process, providing their opinions and perspectives. When Q-sorts were grouped into factors this fact was paramount as the Q-participants, in essence, grouped themselves into factors, thereby removing the potential for researcher influences.

Conclusion

The purpose of this study was to incorporate inductive research methods that scrutinized stakeholder perceptions of CDCs role in fostering participation in local government. The perceptions made evident from this study exposed all stakeholders to all viewpoints, thus allowing residents, executive directors, and city officials to better

understand what the other thought, felt, and saw in their purview. The revealed

perspectives offered insight into the extent of agreement between groups and exposed

stakeholders to information that could potentially assist with changing the current

political climate within the research setting.

The research presented provides a framework for studying perceptions and

perspectives as they relate to resident participation in the local political process. In

addition to understanding the relationship between CDC work and citizen participation

from an organizational and political perspective, this study identified the often-neglected

citizen perspective. The perceptual findings were vital in determining: a) the role CDCs

played in stimulating participation in local government, b) the types of participation

initiatives that were primarily supported, c) intergroup consensus (or disagreement), and

d) perceived ideal types of participation. The literature suggested that additional research

was needed to quantifiably measure the impact Community Development Corporations

have "on the social capital neighborhoods, such as the extent to which their [CDC] efforts

have strengthened, regenerated, or empowered a community" (Cowen, Rohe, and Baku,

1999, pp. 327). This research began to fill this gap.

Findings from this study provided a comprehensive understanding of community

stakeholder perspectives and clearly demonstrated whether the work of Community

Development Corporations went beyond that of the status quo.

Finally, this study exposed the importance and applicability of research that goes

beyond studying causal relationships and suggested that empirically studying subjective

phenomenon builds theory and produces practical implications for public and non-profit

managers. It also illustrated how Q Methodology is a valuable tool for the field of public

administration and how researchers and practitioners can use the methodology to better

understand stakeholder, manager, administrator, and other perspectives studied in the

field.

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