

Caught in the Middle: Community Development Corporations (CDCs) and the Conflict between Grassroots and Instrumental Forms of Citizen Participation

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This article examines the role of citizen participation in community development corporations (CDCs). It is argued that CDCs are caught between two distinct forms of participation: instrumental participation that focuses on activities that support project and program activities of CDCs, and grassroots participation that focuses on expanding the role of citizens in local decision-making processes. A continuum based on these two forms of citizen participation is introduced. It is suggested that CDCs are often in the middle of the continuum where they must balance pressures to expand the scope of grassroots participation against the need to use citizen participation techniques to facilitate project and program implementation. The article is based on a series of in-depth interviews with the executive directors of CDCs in Detroit, Michigan. Recommendations growing out of the research focus on how the tendency toward conflicts between the instrumental goals of CDCs and the long-standing value of grassroots activism can be managed better.

Keywords: citizen participation, community development corporations, grassroots

INSTRUMENTAL AND GRASSROOTS PARTICIPATION

This article examines the role of citizen participation in community development corporations (CDCs). The purpose of the analysis is threefold. First, the analysis will be used to synthesize existing theories and develop a citizen participation continuum. Second, the data will be used to highlight the conflict between grassroots and instrumental forms of participation in Detroit's CDCs. Finally, I will discuss how the citizen participation continuum can be used by CDC executive directors, their staff, and others in the community development field to expand the scope of citizen participation. These issues are of particular concern given the growing interest in implementing public policy through community-based organizations like CDCs, since they are considered to be more responsive to grassroots constituencies than institutions traditionally involved in the formulation and implementation of local public policy.

This article draws from past research to develop a continuum based on two distinct forms of citizen participation: instrumental and grassroots participation. This continuum encompasses two extreme forms of citizen participation, or ideal-types. It is argued that neither type of

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citizen participation in its pure form is found in an organization. Instead, the scope of citizen participation in most community-based organizations tends to fall at an intermediate point between the continuum's two extremes. The application of this continuum to the analysis of citizen participation in community-based organizations expands our understanding of how nonprofits and other groups shape the dialogue concerning neighborhood revitalization, and it provides those interested in expanding citizen participation with a tool to form strategies to expand grassroots participation in institutionally-oriented organizations. In essence, this study argues that it is important to understand where organizations fall along the citizen participation continuum in order to chart a course for expanding citizen input in community development activities.

It is further argued that CDCs represent a unique case to examine, since they are located near the center of the citizen participation continuum. This is a place where the conflict between instrumental and grassroots forms of participation is the most intense. In essence, CDCs are caught in the middle of participatory techniques used to facilitate program implementation and the long-standing value of grassroots activism. How CDCs respond to these pressures illuminates potential strategies to reform community-based organizations and enhance citizen participation in the future.

A Continuum of Citizen Participation

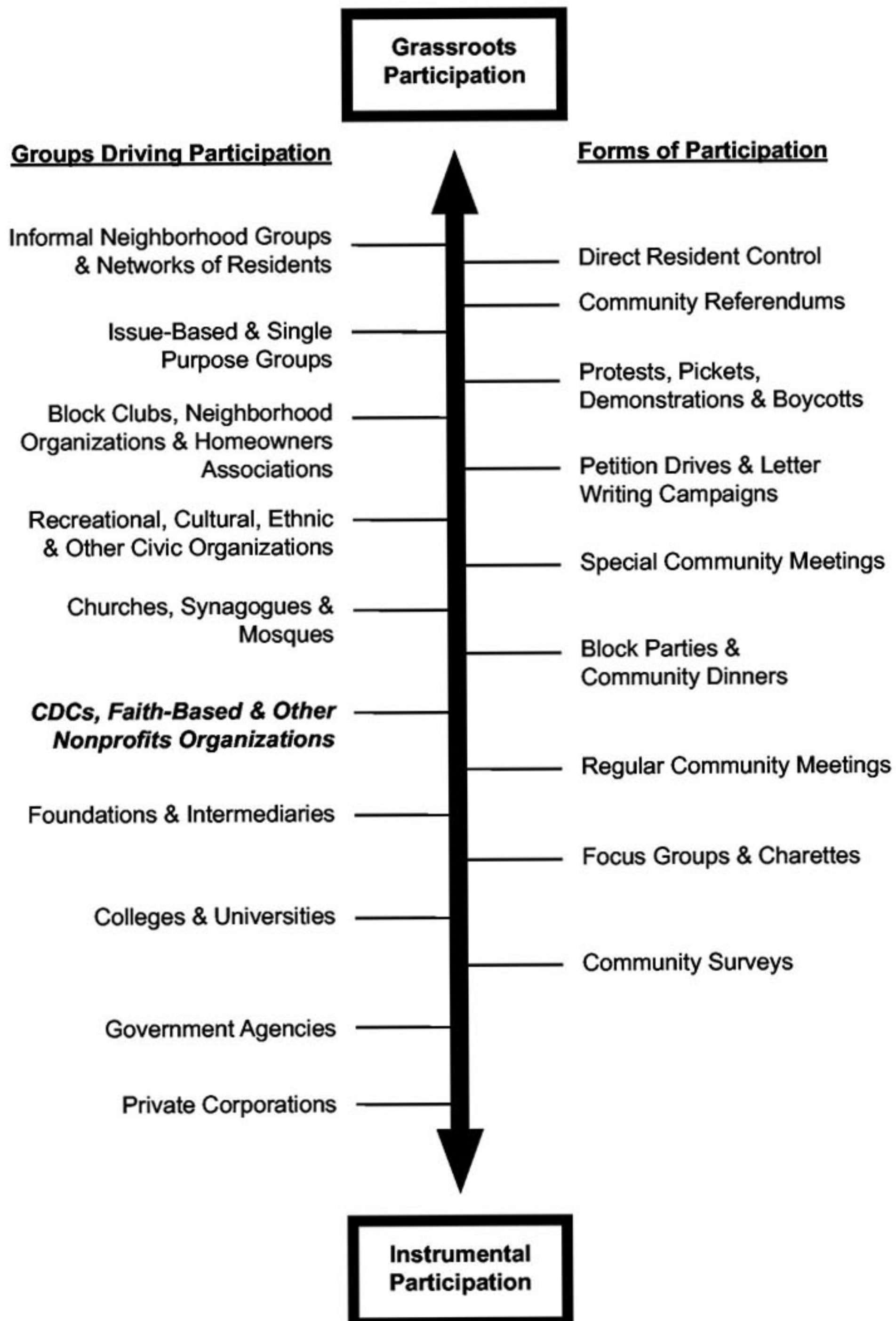
The citizen participation continuum helps to define the range of potential grassroots activities a community-based organization can pursue and the participatory outcomes they can produce. At one end of the citizen participation continuum is a type of participation identified as instrumental participation. This type of participation is argued to be task-oriented, with a focus on the completion of specific projects or programs in which a community-based organization is engaged. Accordingly, instrumental participation is predicted to be driven by community-based organizations that are administering specific projects and programs. Organizational representatives drive this type of participation in order to inform and consult residents about upcoming project and program activities.

At the other end of the citizen participation continuum is the type of participation identified as grassroots participation. It is argued to emerge in response to neighborhood threats, which residents perceive because of disinvestment, institutional neglect, or the development of noxious facilities in their communities. Unlike instrumental participation, grassroots participation is driven by local residents interested in increasing the visibility of perceived neighborhood threats and defending their turf. As a result, residents often take action when neighborhood threats are highly salient, and they utilize grassroots participation to influence the agenda of community-based organizations.

Conceptualizing citizen participation as a continuum that encompasses instrumental and grassroots forms has a number of theoretical and practical advantages. Viewing citizen participation through the prism of a continuum allows several dimensions of participation to be considered in an integrated framework. This approach to examining citizen participation also allows for greater integration of prior scholarship on citizen participation. The development of a continuum for citizen participation is an extension of past research that focused on categorizing voluntary organizations in terms of their functional orientation. Scholars who examine this dimension of participation argue that community-based organizations can be expressive or instrumental in nature (Gordon & Babchuk 1959, Jacoby & Babchuk 1963, Woodard 1986, Stoll 2001). From this perspective, expressive organizations like athletic clubs and fraternal societies focus on enhancing social and recreational opportunities for members, while instrumental organizations like political and civic associations tend to be task-oriented. Jacoby and Babchuk (1963), and more recently Stoll (2001), point out that these tendencies are part of an ideal type, and that many organizations serve both expressive and instrumental functions

in society. Although this body of scholarship has focused on the orientation of various types of community-based organizations, other scholars, such as Smock (2004) have developed similar categories to describe the nature of community organizing and citizen participation within organizations.

Figure 1: The Citizen Participation Continuum



Groups Driving the Participation Process

The continuum introduced in this article begins to identify the types of organizations and groups that would be associated with various levels of instrumental and grassroots participation. In some respects, this approach builds on the work of Simonsen and Robbins (2000) who categorize citizen participation in relation to the types of organizations that sponsor it. They distinguish between participation sponsored by governmental and grassroots organizations. This distinction focused on power relations in the citizen participation process and on who sets the agenda of grassroots organizations. This distinction is developed further in Figure 1. On the left side of this figure, formal societal level organizations such as private corporations and government agencies are associated with instrumental participation, although informal parochial level organizations such as block clubs and informal neighborhood groups are associated with grassroots participation. In addition to predicting which types of organizations would be located at the extremes of the continuum, this framework predicts that organizations like CDCs would fall in an intermediate position along the continuum. In other words, community-based organizations and other nonprofits are predicted to face conflicting pressures to balance the necessity of using instrumental forms of citizen participation against demands for greater grassroots participation.

Forms of Participation Used by Organizations

As noted earlier, another advantage of viewing citizen participation through the prism of a continuum is that it allows several dimensions of participation to be considered simultaneously. Along with gaining greater insights into the types of organizations that would be expected to fall at different points of the continuum, this framework allows us to predict what forms of participation organizations would tend to use. This is illustrated on the right side of Figure 1. This figure places expert-driven forms of participation like survey research and charettes at the instrumental end of the continuum, while populist forms of participation like community boycotts and referendums fall at the grassroots end of the continuum. A number of intermediate forms of participation, such as block parties and letter writing campaigns, are predicted to fall between these two extremes.

Applying Citizen Participation Theory to the Continuum

At another level of analysis, prior conceptual frameworks for citizen participation can be elaborated upon by applying them to the citizen participation continuum. For example, Alinsky (1969) and Arnstein (1969) make seminal statements about the types of citizen participation found in community-based organizations. Alinsky discusses citizen participation in the context of grassroots organizing, arguing that true participation stems from the development of indigenous leadership, community-led initiatives, and confrontational tactics. Building upon these themes, Arnstein argues that participation often assumes less extreme forms, since it is shaped by the degree of control citizens have over local organizations and the institutions in which they are embedded. In her "ladder of citizen participation" Arnstein identifies several levels of participation that reflect the degree of control residents have over local agendas. In essence, she argues that without direct control over community-based organizations, participation is reduced to varying degrees of tokenism and manipulation. In the bullets below, Arnstein's ladder of citizen participation is elaborated upon and applied to the continuum. In this iteration, an extension of Arnstein's ladder is presented with grassroots forms of participation listed first, followed by instrumental forms of participation:

- Citizen Control of the Agenda
- Delegation of Power to Citizens

- Partnership with Citizens
- Citizen Advisory Role in Decision-Making
- Placation of Citizens
- Consulting Citizens
- Informing Citizens
- Therapy to Citizens
- Manipulation of Citizens

The integration of Arnstein's model with the continuum for citizen participation reveals additional nuances of the participation process. This extension of existing theory concerning participation allows connections to be drawn between organizational types, forms of citizen participation, and the scope of participation. By rotating the lens used to view citizen participation, one gains greater insights into how different dimensions of participation are interrelated.

Using the Continuum to Promote Change

When one considers each of the dimensions of citizen participation together, it becomes possible to imagine how social change can be promoted by emphasizing one end of the continuum over another. In essence, the citizen participation continuum provides organizations and groups with a road map for evaluating programs that promote change in society. The citizen participation continuum also helps organizations and groups understand the source of conflicts between different types of citizen participation. In this article, these issues are elaborated upon through an examination of the degree to which instrumental and grassroots forms of participation are manifested in a unique type of community-based organization, the CDC.¹ Through this discussion, conflicts between instrumental and grassroots participation will be identified and strategies to address them will be recommended.

CDCs and Citizen Participation

CDCs are ideal organizations to focus upon in this analysis, since they were initially envisioned to encompass physical redevelopment and community organizing² within the scope of their activities (Perry 1972, Perry 1987, Stoutland 1999, Peterman 2000). Some scholars believe that the neighborhood orientation and limited scale of CDCs act as inducements to expand collaborative activities at the grassroots level. For instance, Clavel, Pitt, and Yin (1997) argue for the implementation of federal and local urban policy through CDCs to promote a bottom-up approach to urban revitalization. Rubin (2000) expands upon this idea in his analysis of community-based organizations. He argues that nonprofit networks serve as a mechanism for infusing grassroots interests in the community development process. Similarly, Goetz and Sidney (1995) argue that CDCs are able to pursue activism through such networks.

Others are more cautionary in their assessment of the influence of community-based organizations on the local policy process. For instance, Gittel and Vidal (1998) indicate that successful networking and collaborative activities between CDCs and local government require the support of institutional actors. Bockmeyer's (2000) analysis of the Empowerment Zone (EZ) process in Detroit expands this critique. In this analysis, she argues that CDCs had little impact on the EZ process since they had fewer resources to draw from when compared to governmental and private sector organizations. Bockmeyer concludes that inequalities in the availability of resources led to less effective participation. It should be noted that Bockmeyer, as well as many of the others cited above, frame participation in the context of CDC activities in the policy process. Although this body of research contributes significantly to our understanding of the role that community-based organizations fill in inter-organizational relations, CDCs are treated as a proxy for citizens in the participation process.³

The issues identified by Vidal and Bockmeyer are developed further in other scholarship that focuses more directly on participation as it pertains to residents in communities where CDCs operate. In part, this critique has been informed by observations concerning the role of fiscal retrenchment on the evolution of CDCs. For instance, Vidal (1997) argues that the agendas of contemporary CDCs are being transformed by a decline in the level of resources available for community development. Similarly, Blakely and Aparicio (1990), Marquez (1993), and Silverman (2003) identify fiscal constraints associated with the institutional structures in which CDCs are embedded as potential impediments. On a broader scale, Swanstrom (1999) and Bockmeyer (2003) warn that changes in the structure of housing policy in the United States and the growing role of nonprofits in the delivery of community development projects and programs have led to a decrease in activism and advocacy at the local level. In response to funding barriers and other institutional changes, the manner in which CDCs have balanced physical redevelopment and community organizing needs has varied over time. For instance, Robinson (1996) indicates that CDCs reduced their emphasis on community advocacy and focused on service provision in reaction to funding constraints that emerged during the last two decades. Similarly, Stoecker (1997) argues that contemporary CDCs lack the capacity to manage both physical redevelopment and community organizing because of these constraints. In the wake of these concerns, scholars like Glickman and Servon (1998) have re-emphasized the need for citizen participation in CDCs, and organizations that fund CDCs have increasingly identified the need for community organizing and citizen participation (Sirianni & Friedland 2001, 62-63).

DATA AND METHODS

Given the scope and context in which participation has been discussed in past literature, this article proposes a method for interpreting citizen participation in community-based organizations. Specifically, the role of citizen participation in Detroit's CDCs will be examined in order to understand the tension between instrumental and grassroots participation better. This examination will be followed by a discussion of ways in which executive directors of CDCs, their staff, and others in the community development field can use this continuum to address the conflicts between these two forms of citizen participation in community-based organizations.

The data for this article come from a series of in-person interviews with executive directors of CDCs in Detroit. This approach to data collection was selected since executive directors serve as gatekeepers in the community development process. They are attuned to the daily operations of a CDC, and they determine the degree to which an organization will pursue citizen participation and advocacy activities. Given their position in the community development process, the perspective of executive directors is critical to understanding the rationale for how citizen participation is approached by CDCs.

Interviews were conducted between February 2001 and July 2001. During the interviews, informants were asked a series of open-ended questions about the institutional networks they accessed and the role of citizen participation in their organizations. The questions were drawn from an interview guide that consisted of 17 items and 22 probes. This research instrument focused on a core set of questions that related to the theoretical issues under examination. Of particular interest to this article were elements of the research instrument that focused on the role of citizen participation in these organizations and their decision-making processes. In addition to this information, data were collected concerning the demographic characteristics of each organization's staff. Each interview was administered at a given informant's

organization during normal operating hours. The interviews ranged from 30 minutes to two hours in length. In addition, secondary data were collected from each of the organizations to supplement the interviews. These data included pamphlets, brochures, newsletters, annual reports, and other materials printed by the CDCs.

The larger study from which this research is drawn focuses on the structure of organizational networks and the scope of citizen participation in Detroit's CDCs. Detroit is of interest because it has a relatively large number of CDCs that target their services to low-income neighborhoods with sizable minority populations. In addition, all of the CDCs in this study focus on developing projects and programs in neighborhoods with built environments that have been impacted by decades of abandonment and physical decline. Therefore, factors related to community characteristics and location are controlled for in the research design. Similarly, factors related to the scope of CDC projects and programs are considered in the research design. For example, the CDCs examined in the study are engaged in community organizing, housing, neighborhood beautification, economic development, crime prevention, culture and the arts, youth and social programs, historic preservation, and workforce development.

Efforts were made to conduct interviews with all of the CDCs in the city to ensure that organizations with all types of program focuses were included in the study. To accomplish this, a systematic methodology employing grounded theory and theoretical sampling techniques were used during data collection and analysis to ensure representativeness such as those described by Glaser and Strauss (1967), and Strauss and Corbin (1998). In addition, executive directors of CDCs from the entire city were interviewed to ensure that unique attributes of specific neighborhoods did not distort the data. In total, a population of 23 CDCs was identified in Detroit. The executive director of each CDC was approached for an interview, and 21 of these individuals agreed to be interviewed. Several attempts were made to schedule interviews with the executive directors of the two remaining CDCs, however they were unavailable.

Characteristics of Detroit's CDCs

The characteristics of the CDCs that were examined are summarized in Table 1. Several dimensions of Detroit's CDCs are illuminated in this table. For example, the first and second element of Table 1 reports information concerning the race and gender composition of the executive directors and staff of Detroit's CDCs. Table 1 indicates that 71 percent of the CDC executive directors in the city were women and 72 percent of the staff in these organizations were women. In contrast, only 47 percent of Detroit's population was identified as female in the 2000 Census. Table 1 also indicates that 48 percent of the executive directors of CDCs in Detroit were African American, while 74 percent of the staff members of these organizations were African American. Yet, 82 percent of the population in the city was identified as African American in the 2000 Census.

Information pertaining to the tenure, geographic territory, and duration of leadership in CDCs is also reported in Table 1. This information provides some insights into the context in which these organizations operate. In general, Table 1 indicates that most of the CDCs in Detroit were formed after 1980, the period Stoutland (1999) associates with the third-generation of CDC growth. Table 1 also indicates that these CDCs focused on a relatively small geographic area, and they had stable leadership. These features have the potential to increase the likelihood of Detroit's CDCs being accessible to grassroots groups. In part, the combination of relatively new organizations with stable leadership raises the possibility for greater accessibility to residents and a heightened level of responsiveness to grassroots concerns. This potential is furthered since many of Detroit's CDCs have not been in place

Table 1: Characteristics of CDCs (N=21)

	Frequency	Percent
<u>Executive Directors</u>		
<i>Gender:</i>		
Female	15	71
Male	6	29
<i>Race:</i>		
Black	10	48
White	11	52
<u>Staff</u>		
<i>Gender:</i>		
Female	96	72
Male	38	28
<i>Race:</i>		
Black	99	74
White	27	20
Latino	4	3
Other	4	3
<u>Year CDC Established</u>		
1970 - 1979	2	10
1980 - 1989	8	38
1990 - 1997	11	52
<u>Census Tracts in CDC Boundaries*</u>		
1 - 5	14	67
6 - 10	1	5
11 - 15	3	14
16 or more	3	14
<u>Years CDC Under Current Executive Director</u>		
1 - 5	6	29
6 - 10	13	61
11 or more	2	9
<u>Project and Program Areas of CDC**</u>		
Community Organizing	20	95
Housing	17	81
Neighborhood Beautification	13	62
Economic Development	6	29
Crime Prevention	4	19
Culture and the Arts	4	19
Youth and Social Programs	4	19
Historic Preservation	2	10
Workforce Development	2	10

* This estimate is based on 2000 census tract boundaries.

** Each director identified two or more ($\phi=3.5$) project and program areas focused on by their CDC.

long enough to have their grassroots focus threatened by increased professionalism and institutionalization. However, these observations should be tempered somewhat, since the formation of some CDCs in Detroit has been influenced by local foundations and intermediary organizations that have helped to define the program and project areas of CDCs. Unless sponsoring organizations emphasize community organizing and citizen participation during the developmental stages of new CDCs, accessibility to grassroots groups is not guaranteed.

Finally, information concerning the project and program areas that CDCs focus on is reported in Table 1. These data indicate that each of the organizations focused on two or more project and program areas. On average, CDC executive directors indicated that their organizations were active in 3.5 project and program areas. Typically, a CDC would work

on some aspect of community organizing, housing, neighborhood beautification, and another small project area. Notably, 95 percent of the executive directors indicated that their CDCs were engaged in some form of community organizing. This percentage clearly illustrates the conflict that CDCs face because of their position on the citizen participation continuum. These organizations face regular pressure to use instrumental forms of citizen participation when implementing projects and programs, while simultaneously facing demands to pursue grassroots community organizing.

Regardless of its scope, citizen participation was identified as a dimension of the activities of virtually all of the organizations in Detroit. Moreover, the identification of citizen participation by virtually all of the organizations is of interest, since Detroit's CDCs tended to be geographically concentrated. For example, Table 1 indicates that 67 percent of the organizations confined their activities to 1 - 5 census tracts. This concentration means that the typical CDC focused on a geographic area with a population that ranged from 1,320 to 6,600 persons. This estimate is based on the mean population ($\mu = 1,320$) for census tracts in the City of Detroit. This calculation was based on 2000 Census data from the STF1A file. The relatively parochial character of the geographic boundaries of most CDCs and the frequency of identifying community organizing as a core activity makes inquiry critical concerning the role of instrumental and grassroots forms of participation in these organizations.

Although the characteristics of CDCs in Detroit parallel those of CDCs nationally, some distinctions exist that are important to later parts of this analysis. For instance, the median staff size of CDCs in Detroit is four, although the most recent national census of CDCs reported a median staff size of six (National Congress for Community Economic Development 1999, p. 7). In terms of tenure, the median age of CDCs in Detroit was twelve years, while the median age of CDCs nationally was fifteen years (National Congress for Community Economic Development 1999, p. 7). In essence, the CDCs in Detroit are slightly newer and smaller than those identified at the national level. In addition, there is no national data reporting the gender and racial composition of CDC staffs. However, some emerging research indicates that local demographics and job cues influence the racial and gender composition of CDC staff (Silverman 2001, Gittell, Ortega-Bustamante & Steffy 2000, Silverman 2003). Despite these discrepancies, the program activities of CDCs in Detroit paralleled those identified by the National Congress for Community Economic Development (1999) and Stoutland (1999, p. 216) as characteristic of these organizations.

CITIZEN PARTICIPATION IN DETROIT'S CDCS

The executive directors of CDCs in Detroit identified community involvement as a component of their organizations' activities. At the most elementary level, each executive director considered their organization's designation as a "community development corporation" to be evidence of a grassroots orientation. As one executive director stated, "We're totally independent, a community development corporation, the word 'community' says it all." Others made similar observations. For instance, the executive director of a large CDC made the following observation.

If you call yourself a community development corporation, the most important word in that is "community." So if you really don't have the input or the investment of the people that live and work in the neighborhood, you might be a nonprofit, you might be doing wonderful work, but you're not really a community development corporation. The need for some level of community input in project and program planning was identified by all of the CDC executive directors. However, views about the optimal level of community input varied across organizations. A small minority of executive directors, roughly ten percent, saw citizen participation as a "necessary evil." At the other extreme, roughly twenty percent of the executive directors had a broad commitment to expanding

the scope of grassroots involvement. More typically, executive directors were instrumental in their approach to citizen participation, and they felt it was part of their organization's "operating procedures to do things that involve the community." Although there was no clear consensus on an optimal level of participation, most executive directors agreed that, at a minimum, citizens should be consulted before an organization put a new project or program in place.

Instrumental Goals of Citizen Participation

Consulting citizens served a number of pragmatic purposes. Paramount among them was the use of citizen participation in an instrumental manner to build support for projects and programs. For example, one executive director discussed how her organization increased its level of community outreach in response to neighborhood resistance to the CDC's proposed projects. When referencing this predicament, she remarked about the importance of citizen participation.

We [now] consult the community on a regular basis with regard to our development initiatives, because what we don't want to have happen is there's a project that we put together, investing time and money into it, and the neighborhood's opposed to it. It just doesn't make sense. It's an inefficient use of resources.

To this executive director, regularizing contact with residents was instrumental in keeping the development process on track. In this case, participation occurred at an intermediate point on the citizen participation continuum. This disposition toward citizen participation fits into Arnstein's (1969) conceptualization of citizen participation as a form of "tokenism," since the practice was adopted in an effort to placate residents. Despite pragmatic motives for increasing opportunities for citizen participation, the result was that the organization expanded its networks with local residents and neighborhood associations. More regularized contact between the CDC and residents improved the chances that residents could voice concerns to the executive director and could drive community action through the organization. However, since the focus of participation tended to be on the instrumental goals of the CDCs, only a small number of residents turned out for regular meetings and other events organized by CDCs.

During interviews, executive directors identified a number of modes of participation that were used to incorporate citizens into the planning and development process. Most of these modes of participation fell at an intermediate point on the citizen participation continuum. Among these activities, residents were invited to public meetings, asked to fill out surveys, and included in focus groups and charettes. A common motivation for organizing each of these activities was the connection between participation and the instrumental goals of the organizations. For example, one executive director pointed out, "We do call public meetings whenever we're moving forward on anything in housing." In other instances, CDC executive directors identified citizen participation as a useful tool for determining if their proposed projects and programs were marketable. For example, two executive directors described how small numbers of residents were included in focus groups to discuss floor plans for units in a proposed housing project. In other cases, CDC executive directors discussed how small groups of leaders from local churches and neighborhood-based organizations were consulted in an ad hoc manner. These impromptu focus groups served an advisory role in the planning process, and they were used as a proxy for more direct forms of citizen involvement in decision-making. During earlier stages of project development, CDC executive directors used citizen surveys to gather basic demographic information about their communities. This information was used to supplement grant applications and to determine if there were a potential market for specific housing and social services that were being developed for a community.

Blending Grassroots and Instrumental Goals?

In addition to using citizen participation as a tool to realize the instrumental goals and objectives of an organization, executive directors indicated that other forms of participation were used to promote a sense of community among residents. Again, these forms of participation fell at an intermediate point on the citizen participation continuum. Typically, this type of citizen participation was organized around block parties and community dinners. On the surface, these types of activities represented a diversion for residents and entailed few opportunities for grassroots involvement beyond eating and celebrating. When executive directors discussed block parties and community dinners, they characterized them as “social” events and not as a form of “activism.” These events were considered to be popular among residents because they were “non-threatening” and often included “free food.” In essence, block parties were small community fairs where CDCs would “bring in a moon walk for the kids to play in, get the barbecue pits out, do hot dogs and hamburgers, get the music playing, and get the volleyball nets up.” Notwithstanding their recreational benefits, block parties and community dinners also assisted CDCs in achieving their instrumental goals and objectives. For this reason, these types of activities remain closer to the end of the citizen participation continuum representing instrumental forms of participation. For instance, one executive director made the following comment about how block parties fit into the broader goals and objectives of her organization.

Sometimes there are people who close off the street, [open] the fire hydrants, and have a block party for the children, and that sort of thing. But, that’s usually at the end of an activity that we’ve done, either a spring cleanup or at the end of a project that we’ve completed, and we’re opening it up so that the neighbors can see what we’ve done before the people move in. That sort of thing.

In this way, CDCs were able to blend activities that promote social engagement with their instrumental goals and objectives. A variety of other strategies complemented the use of block parties and community dinners to entertain residents while informing them of a CDC’s accomplishments and future plans for a community. For example, CDC executive directors organized raffles, garage sales, and annual dinner meetings designed to attract residents to venues where they could get information about the organization and its activities. As one executive director put it, “They’re coming because there’s something in it for them, so we have to hook-em.” Once citizens were pulled in with food and entertainment, they could be informed and consulted via a circumscribed participation process. Although these activities entailed some elements of grassroots involvement, they were still driven by CDCs’ instrumental goals, and they concentrated on informing and consulting residents. This type of participation differs from other forms that emanate from the grassroots level.

WICKED PROBLEMS AND INCREASED TENSION BETWEEN GRASSROOTS AND INSTRUMENTAL PARTICIPATION

Citizen participation driven by CDCs tended to focus on instrumental goals and objectives. Moreover, meetings and events organized by CDCs for such purposes tended to have erratic attendance. Typically, a core group of residents and institutional stakeholders would interact with a CDC on a regular basis. Despite their focus on instrumental goals and modest turnout, the executive directors pointed out that these same activities were not totally under their control since the activities inevitably exposed them to unanticipated community concerns. For example, executive directors indicated that residents often voiced concerns about neighborhood conditions during focus groups, community dinners, and through community surveys. In addition, CDC executive directors were made aware of grassroots concerns through direct contacts from residents, informal exchanges at community events, and interactions with representatives

of block clubs, homeowners associations, local churches, and other neighborhood-based organizations. Many of these concerns focused on parochial issues. For example, residents would identify property abandonment, pollution, illegal dumping, trash pick-up, prostitution, topless bars, and other issues as highly salient. CDC executive directors described these issues as “wildcards,” since they often focused on things that were outside of their organizations’ core project and program focus.

The types of issues that CDC executive directors referred to as wildcards were synonymous with what Roberts (2004) identifies as “wicked problems.” According to Roberts, wicked problems involve threats to the quality of life in communities, hard questions about budget cuts, citing of noxious facilities, pollution remediation, and other questions that relate to the equitable distribution of costs and benefits in society. Roberts argues that these problems manifest themselves with increased frequency in modern society, and as a result, calls to address them have proliferated from the grassroots. Roberts maintains that it is necessary for society to expand the level of participation and provide residents and disenfranchised groups with greater access to decision-making processes in order to address wicked problems. In essence, these types of problems are a source of pressure to adopt grassroots forms of participation identified on the citizen participation continuum.

When confronted with wildcard or “wicked” issues, executive directors of CDCs attempted to leverage organizational resources in order to assist residents and neighborhood-based groups. For instance, one executive director commented about her organization’s efforts to address residents’ complaints about accumulated trash on local streets.

Where are we going to get the resources so it doesn’t look so trashy? That was important to them. On our list of development priorities, that probably isn’t on the top of the list. Frankly, because people just tend to dirty it back up. But, nonetheless, because of the importance to the community, we put a lot of time and effort toward it, because that’s what they want to do, and so it’s like, “okay.” And, it’s a good thing and we have some expertise we can blend to the process and give them some resources. So we do that with all of them, and we try to follow their agenda to the extent possible.

The degree to which CDCs were responsive to grassroots concerns was, in part, restricted by their emphasis on other project and program areas. In addition, the organizations had limited resources and staff, which reduced their ability to manage a number of issues simultaneously. However, CDCs were often caught off-guard by grassroots issues that seemed to emerge spontaneously. When residents were able to voice their concerns about salient issues, CDCs attempted to broker remedial solutions to these problems to clear the way to resume work on their core projects and programs. These solutions tended to apply forms of participation that were in an intermediate position on the citizen participation continuum, rather than moving the organization toward more grassroots-oriented forms of participation.

Bringing Grassroots Problems into the Fold

CDC executive directors identified a number of times in which their organizations were drawn into issues by groups of residents who had “banded together” for protection against threats to the neighborhood. In some cases, the CDCs placated these groups by supporting them “in name” without committing organizational resources to resolve problems. In other cases, they temporarily diverted staff and funding to assist community groups. For example, one executive director discussed how his CDC ended up joining a coalition to keep unwanted businesses out of a community.

The community got together on a gas station someone wanted to build in the neighborhood, but the community didn’t want them to build it. The government, well it just so happened that they had to rezone it, and if they didn’t have to rezone it, they could have built it without

coming to the community. But because they had to rezone it, then the community was notified and the community [got] united [and went] down to the government and protested the building of this gas station . . . Well, we help them and we worked together. They could have done it by themselves, but we're glad to be there to be alert to the situation, and we came in and organized the group, by joining the community group.

There were other examples of CDCs' agendas being captured by groups organized at the grassroots level. For instance, other executive directors described how their organizations had become involved in local grassroots efforts to address water pollution, factory emissions, topless bars, and prostitution. In most cases, CDCs agreed to assist with grassroots concerns since they shared a mutual interest in removing a specific threat from a community, or because a particular concern dovetailed with existing CDC activities. For example, one executive director pointed out that her organization was able "to be activist" when residents voiced concerns about prostitution since the problem threatened the CDC's efforts to promote neighborhood revitalization, and it fit into an existing neighborhood watch program. However, the CDC's activism did not eclipse existing program activities. When asked about specific things the CDC did to combat prostitution in the community, the executive director responded, "We've had the vice squad come into our neighborhood meetings a couple of times." Despite the interest in incorporating some grassroots concerns into a CDC's agenda, organizations remained focused on instrumental approaches to addressing community problems that were within the domain of existing program activities. In this way, organizations were able to respond to grassroots concerns by drawing residents into instrumental forms of participation that were in an intermediate position on the citizen participation continuum.

CAUGHT BETWEEN INSTRUMENTAL AND GRASSROOTS PARTICIPATION

The dilemma of being caught between instrumental and grassroots approaches to addressing community concerns was clearly articulated by the executive director of a large CDC in a discussion of her organization's strategy for dealing with community protests about the closing of a local hospital. In this case, resident activism grew out of community meetings initiated by the CDC to discuss the organization's strategy for reusing the site where the hospital was located. Residents who disagreed with the CDC's strategy decided to pursue a different course of action and to protest the closing of the hospital. In the following passage, the executive director describes how her organization was caught between the grassroots activities of this group of community activists and the CDC's instrumental goals.

When the campus of General Hospital shut down, up here on Southeast Street, the residents we were working with, their agenda was to protest the closing of the campus. They were angry, and they needed to be angry. And their decision was, they were going to create a series of actions, organizing actions, to embarrass the owners of that campus for not trying to keep it open. The analysis of our board and staff was that the campus was closing no matter what anyone said, and we needed to simultaneously make sure that the reuse of the campus met the priorities of the residents. So once again, you had a situation where potentially there was schizophrenia. Our organizers were helping residents conceive of organizing actions to protest the closing and trying to get the owners of the campus to change their minds, while our development staff was working to influence how the campus was going to be reused. At one point in time the health system that owned the campus came to me as said, "will you call those people off," meaning the residents that were organizing. What we said to them was, "if you want to send that message, you have to talk directly to the residents, because we don't control the residents' agenda. Now if you want to talk to the development staff

about the reuse of the campus that's fine, but we are not going to be the intermediary for you to tell the residents to go away, it's not our choice." So there's another potential conflict. So, sometimes it creates that kind of dichotomy.

The multiple roles that the CDC assumed during the conflict over the hospital closure illustrate how organizations are caught in the middle of conflicting demands for instrumental and grassroots participation. However, this type of organizational "schizophrenia" is not always easy to manage. In this case, the CDC was able to pursue instrumental goals and negotiate with the hospital while it supported residents engaged in grassroots activism. The CDC benefited from this type of positioning since it was able to form alliances with all groups that engaged in the dispute over the hospital closure. Maintaining multiple alliances gave the CDC an advantage when negotiating with the hospital; however, it also compromised the organization's ability to speak for protesters at the grassroots level.

Although the CDC's community organizers were in a position to give aid and comfort to protesters at the grassroots level, the organization's focus remained in the hands of its development staff. In the long-run, instrumental goals prevailed, and the immediate assistance the CDC provided to residents involved in local activism was not linked to a more comprehensive community-organizing strategy focused on expanding grassroots control of the organization's agenda. In essence, participatory strategies used by the organization remained at an intermediate position on the citizen-participation continuum. This outcome was linked to a number of interrelated factors. For example, the CDC had to walk a fine line between the protesters and its own organizational goals, since open opposition to residents would raise questions about the legitimacy of the CDC. In addition to being involved at the community level, this organization was embedded in a number of institutional and professional networks that reinforced instrumental goals. The CDC was dependent on governmental and nonprofit funding for its survival. It had to appear cooperative in the eyes of local interests in the public and private sectors. And, it needed to appear professional in the eyes of peers in the community development field. Moreover, the organization was divided internally between a small group of community organizers and the larger development staff that dealt with the CDC's core projects.

In spite of these apparent shortcomings and institutional constraints, the degree to which this CDC was able to manage the conflict between instrumental and grassroots participation was both praiseworthy and somewhat anomalous. Unlike other organizations, this CDC benefited from a high degree of organizational capacity. As a result, this organization was able to assign full-time staff members to work with residents engaged in local activism, while maintaining a fully staffed development team. In contrast, most CDCs in Detroit lack the organizational resources to pursue community development projects and local activism simultaneously. Subsequently, smaller CDCs tended to curtail community organizing activities in order to maintain existing projects and programs. Constraints linked to organizational capacity and the institutional structure that CDCs were embedded in, led to a heavier emphasis on instrumental forms of citizen participation.

NEXT STEPS—EXPANDING GRASSROOTS PARTICIPATION

Participation in Detroit's CDCs had a tendency to fall at an intermediate point along the citizen participation continuum. These organizations tended to use intermediate forms of participation such as focus groups, block parties, and regular community meetings to involve residents in organizational decision-making processes. This participation was primarily aimed at informing and consulting residents about core activities of CDCs. The purpose of such participation was to comply with institutional mandates for participation, and to facilitate project planning, resource mobilization, and task completion. In instances where grassroots issues were brought to the attention of CDCs, there was a tendency to

reframe them in the context of an organization's instrumental goals. In the short-term, demands for grassroots participation were balanced with instrumental participation. In the long-term, CDCs returned to an intermediate position on the citizen participation continuum.

In order for CDCs and organizations like them to move in the direction of institutionalizing greater grassroots participation, two fundamental changes must occur. First, local nonprofits must become more proactive in their efforts to promote grassroots participation. In essence, more resources and time must be committed to community-organizing and capacity-building. Second, this renewed emphasis on community-organizing and capacity-building must be reinforced with stronger institutional mandates for grassroots participation in the policy process. In other words, foundations, government agencies, and funding intermediaries need to increase funding levels for community-organizing and capacity-building activities. These institutions also need to require such activities as a condition to receive resources for project and program implementation. Strengthening external mandates for community-organizing and capacity-building activities will reinforce the long-standing value of grassroots participation within CDCs and other community-based organizations.

It should be noted that many of the reasons that CDCs do not pursue strategies for grassroots participation more aggressively are linked to limited organizational capacity. In large part, limited organizational capacity stems from the institutional structures in which CDCs are embedded. Consequently, the success of efforts to expand grassroots participation in CDCs and other community-based organizations will be heavily influenced by the creations of new mandates for participation and strengthened supporting structures in institutions that provide these nonprofits with resources. Calls for such reforms have come from scholars like Dreier (1996) who argues for intermediaries to place greater emphasis on supporting community-organizing and advocacy efforts in local nonprofits.

If it is backed with resources and mandates, the citizen participation continuum can assist efforts by local nonprofits and larger institutional actors to develop mechanisms to expand grassroots decision-making in the community development process. This continuum can be particularly useful to organizations like CDCs, in which citizen participation falls somewhere between purely instrumental and purely grassroots forms. For instance, the citizen participation continuum can be used by such organizations to identify a broader spectrum of groups to include in collaborative partnerships. Expanding the role of grassroots organizations in such partnerships can cultivate a more conducive environment for enhanced participation. Likewise, the citizen participation continuum can be used by CDCs and similar organizations to identify grassroots forms of participation that are compatible with empowering residents and expanding the scope of citizen control in decision-making.

The need for a more systematic focus on capacity-building and grassroots participation in community-based organizations is linked to the increased frequency of problems that Roberts (2004) labeled as "wicked." In the urban and rural communities where CDCs are located, the prevalence of these problems calls for expanded grassroots participation in local agenda-setting and decision-making. Despite the intensification of these problems, most CDCs remain small in size and limited in capacity. For instance, most of Detroit's CDCs had small staff and limited capacity, and they were relatively new organizations. These characteristics mirrored national trends in CDCs (National Congress for Community Economic Development 1999). At the same time, CDCs in Detroit and CDCs nationally focused on small geographic areas with identifiable populations and articulated an interest in making community-organizing a central focus of their activities. With added institutional support, CDCs can help to expand the scope of grassroots participation in society.

The citizen participation continuum provides CDCs and other community-based nonprofits with a road map for evaluating projects promoting change in society. It also

provides larger institutions with a framework from which to develop policies and programs that are supportive of expanded citizen control in local decision-making processes. If used by local nonprofits and larger societal institutions in unison, the continuum could become a powerful tool to develop strategies for expanding the range of groups in local agenda-setting and decision-making, selecting grassroots forms of participation, setting the goals of participation strategies, and evaluation of participation in decision-making processes.

NOTES

1 In this analysis, CDCs are defined as community-based nonprofit organizations that focus on various combinations of activities related to community development, community organizing, affordable housing development, social service delivery, and other programs that are designed to assist low-income communities. Three important characteristics tend to set CDCs apart from other nonprofits that deliver similar programs and services. First, CDCs focus their activities within geographic boundaries that encompass distinct neighborhood boundaries within a larger municipality or jurisdiction. Second, CDCs attempt to adopt a multidimensional or comprehensive approach to community development. Rather than focusing on a single program or service area, CDCs attempt to implement programs and projects that address multiple community needs. Finally, CDCs anchor their organizations' legitimacy on the principle that they are accessible to residents. Consequently, community organizing and citizen participation are considered key components to the successful achievement of organizational goals.

2 For the purposes of this article, community organizing encompasses activities that focus on empowering residents and cultivating grassroots leadership. As a result, community organizing would go beyond social engagement and activism focused on accomplishing the short-term objectives of a community-based organization. In addition to activism, community organizing would promote the long-term goal of expanding the degree to which residents control the agenda and decision-making processes of community-based organizations.

3 Past scholarship has identified the role of residents' organizations, neighborhood institutions, and community-level agencies as a source of grassroots participation in the policy process. These works site incidences in which representatives from such organizations provide communities with a voice in broader policy debates. This article takes a more micro approach to examining participation within such organizations. This approach is adopted to determine if residents and individuals in the communities where such organizations operate have access to them. The underlying question of this analysis focuses on the degree to which community-based organizations are accessible to residents in the communities that they serve.

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