# Building Democracy: Community Development Corporations' Influence on Democratic Participation in Newark, New Jersey

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***Abstract:*** *The study seeks to demonstrate how stakeholders in the US city of Newark, New Jersey, perceive the role community development corporations (CDCs) play in presenting residents with opportunities to engage with their local government. In the United States, CDCs are community-based organizations that work toward revitalizing the built environment and addressing social issues within urban and rural communities. Often, CDCs encourage residents to be more active in local government in order to influence the decisions that most impact their communities. A Q-methodology study of stakeholder perceptions on CDCs' influence on participation in local government, drawing from Arnstein's "ladder of participation," contributes to a better understanding of the subjectivity associated with residents' participation and the actions that foster or constrain that participation. Research findings suggest that stakeholders perceive CDCs to create and encourage avenues for participation that preserve the existing state of affairs. However, stakeholders' views also indicate that residents can benefit from initiatives that transfer power away from the public administrator to them.*

## Introduction

A regular critique of government is that little is done to develop virtuous citizens with "an enhanced understanding of citizenship" (Frederickson, 1991, p. 409) who become involved in the planning processes or decision-making sessions that affect their daily lives. If democratic 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), then the lack of adequate participation removes residents 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. Since the late 1960s, however, community development corporations (CDCs) have been promoted as providing opportunities for

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local democratic engagement.

CDCs were formed in the United States to address issues in urban and rural communities, to promote revitalization, aid job creation, offer social services, and rebuild communities (Keating, 1997; Jennings, 2004; Morris, 2011). Although there is no legal definition for these community-based organizations, the U.S. Small Business Association suggests that they are defined by their "community-based leadership and community-oriented goals" (Morris, 2011, para. 5). Under U.S. tax law, grants and gifts from both public and private sources to the non-profit CDCs are tax-exempt. Their success is measured "in terms of physical redevelopment and community regeneration, participation, and empowerment" (Stoecker, 1997, p. 4).

The organizational emphasis on community development and regeneration, alongside participation and empowerment, suggests that CDCs have the potential to provide residents with opportunities for participation in the democratic process. As community-based and community-driven organizations, CDCs require the involvement of all community stakeholders, particularly residents, public officials, and administrators. CDCs' presence within communities frequently results in the development of long-standing relationships with municipal governments, in which CDCs may work alongside government to complete projects or other tasks closely connected with the community (Keating, 1997; Jennings, 2004). Consequently, CDCs are placed in a unique position to provide concrete solutions (such as housing and new jobs) to community challenges and to "serve as mediators between their communities, [and] local government" (Bratt & Rohe, 2007, p.75).

It is this democratic potential of CDCs that is the focus of this article. Through the examination of stakeholder perceptions in Newark, New Jersey, whether and how CDCs help to encourage engagement opportunities for residents to become involved in local democratic initiatives was investigated. More specifically, this study sought to better understand how stakeholders (CDC executives, city executives, and community residents) perceive the role CDCs play in encouraging resident participation in local government decision-making.

The article is structured in four main sections. The first section explores ideas of participation and deliberation that have dominated in the five decades since the adoption of CDCs. In particular, the section revisits Arnstein's (1969) influential and provocative "ladder of participation" and considers how it and the work of other scholars have influenced the discussion around the democratic potential of CDCs. In order to systematically explore how these arguments are operant, the second section sets out a research design that employs Q methodology in order to systematically explore the perceptions of stakeholders

engaged in CDCs in Newark. Respondents were asked to prioritize statements drawn from academic literature reflecting key arguments based on Arnstein's ladder. The third section reports and discusses the results of this sorting, which suggest six distinct evaluations of the current democratic offering of CDCs, and a further four views of what they could or should deliver in an ideal world. The fourth section discusses how this offers an important empirical insight into how different stakeholders view the democratic potential of CDCs. The article concludes by suggesting how Q can help to reveal not only difference but also agreement and how this might assist in lessening the distance and dissonance between residents and government officials.

## Community Development Corporations, Deliberative Democracy, and Participation

In the United States, the twentieth century encompassed government initiatives and social maladies that left many communities in depressed conditions (Wilson, 2007). For example, redlining by financial institutions (the practice of denying housing mortgages based on neighborhood location) not only prevented minorities from purchasing homes, but also created systematic disinvestment in economically distressed communities (Gotham, 2000, 2001; Silver, 1997). These practices limited economic and social growth in urban, rural, and low-income communities throughout the country. The federal urban renewal program—designed to rehabilitate communities, increase investment to central business districts and secure financial stability for central cities—also left many communities far worse off than they were before the government's attempt at "revitalization" (Gotham, 2001; Fullilove, 2004).

CDCs began to form in the late 1960s due to political advocacy efforts designed to address the social and economic issues that stemmed from the neglect of these communities (Vidal, 1992 as cited in Gittell & Wilder, 1999). Over the next decade, as advocacy efforts took effect the focus of CDCs began to shift. During this period, CDCs sought to stimulate job creation (Stoecker, 1997), create new housing to replace that destroyed by government's urban renewal programs, address problems resulting from redlining, and address issues pertaining to "other physical displacement projects" (Gittell & Wilder, 1999, p. 342). By the end of the 1970s, there were more than 1,000 CDCs. This number doubled by 1986, as a direct reaction to the federal government's lack of attention to urban poverty and the decaying conditions of communities (Gittell & Wilder, 1999). Federal funding programs, like Community Development Grants, HOME, and the Federal Low-Income Housing Tax Credit Program, became prevalent in the 1990s and were designed to support CDCs and their physical-development activities (Gitell & Wilder, 1999).

Throughout their evolution, CDCs have practiced a holistic approach

to community development. Rather than simply focusing on housing or job creation, CDCs have a variety of programs and focal points and choose to address community issues from a variety of angles. They "now blend physical-development activities with an array of community-building activities" and engage in "comprehensive development initiatives" (NCCED, 1995).

The significance of CDC work is best viewed through their proximity to the ground level. As grassroots organizations, CDCs are connected to, aware of, and sympathetic to the everyday issues faced by community residents. This connection to the "street" enables CDCs to address the concerns and challenges faced by communities. As Gittell & Wilder (1999) note, organizations based within communities, like CDCs, are likely to "engage residents in political action both directly and indirectly" and, where successful, "CDCs have organized community members to advocate their own interests and have represented community interests in the local context" (p. 344). Through the place-based approach (Vidal & Keating, 2004), CDCs serve as assets within a community.

Research has chronicled CDCs' evolution (Gittell & Wilder, 1999; Vidal, 1997), successes and failures (Bratt, 1997; Reingold & Johnson, 2003), and alternative models (Stoecker, 1997). The viability and long-term impacts of CDCs are also critiqued within the literature. Stoecker (1997) suggests that CDCs may not have enough capacity to "reverse neighborhood decline" (p. 3). Vidal (1992) argues that limited capital and reliance on external funding threatens the sustainability of these organizations. "CDC projects are frequently undercapitalized, which makes their survival particularly tenuous" (Gitell & Wilder, 1999, p. 343). Furthermore, there is tremendous variation amongst CDCs "in size, activities, financial resources, outputs, staff expertise and other attributes" (Gittell & Wilder, 1999, p. 343). Such differences present challenges in making generalizations about CDC effectiveness. In spite of these critiques, CDCs remain important vehicles in the strengthening of urban and rural communities in America.

The political vitality of local communities is largely dependent upon two primary variables (Dahl, 2000; Denhardt & Denhardt, 2000). First, local government must be responsive and willing to provide equal opportunities for all residents to be included in the decision-making process. Second, local government must value the needs of residents more than the needs of the political organization and serve rather than direct society (Denhardt & Denhardt 2000). A true democracy provides opportunities for residents to share their views on decisions and shape which issues are discussed and how they are implemented (Dahl, 2000). Further, it is the responsibility of government, albeit a challenging one, to create and sustain a political process that includes the varying

factions of residents (Dryzek, 2002). Resident participation "is a categorical term for citizen power." It "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" (Arnstein, 1969, p. 217).

Ideally, a collaborative government strives to meet the public interest, but requires administrators to see themselves as facilitators, and residents as partners and experts (King, Feltey, & Susel, 1998). Paramount to collaborative governance is an open and effective communication process.) Resident participation has been described as:

> 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. (Gaunt, 1998, p. 277)

Gaunt further argued that access and communication with political leaders are what create equality amongst residents: "[E]quality 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" (Gaunt, 1998, p. 278). Mechanisms of deliberative and authentic participation are geared toward creating avenues for a collaborative, dynamic, and communicative exchange of ideas and concerns. Deliberation expands the decision-making process beyond the implementation of policies to incorporating dialogue that considers the meaning and implications of these policies (Dryzek, 2002). As evidenced by King et al. (1998), "elements of authentic participation [are] focus, commitment, trust, and open and honest discussion" (p. 320). An "authentic polis" (Stivers, 1990, p. 96) provides a public space for active discourse between those that govern and those that are governed. Within the polis, residents become a "political community" (p. 88), work with one another to solve conflict, and further common interests and values. As Dahl has clearly argued:

> A citizen who tends to feel that people like him have no say about what the local government does, or that the only way he can have a say is by voting, or that politics and government are too complicated for him to understand what is going on, or that local public officials don't care much what he thinks, is much less likely to participate in local political decisions than one who disagrees with all these propositions. (Dahl, 2005, p. 287)

Therefore, participation initiatives that incorporate dialogue, active discourse and provide residents with shared power are more ideal than those that do not allow for resident feedback.

Historically, public administrators operating within the "administrative state" (King et al., 1998, p. 89) held the power and discretion to decide when to include the citizenry. This level of discretion allowed administrators to maintain control of the decision-making process and engage residents when they chose. The context of conventional participation (King et al., 1998) suggests that bureaucratic systems and processes serve as obstacles in preventing residents from participating in their communities. The conventional paradigm includes residents when it is too late for them to impact decisions, which results in residents being "reactive and judgmental, often sabotaging administrators' best efforts" (King et al., 1998, p. 320). This distancing of residents from the issue prevents information from properly moving through the administrator–resident channels. Residents, due to their distance from the issue, have the least amount of information, creating an inability to properly address decisions.

Deliberative participation increases residents' power by decreasing the disparity between the elite and non-elite, bringing residents closer to the decision. Empowered residents limit the government's ability to make isolated political decisions and increase contributions to the decision-making process, thus improving the administrative state (King et al., 1998; Dahl, 2000). The act of deliberation influences the process by which policy decisions are made and the choice of which decisions are made.

Through deliberation and the creation of political communities, residents are able to strengthen political capital and gain access to new political resources. Political resources are key to ensuring involvement in political decision-making and are the "only potential source of influence" (Dahl, 2005, p. 271). As residents continue to engage in the deliberative process, their political capital continues to grow, as does their ability to influence decisions. Dahl (2005) hypothesized, "the greater the political resources a group of individuals possess, the greater its influence . . . the rich will be more influential than the poor, the socially prominent more influential than the socially obscure and so forth" (p. 271). In its truest sense, deliberative democracy helps to transfer power from government and political officials to community residents, making access to political resources more equitable.

Community-based organizations understand the challenges residents face and often create opportunities for them to become more active in local decision-making processes. These organizations attempt to make a conscious and persistent effort to encourage and ease the process for residents (Hunt, 2007). This includes facilitating interaction and dialogue between residents and officials.

Incorporating participation into redevelopment and urban planning

initiatives can help balance the power and influence of political actors with that of residents, and ensure that final decisions are the most beneficial to community residents (Jennings, 2004). Participation in development projects helps to ensure that the voices of residents are at the very least heard and at the very most incorporated. "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" (Hunt, 2007, p. 13). CDCs liaise between government and residents, providing a voice to the unheard. Their collaboration with local government (Hunt, 2007; Jennings, 2004) and residents creates avenues of understanding between these stakeholders and reduces the distance between residents and decision-making processes.

To ascertain the role CDCs play in fostering democratic participation in local government it becomes imperative to conceptualize the term "participation". Arnstein's (1969) ladder of participation is used to conceptualize levels of participation. Each of the eight levels is "arranged in a ladder pattern with each rung corresponding to the extent of citizens' power in determining the plan and/or program" (Arnstein, 1969, p. 216). The ladder depicts three categories of participation, and associated levels (from the bottom): non-participation (manipulation and therapy); tokenism (informing, consultation, and placation); and citizen power (partnership, delegated power, and citizen control).

Arnstein (1969) acknowledged the limitations of such a typology. She argued that the conceptualization of participation in this manner does little to recognize the diversity or perspectives that exist within groups. Others suggest the use of a ladder indicates distinct and unambiguous stages and ignores the inherent intricacies of participation initiatives (Cornwall, 2008; Tritter & McCallum, 2006). The hierarchical structure of the ladder suggests that the lower levels of participation are not valued, the highest levels are seen as ideal, and that power will "trickle down" (Tritter & McCallum, 2006, p. 163). Tritter and McCallum (2006) argue that the ladder does not consider the breadth and depth of participation initiatives nor the theoretical justification for using different methods of participation. Arnstein's typology is seen as "limited by its implicit and explicit association of participation with power; with consequences for the kinds of tools and techniques designed to enable participation" (Collins & Ison, 2006, p. 6).

Although there have been more recent typologies since Arnstein's ladder (Pretty, 1995; Tritter & McCallum, 2006; Wilcox, 1994; Burns, Hambleton, & Hoggett, 1994), its association with power is what underscores the appropriateness of use in this study. CDCs use empowerment as a measure of success, thus viewing participation initiatives through the lens of power and empowerment is fitting.

Moreover, the typology serves as an analytical tool (White, 1996) providing a framework that aids in the evaluation and categorization of participation initiatives.

## Research Design

The City of Newark, the largest city in the state of New Jersey and home to 21 CDCs, serves as the focus for this research. Newark has a history of ineffective leaders who, primarily through political corruption, created an environment that has generated discord and mistrust of government officials (Curvin, 1975; Smothers, 2002; Craven, 2008; Press, 2008). Many of the CDCs in Newark were formed in response to the lack of effort of local government as perceived by community leaders. Newark experienced civil unrest in 1969, the damage of which can still be seen today. The combination of entrepreneurial spirit exhibited by the community, the discord found between residents and officials, and the history of Newark city politics make it a valuable research setting.

Q methodology was ideal for the examination of stakeholder perceptions, to provide valuable insight into better understanding the influences CDCs have on resident participation from the street-level up (residents' views) and from the executive-level down (CDC and city executives' views).

Three stakeholder groups with knowledge of CDC work were included in this study. Six participants were serving as presidents or executive directors of CDCs, and two were CDC executive's nominees for this study. The eight CDC participants were drawn from CDCs that were representative of the larger body of Newark CDCs based on city ward location, revenue size, and organizational mission. A further eight participants were executives working for the City of Newark who were responsible for an entire office or division and whose responsibilities required them to either work with CDCs or to be aware of their work. Finally, eight city residents participated. These individuals were involved with CDCs in a capacity that would provide them with knowledge of CDC work. They were all over 18 years of age, did not currently hold an elected political position, had resided in the city for a minimum of five consecutive years, were knowledgable of the work of their community CDC, and were interested in participating in their local government.

Each group of stakeholders, through their professional and social roles, has extensive knowledge of the work of Newark CDCs. Executive directors are influential in setting the goals and objectives of their respective organizations and, therefore, have a keen understanding of the influences that CDCs may have on participation. City executives, through their professional responsibilities, are required to interact and collaborate with both community organizations and city residents.

Furthermore, Newark residents have extensive knowledge of CDC influences on communities. These individuals are all leaders in their own right and are familiar with CDC projects and initiatives.

To deveop the Q sample, a naturalistic sampling approach was used to create an initial set of opinion statements. These 54 opinion statements stemmed from relevant public administration and urban affairs literature, newspaper articles, and reports focusing on citizen participation. Statements were taken verbatim or slighlty modified to remove jargon and increase understanding. Through structured sampling, initial statements were classified into one of the eight dimensions of participation as per Arnstein's (1969) Ladder. A group of practioners assisted the researcher to confirm the clarity and ease of statement comprehension by placing each statement into its appropriate participation category. After some interation of this process, the resulting sample includes three statements that best exemplify each level of participation. (See Appendix.)

Participants were informed that they would be conducting two sorts. The first sort sought to illuminate perspectives about *current* conditions. Participants were instructed to "sort the statements according to how often or not they thought CDCs currently did the things listed." The second sort focused on *ideal* conditions and instructed participants "to think about an ideal world and sort the statements again, according to how they believed CDCs should do the items listed on the cards." For both sorts, the negative (-3) end was labeled "rarely" and the +3 end "almost always." After the completion of each sort, respondents were asked to explain their thought process during the Q sorting and the reasons for the placement of cards in the +3/-3 and +2/-2 columns.

## Findings A: Perceptions of Current Conditions

Principal component analysis and varimax rotation were used to identify six factors, as described below. All six had eigenvalues greater than one. However, Brown (1980) argues that the sole use of eigenvalues is arbitrary and of little meaning. "Consequently, 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" (Brown, 1980, p.24). Therefore, each factor was evaluated for its theoretical significance; all six met this test as well.

### Perspective 1: Consultation and Placation

One resident, one city executive, and one CDC executive loaded on this factor. These participants' sorts suggested that CDCs foster participation initiatives that are characteristic of the Consultation and Placation levels of participation. This group believed that despite a 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 (statements 4 and 18). CDCs were seen to create some avenues for participation as they worked to seek input, feedback, and opinions from residents (statements 10 and 17). This is further evidenced through the perspective that CDCs worked to incorporate resident suggestions into final project plans, even if it is known that final approval power is with city officials (statement 22). In explaining the importance of resident participation, a CDC executive director pointed out that "getting buy-in is probably as more important as to who makes the final decision."

The overall emerging view is that CDCs were fostering participation that is typically tokenistic, in that residents provide their voice and hear from local officials and other power holders. However, there is no guarantee that residents' suggestions will be considered.

**Perspective 2: Informing and Manipulation**

Two residents loaded significantly on this factor, along with one city executive and one CDC executive director. The perspective here is related to the Informing and Manipulation levels of participation. This group believed that the use of written correspondence (brochures, posters, and other documents) was regularly used to provide information to residents (statement 1). They also believed that although CDCs were perceived as giving residents a limited role in influencing project outcomes, they were also controlling the flow of information and the extent of resident support (statements 3, 20). The narrative here suggests that CDCs were not supportive of residents being in control or having full charge of policy or project planning, despite their desire to inform residents (statement 12).

This perspective suggests that CDCs provided information to residents, but were manipulating residents through limited and controlled involvement. Residents may have some influence in local decision-making; however, consistent with Arnstein's (1969) description, this involvement is scrutinized.

**Perspective 3: Consultation and Partnership**

The notion of shared responsibility resonated here, with two residents and two city executives defining this factor. Individuals believed that CDCs did not foster Citizen Control but they did work to encourage Consultation and Partnership (statements 10, 11, 12, 24). The residents and city executives associated with this viewpoint determined that CDCs often encouraged collaboration and shared planning when designing and carrying out policies (statements 24 and 11). Overall, these stakeholders suggested that CDCs fostered participation that allowed residents to hear and be heard and provided them with opportunities to engage and negotiate (statements 10, 11, 14).

In this case, local government may have used participation initiatives embodying the characteristics of Consultation as a means to demonstrate the occurrence of participation, rather than integrating information provided by residents in decision-making processes (Arnstein, 1969).

**Perspective 4: Manipulation**

One CDC executive director defined this factor. Interestingly, this director led the only CDC whose mission is primarily focused on environmental concerns (such as open space, green technology, and air quality). This unique organizational focus suggested a distinct perspective. This individual 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 was shared with residents (statements 8, 9, 11, 19).

Here, Manipulation was the defining level of participation signifying that CDCs rarely encouraged Citizen Control and Partnership, but often advanced Manipulation and Therapy.

**Perspective 5: Consultation**

Six participants defined this perspective: one resident, one city executive, and four executive directors. The participation activities that were most prevalent within this factor were those that provided one-way communication from residents to government officials with little or no response in return (statements 1, 10, 17). Stakeholders in this group believed that CDCs were frequently engaged in gaining residents' opinions through attitude surveys, neighborhood meetings, and public hearings (statement 16). They did not perceive CDCs fostering initiatives associated with Manipulation and Therapy and, in fact, believed that these organizations rarely distracted residents from their own concerns and issues with government (statement 19). Within this viewpoint, however, stakeholders determined that CDCs rarely gave residents a limited role in influencing project outcomes (statement 3).

Initiatives indicative of neither manipulative nor authentic participation emerged in this view. Surprisingly, CDC directors viewed their own organizations as supporting participation initiatives that fell within the Informing and Consultation levels of participation, ultimately limiting resident participation to the extent of hearing and being heard.

**Perspective 6: Partnership**

The perspective presented here did not see CDCs fostering the highest levels of participation (Citizen Control and Delegated Power) but did see the presence of activities that were related to Partnership and Consultation (statements 16 and 24). Two residents loaded significantly

on this factor and determined that CDCs supported collaboration and shared planning (statement 24). They further suggested that CDCs worked to aid the incorporation of resident input into final decisions (statement 5). Those residents aligned with this perspective did not perceive CDCs as managing residents' fears to avoid suspicion of planned projects, but did indicate that CDCs rarely sought to foster Citizen Control or the transference of primary guidance and goal setting power from officials to residents (statement 7 and 23).

CDCs were seen as organizations that engaged in participation initiatives that encouraged Tokenism with some Citizen Control as it relates to shared planning. These citizen stakeholders resolved that CDCs were most engaged in partnership-associated engagement activities.

## Findings B: Ideal Conditions

After the statistical analysis was completed for the second sort, six factors were identified. Two factors were dropped from analysis since no individual sort was significant for these factors.

**Perspective 1: Consultation and Partnership**

Eight participants represented this factor: three citizens, four city executives, and one CDC executive director. These individuals advocate for the redistribution of power from being solely held with officials to a shared structure with residents and officials (statements 10, 11, 24). Group members suggest that ideally, CDCs should not manipulate engagement opportunities, discourage communication, or restrict resident feedback and program influence (statements 8, 18, 19), although at times, participants suggested that there was a need for CDCs to attempt to change residents' values and attitudes to match broader community concerns (statement 5). This may be particularly true when residents hold a "not in my backyard" approach to projects and plans.

Stakeholders correlating with this factor believed that CDCs should foster participation that falls within the Partnership and Consultation levels of participation. This would allow residents to become more active in the planning and decision-making processes, but would permit officials to "judge the legitimacy or feasibility of the advice" (Arnstein, 1969, p. 221).

**Perspective 2: Citizen Control and Delegated Power**

Conversely, this perspective characterizes the viewpoint that CDCs should work to support citizens in achieving delegated power and citizen control. Two citizens, three CDC executive directors, and one city executive are aligned with this perspective and declare that dominant authority, primary guidance, goal setting power, and final approval power lie with residents (statements 4, 6, 13). This viewpoint

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.

**Perspective 3: Consultation and Placation**

Only one resident held this perspective. Although not a shared perspective, an understanding of it may prove useful when considering the many stakeholders affected by the work of CDCs. This individual, like several other study participants, determined that CDCs should foster collaboration. However, a new ideal condition arises in that they also believed that it is important for CDCs to facilitate an equally shared decision-making and policy creation process (statements 11 and 15).

Consultation and Partnership were the primary levels of participation at play in this factor. Although partnership was very important to the stakeholder defining this factor, they did not believe the residents should have significant control. In fact, this participant suggested that CDCs should give residents a limited role in influencing projects (statement 3). Emerging from this perspective are aspects of Citizen Power and Tokenism. Residents are given a voice and an opportunity both to hear and negotiate with those in power, but ultimate control remains with local officials.

**Perspective 4: Informing to Partnership**

This perspective was unique in that it incorporated more levels of participation than any other factor. Two city executives, one resident, and one CDC executive director shared this viewpoint. The complexity of these intersections suggests that this group believes that CDCs should foster varied levels of participation. Aligned with the five middle rungs of the ladder (Therapy, Informing, Consultation, Placation, and Partnership), group members perceived that CDCs should facilitate a plethora of participation levels.

According to this viewpoint, CDCs, in addition to reporting to residents about new programs and policy decisions, should identify opportunities for collaboration and partnership (statements 5, 10, 11). It is important to note that the extreme levels of participation were not determined ideal tasks for CDCs to encourage.

## Discussion

City officials in both sorts held shared perspectives with residents and executive directors. Each stakeholder group indicated a belief that CDCs were primarily working to maintain the status-quo, that is, to encourage participation activities representative of Tokenism within limited resident control. City officials and residents further aligned along the perspective that CDCs should foster participation at a level consistent with Partnership.

Newark's political climate has led to the distrust of city officials and inauthentic participation initiatives. Awareness of a shared perspective between residents and city executives holds great potential for a community beset by disheartened residents. This information can potentially aid a coming together of residents and city officials for discussion and debate. In due course, perhaps both groups can better understand that, in some ways, they seek similar outcomes for their community.

Executive directors did not perceive their organizations as fostering the highest levels of participation. CDC executives may have evaluated themselves more critically than other stakeholders, or recognized that these organizations could do more to foster improved opportunities for resident engagement. Some executive directors indicated that their organizations should foster Citizen Control and provide opportunities for residents to have final approval power and accountability, despite the implication that this is not currently the case. Although outside the scope of this study, there are potential external factors that may sustain the disparity between the current and ideal avenues of participation. For example, information dissemination, funding, and knowledge integration serve as conditions that if met, may better sustain deliberative democracy in Newark. Future research will explore theory that outlines conditions for ideal participation, to better determine the role they place in establishing deliberative and authentic participation.

In general, the participants did not perceive CDCs to foster levels of participation that resulted in residents having full control. Each factor describing the current conditions of CDCs' influence on democratic participation is primarily marked by Non-Participation and Tokenism. There are some representations of Citizen Power; however, they depict the lowest level of this category, Partnership.

Similarly, participants perceived that CDCs should not guarantee the highest levels of Citizen Power, which would allow residents to be in full charge of policy making and planning. Findings indicate that residents were able to possess the "benefits of the affluent society" (Arnstein, 1969, p. 271) by attaining some levels of citizen power. Arnstein, however, intended residents to achieve full power and dominant control. Despite this claim, stakeholders overwhelmingly suggest that this is not what they desire. Most participants indicate that officials should not relinquish all authority. By these accounts, Arnstein's notion of citizen power was not thought to be an ideal form of participation by all participants.

The emergence of Delegated Power and Citizen Control in one factor indicates that there are residents, executive directors, and city officials that believe in Arnstein's desire for residents to achieve full control. The

juxtaposition of this factor amongst the others helps to illuminate the diversity of ideologies within the city of Newark around democratic participation. This diversity may encourage broader perspectives and more inclusivity, providing avenues for various stakeholders to contribute to the discussion, ultimately creating increased opportunities for deliberative and democratic participation.

On the other hand, stakeholders may compare their perspectives on ideal conditions with that of current conditions and become apathetic. Select stakeholders may find themselves in conflict with CDCs since some individuals perceive citizen power to be an ideal form of participation. These individuals desire residents to lead and manage projects, and develop and implement policies. The differences in these perspectives challenge CDCs to consider participation initiatives that not only encourage authentic engagement, but also ease discord.

Evident within the findings is the perceived importance of providing input, receiving information and ongoing communication, and creating opportunities for collaboration and partnership. Partnership and Collaboration were recurring themes within both sorts, highlighting the importance of their presence within democratic participation initiatives.

According to participants' perspectives, we can surmise that authentic participation is viable within Newark. However, it is not currently prevalent. Thus, it becomes evident that CDCs should work to reduce the distance between residents and their ability to affect decisions, and engage in fostering partnership, which will ultimately bring residents closer to the issues plaguing their communities and the resolutions to address them.

Arnstein (1969) argued that initiatives typifying the Partnership level are possible, however; agreement to the redistribution of power "through negotiation between citizens and powerholders" (Arnstein, 1969, p. 222) must occur. Negotiation threatens the existing power relationships. The questions that then arise are: Is Newark ready for this? Are all 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?

The findings of this study suggest that stakeholders believe that CDCs should be engaged in fostering participation that encourages city officials and residents to work together as partners, and for residents to have some control and power. A political structure that embodies shared decision-making and collaborative work to achieve the common good is how Bingham, Nabatchi, and O'Leary (2005) define governance. The top levels of Arnstein's ladder (1969)—Delegated Power and Citizen Control—were not desired ends for many stakeholders. Rather, they saw

community development comprised of complex initiatives that require the knowledge, expertise, and inclusion of many actors, including residents, executive directors, and city executives.

These findings question Arnstein's ladder of participation (1969), as it seems Delegated Power and Citizen Control are not considered ideal by many stakeholders in Newark. Perhaps with 21st-century advances, Newark stakeholders may be more eager to support partnership and collaboration and may determine partnership as the ideal type of participation. Conversely, 21st-century Newark may only know the lower levels of participation and deem collaboration and partnership ideal because it seems 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.

This study alone does not begin to solve this dilemma, yet it does suggest that stakeholders in a city can see participation differently than Arnstein suggested. Participants in this study expressed their desire for meaningful, authentic, and active participation and recognized that it cannot be accomplished without the inclusion of all community stakeholders. Residents understood the limitations of their involvement and executive directors and government officials saw value in resident 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 in which conditions they hold true. The hard question remains: What can CDCs do, or how can city government assist them, to consistently foster partnership and collaboration?

## Conclusion

The purpose of this study was to incorporate research methods that scrutinized stakeholder perceptions of the role of CDCs 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 research presented provides a framework for studying perceptions as they relate to resident participation in the local political process. In addition to understanding the relationship between CDC work and resident participation from an organizational and political perspective, this study examined the often-neglected citizen perspective.

Findings help to ascertain how community stakeholders perceive CDCs as fostering resident participation, and support Tritter and McCallum's (2006) argument that the lower levels of the ladder of

participation should be valued. Dialogue, partnership, and collaboration in this study represented desired characteristics of participation initiatives. Although Citizen Power is considered ideal in some cases, this study reveals the notion that other levels of participation are useful and warranted.

The answers presented throughout serve as a preliminary guide on how community-based organizations can strive to be more effective in increasing authentic participation in their communities. The literature suggested that additional research was needed to measure the impact CDCs have on "the social capital [of] neighborhoods, such as the extent to which their [CDCs'] efforts have strengthened, regenerated, or empowered a community" (Cowen, Rohe, and Baku, 1999, p. 327). This research helps to fill this gap.

Future research may explore whether the perspectives identified hold true across cities, and what conditions shape ideal participation initiatives.

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## Appendix: Final Q-Sample

| No | Statements | Category of Participation |
|---|---|---|
| 1 | Frequently use brochures, posters, and other documents that provide information to residents. | Informing |
| 2 | Assist in the negotiations between citizens and officials that result in citizens achieving primary decision making ability. | Delegated Power |
| 3 | Give residents a limited role in influencing project outcomes. | Placation |
| 4 | Support residents in achieving dominant authority over planning policies and projects. | Delegated Power |
| 5 | Facilitate residents' input on a decision before it is put into action. | Placation |
| 6 | Believe final approval power and accountability lie with community residents. | Citizen Control |
| 7 | Support transferring primary guidance and goal setting power to residents. | Citizen Control |
| 8 | Distort opportunities for resident engagement into a chance to advance government's agenda. | Manipulation |
| 9 | Manage and control the flow of information. | Manipulation |
| 10 | Seek input and feedback from residents. | Consultation |
| 11 | Encourage collaboration between residents and officials in designing and carrying out policies and projects. | Partnership |
| 12 | Strive to guarantee that residents are in full charge of policy-making and program/project planning. | Citizen Control |
| 13 | Encourage giving residents significant control over program and policy development activities. | Delegated Power |
| 14 | Report back to citizens about new programs or policy decisions. | Informing |
| 15 | Facilitate decision-making and policy creation that is divided equally between local officials and residents. | Partnership |

| No | Statements | Category of Participation |
|---|---|---|
| 16 | Frequently use attitude surveys, neighborhood meetings, and public hearings to gain residents' opinions. | Consultation |
| 17 | Invite residents to provide opinions in participation activities. | Consultation |
| 18 | Discourage communication from government to residents that restrict feedback and program influence. | Informing |
| 19 | Distract residents from their own concerns and issues with government. | Therapy |
| 20 | Control the extent of resident support. | Manipulation |
| 21 | Seek to change residents' values and attitudes to match broader community concerns. | Therapy |
| 22 | Incorporate resident suggestions into project plans while final approval lies with local officials. | Placation |
| 23 | Help residents manage their fears and avoid suspicion of planned projects. | Therapy |
| 24 | Support shared planning and decision-making responsibilities between residents and local officials. | Partnership |