Progressive Reform, Gender and Institutional Structure: A Critical Analysis of Citizen Participation in Detroit's Community Development Corporations (CDCs)

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Summary. This article examines the institutional context in which community-based organisations are embedded. Two emergent themes in the literature on community development are examined critically: the woman-centred model for community organising; and the thesis concerning the community development industry system. The analysis is based upon data from field research with community development corporations (CDC) in Detroit, Michigan. The findings from this research indicate that the prospects for developing progressive community development strategies in grassroots organisations are constrained by barriers to financial resources and limited access to the policy-making process. As a result, recommendations are forwarded for the creation of autonomous funding sources, expanded democratic decision-making in community-based organisations and the linking of progressive reform to broad-based coalition building and multiple oppression politics.

Gender and Institutional Structure

Since their inception in the late 1960s, community development corporations (CDC) have been transformed from participation-oriented advocacy groups into more formally structured organisations focused on policy implementation. Although these organisations and others like them play an increasing role in the local community development process, there is growing concern about their ability to function in a democratic and inclusive manner. The irony is that increased professionalisation and technical sophistication in CDCs have resulted in a curtailment of citizen participation and community control (Warren, 2001, p. 29).[1] In response to concerns about the plight of citizen participation, some scholars have attempted to identify mechanisms that promote citizen empowerment in community-based organisations. These efforts have produced two important bodies of research. One is focused on the role of gender in organisational development and behaviour. The other is focused on the manner in which interorganisational relations and

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networks promote community development efforts and grassroots empowerment.

The first body of research highlights the degree to which women have gained access to leadership positions in community-based organisations. It is argued that women-led organisations adopt more comprehensive approaches to local community development and place a greater emphasis on empowering citizens through the community development process. Despite the merits of this body of work, it lacks a critical analysis of gender in relation to broader institutional structures. Subsequently, the constraints that these structures place on women-led organisations are not incorporated into the analysis. As a result, community-based organisations are examined without reference to the institutional context in which they are embedded and the effects of gender on such organisations are overstated and reified.

In contrast to the focus on the internal dynamics of community development organisations found in the first body of emerging scholarship, the second body of research examines the institutional structure in which community development organisations are embedded. Although this perspective argues that local community development efforts are shaped by broader institutional structures, the interrelationship between community-based organisations and dominant organisations in society is not examined critically. Instead, this body of research views the development of a flexible system for funding and organising local community development efforts as an entirely positive outcome. Absent from the analysis of what has been labelled the 'community development industry system' is an assessment of its implications for citizen participation and empowerment. Consequently, the detrimental effects of dominant institutional structures on grassroots participation and advocacy in community-based organisations are understated in this literature.

Ironically, the role of citizen participation and empowerment has been framed as a gendered issue at the organisational level of analysis, while the implications of broader institutional structures on grassroots advo-

cacy have been divorced from much of the dialogue concerning community-based organisations. The direction that this analysis has taken is chilling, since it portrays dominant public- and private-sector institutions as relatively benevolent, while simultaneously identifying community-level organisations as the 'natural' domain of women.[2] In essence, this literature characterises women as the protectors of home and hearth in the broader community development industry system. Some may argue that women's work and employment in community-based organisations represents progress and is beneficial, particularly for poor women and members of minority communities. However, these arguments fail to address the degree to which women-led organisations remain subordinated in the institutional environments in which they are embedded. This article synthesises the literature concerning gender and institutional structure, and develops policy recommendations informed by critical analysis. The following section explores the literature focusing on these two bodies of research; in later sections, data from an analysis of CDCs in Detroit, Michigan, are examined in order to formulate policy recommendations to expand citizen participation and control in these and other community-based organisations.

Embedding Women-led Organisations

Current research has added to our understanding of the role of gender in community development organisations. Yet, existing scholarship on this dimension of community development lacks a fully developed discussion of institutional structure. For example, Stall and Stoecker (1998) argued that leadership styles linked to gender produce divergent forms of grassroots movements. Their argument contrasted Alinsky's (1969) model for community organising with the woman-centred model. Central to their argument is the dichotomy between public and private spheres of community organising. In

essence, they argued that Alinsky's model was biased towards male leadership styles due to its focus on external confrontation in the public sphere of society. Moreover, the Alinsky model entailed the division of functions between professional organisers and local leaders. In contrast, the woman-centred model was argued to accommodate female leadership styles due to its focus on the internal maintenance and development of organisations within the private sphere of society.[3] Some of the key features of a women-centred model for community development were its lack of internal hierarchies, its tendency to approach community development in a comprehensive manner and its emphasis on expanding the role of citizen participation within the decision-making process.

Stall and Stoecker went on to argue that the woman-centred model for community organising has become more prominent in the contemporary period. In part, this shift in focus has been due to declining governmental activism in areas such as urban policy and social welfare. As a result, they argued that the status of women has been elevated in grassroots organisations since organisational maintenance and other private-sphere activities have been thrust to the forefront in response to contraction in the public sphere. Despite the contribution of this argument to the study of community development, the discussion of the shift from public- to private-sphere activities requires further development. In particular, Stall and Stoecker's argument would benefit from elaboration concerning the impact of interorganisational relations on efforts to pursue the woman-centred model.

The distinction between public and private spheres as it relates to gender in community-based organisations is developed further by DeSena (1998) and Pardo (1998). For example, DeSena (1998) examined community activism in Brooklyn, New York, and found that women organised using informal community networks to address issues related to neighbourhood schools, public safety and local housing conditions. Similarly, Pardo (1998) examined community activism among Mexican American women in Los Angeles, California, and found that organising through the private sphere was a dominant theme in settings with female leadership. In each study, woman-centred strategies were argued to emerge in organisational settings where issues had a community focus and relations with public institutions tended to be instrumental rather than confrontational.

Although each author focused on the role of women in community activism, the structural dimension of their analysis remained confined to observations about the relationship between community empowerment and women's work in private spheres of life. In essence, both argued that woman-centred community activism stems from an exaggerated dichotomy between the public and private spheres in patriarchal societies. Despite the identification of this structural aspect of gender in community development, both authors provided examples where women's organising efforts in the private sphere led to activism and political incorporation in the public sphere. Unfortunately, the analysis of networks and interactions between organisations in the public sphere and those focused on the private sphere was not as fully developed in this literature as in the works of other scholars.

Some examples of recent scholarship where the public–private sphere dichotomy is challenged include the works of Staeheli and Clarke (1995), Appleton (1995), Turner (1995) and Spain (2002). The most direct critiques of this dichotomy emphasise that the public and private spheres overlap in contemporary society and that women are active in both realms. For instance, Staeheli and Clarke point out that

> These dualistic constructs contribute to a partial view of urban political economy, because they obscure the extent to which the public sphere is constituted by women's activities and relations in the household and private sphere (Staeheli and Clarke, 1995, p. 7).

Moreover, Spain (2002, p. 164) argues that

the public–private sphere dichotomy is an outdated concept since, "women now fill a variety of roles both inside and outside the home, and the metropolitan area has become the site of scattered activities". Although these critiques focus on urban political economy at the macro level, others make similar critiques relevant to the organisational level.

For example, a critique of the public–private sphere dichotomy at the organisational level has been incorporated into Naples' (1998) research on women workers in US Community Action Programs (CAP) during the 'War on Poverty'. Three insights related to women's community work come from this research. First, Naples indicated that, initially, women who became CAP workers were engaged in community activism and policy advocacy. Secondly, she pointed out that the shift to a service orientation and a less confrontational style focused on community work in the public sphere, was adopted by women as the political climate became more conservative and resources for community development decreased. Finally, she indicated that these tendencies in women's activism became more institutionalised as community work was professionalised and bureaucratised. Through this analysis, Naples developed a multidimensional argument that links the woman-centred model for community activism to structural influences emanating from institutions in the public sphere. What was most informative about her analysis was that it indicated that many of the characteristics which distinguish the woman-centred model of community activism from Alinsky's have come about in response to actions by public institutions that interact with community-based organisations. This is an important distinction since it moves away from arguing that gender differences produce woman-centred models of community development, and towards an argument that links the emergence of this type of community development to inequalities that grow out of institutional structures which circumscribe the autonomy of women in the public sphere while rewarding service in the private sphere of society.

The literature concerning the institutional structure in which community-based organisations are embedded broadens our understanding of the position of women in community development efforts and it has direct implications for the analysis of gender and leadership styles within grassroots organisations. For example, Gittell et al. (2000) argued that woman-led community development organisations had a tendency to be less hierarchically structured, defined their community development efforts broadly and were preoccupied with expanding citizen participation. They argued that these characteristics are central to the genesis of an alternative model for community development focused on building community capacity and strengthening local democracy. Similarly, Foster and Meinhard (2002) conducted a quantitative analysis of organisational factors that contributed to collaborative activities and found that feminist non-profit organisations were more likely to engage in such activities. Despite the presence of such priorities and tendencies in many woman-led organisations, the potential for an alternative community development model to take hold is qualified by several issues growing out of the literature on the institutional structure of community development organisations. The most developed critique of this subject matter is found in scholarship concerning CDCs.

There are a number of examples in the research on CDCs that outline the parameters of the institutional structure in which these organisations are embedded. These examples also offer insights into the degree to which these structures limit the ability of organisations adopting the woman-centred model to infuse democratic values into existing community development activities. Perhaps the most widely read example of this research is Stoeker's (1997) critique of the CDC model for community redevelopment. In this critique, Stoecker argued that CDCs are at a disadvantage when compared with other organisations that they interact with due to their limited capacity to address urban decline. Moreover, he pointed out that internal

competition for scarce resources can pit CDCs against each other and this can result in more democratically oriented CDCs being labelled as unco-operative or even radical. The combination of limited capacity and the potential for being labelled as outside mainstream politics places these organisations at risk of being scapegoated when efforts to address urban decline fall short of their goals. Of course, some scholars have argued that non-profits which combine advocacy and service provision activities are in a better position to build organisational capacity and protect themselves against backlash when the political climate shifts (Minkoff, 2002). Nevertheless, Stoecker's critique of CDCs has implications for the woman-centred model, since it indicated that issues linked to organisational capacity and access to the public sphere can diminish the legitimacy of alternative community development strategies.

Although Stoecker's critique spurred debate among scholars (Bratt, 1997; Keating, 1997), much of this dialogue overlooked the broader institutional structure in which CDCs were embedded. Nevertheless, three pieces of subsequent research represent the most formidable responses to Stoecker. In the first, Clavel *et al.* (1997) argued that many of the limitations that CDCs face in terms of capacity and access to resources would be alleviated if decision-making power concerning local services and the distribution of governmental subsidies were devolved to community-based organisations. In essence, Clavel and his associates argued for a restructuring of policy-making and implementation powers in order to promote greater accountability to constituents at the grassroots level. In the second piece of research, Yin (1998) examined the expansion of CDCs in Cleveland, Ohio, and argued that over time these organisations had become incorporated into local institutional networks. The crux of this argument was that CDCs had become part of a network of organisations that formed a community development industry system. The emergence of this network had two implications for CDCs. One

was that they had gained legitimacy in local policy development and implementation processes. The other was that CDCs had begun to form stable partnerships with other organisations in government, the private sector and the non-profit sector. The third piece of research built upon Yin's observations; in this analysis, Rubin (2000) argued that increased networking among community-based organisations has given these organisations greater bargaining power in relation to other organisations in the public, private and non-profit sectors. Combined, these three pieces of research illuminate interorganisational strategies for devolving decision-making and implementation powers in a manner that is complementary to a woman-centred model of community development.

Despite the emergence of the community development industry system thesis, knowledge of power relations within such interorganisational networks remains underdeveloped in the literature. Ferguson and Stoutland (1999) identified this limitation in empirical research and argue that initial predictions about the democratising effects of the emerging community development industry system may be overstated. Similarly, Silverman (2001a, 2001b) addressed some issues related to this dimension of the debate in his research on community-based organisations in Jackson, Mississippi. With respect to internal networks fostered by community-based organisations, Silverman (2001a) found that CDCs and other non-profits tended to construct networks using social capital based on commonly shared values. For example, he identified two mutually exclusive networks based on race and religious identity which influenced the internal operation of community-based organisations. The presence of these distinct networks had the effect of narrowing the scope of constituent access to these organisations. This outcome raised important questions concerning the degree to which the woman-centred model for community organising could produce a similar level of closure in internal networks.

At the macro level, Silverman's (2001b)

analysis of the community development industry system in Jackson raised additional questions about the distribution of decision-making power between organisations traditionally active in the public and private spheres. In this analysis, Silverman indicated that CDCs are subordinated in the broader community development industry system. From this position, they functioned as sub-contractors in the implementation of community development projects and only influenced policy and decision-making indirectly. Goetz and Sidney (1995) tempered this critique somewhat by indicating that CDCs often act as neighbourhood advocates. Yet, these authors still acknowledged that CDCs faced constraints when pursuing advocacy, since they were dependent on other members of the community development industry system for technical assistance and financial support. Similarly, Bockmeyer's (2000) analysis of participation and local political culture in Detroit, Michigan, indicated that CDCs were able to gain access to the initial stages of that city's Empowerment Zone (EZ) process in the early 1990s due to federal mandates for participation and distrust between the local government, business interests and residents. However, she pointed out that the role of CDCs in Detroit's EZ process was curtailed as "city-wide interests with greater resources" became more engaged in the process (Bockmeyer, 2000, p. 2434). In essence, as other actors became more focused on the EZ process, the activities of CDCs were circumscribed due to their subordinate position in the broader institutional structure.

Viewing community development organisations as sub-contractors in a subordinate position to government, private and larger non-profit-sector organisations places a number of limitations on progressive strategies like the woman-centred model of community development. Although this model's focus on building community capacity and strengthening local democracy is compatible with progressive sentiment in society, the ability for the model to succeed may be limited due to disadvantages embedded in the institutional structures in which community-based organisations are found. First, the current composition of organisations and the distribution of power in the existing community development industry system may be ill-equipped to accommodate heightened levels of citizen participation. Moreover, the intersection of gender inequality and structural disadvantages may further encumber the efforts of community-based organisations to create a more inclusive form of local community development. In order to build community capacity and strengthen local democracy, the women-centred model needs to be radicalised in two respects. First, there is a need for the model to incorporate a goal of restructuring institutional relationships in ways that provide for both autonomous funding and direct community control of local organisations. Secondly, there is a need for the model to move away from a gendered perspective and towards the type of multiple oppression perspective described by Chung and Chang (1998) and Collins (1993). This would nurture the types of broad-based community coalition that Feagin and Vera (2001), Wilson (1999) and Warren (2001) see as beneficial to progressive reform movements.[4]

Data and Methods

The data for this article come from a series of in-person interviews ($N = 21$) with executive directors of CDCs in Detroit, Michigan. This approach to data collection was selected since executive directors are situated between local residents and institutional actors from dominant organisations in the public and private sector.[5] Executive directors also serve as gatekeepers in the community development process. They are attuned to the daily operations of a CDC and determine the degree to which an organisation will pursue citizen participation and advocacy activities. Given their position in the community development industry system, the perspective of executive directors is critical to understanding patterns of citizen involvement.

Interviews with executive directors 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 organisations. 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 which related to the theoretical issues under examination. In particular, the research instrument focused on examining issues concerning the types of institutional network accessed by CDC executive directors and the role of citizen participation in the regular operation of their organisation and its decision-making processes. In addition to this information, data were collected concerning the demographic characteristics of each organisation's staff. Each interview was administered at a given informant's organisation during normal operating hours. The interviews ranged from 30 minutes to 2 hours in length. In addition, secondary data were collected from each of the organisations 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 organisational networks and the scope of citizen participation in Detroit's CDCs. This particular setting is of interest because it has a relatively large numbers of CDCs which target their services to low-income neighbourhoods with sizeable minority populations. In addition, all of the CDCs in this study focused on developing projects and programmes in neighbourhoods with built environments which have been impacted by decades of abandonment and physical decline. Therefore, factors related to community characteristics and location were considered in the research design and all of the neighbourhoods where CDCs were located in Detroit were represented in the analysis. Similarly, factors related to organisational activities were considered in the research design. For example, the CDCs examined in the study

were engaged in a variety of activities related to: community organising, housing, neighbourhood beautification, economic development, crime prevention, culture and the arts, youth and social programmes, historical preservation and workforce development. Efforts were made to conduct interviews with all of the CDCs in the city to ensure that organisations with all types of existing programme focus were included in the study. Theoretical sampling techniques like those described by Glaser and Strauss (1967) and Strauss and Corbin (1998) were used during data collection and analysis to ensure representativeness. In essence, theoretical sampling entails sampling on the basis of emerging concepts. This technique is used in qualitative analysis to develop a dimensional range of observations to draw from when developing grounded theory. In addition, executive directors of CDCs from the entire city were interviewed to ensure that unique attributes of specific neighbourhoods did not distort the data. Finally, Detroit emerged as a critical case for examining the woman-centred model for community development, since over 70 per cent of the executive directors of CDCs identified in the city were women.[6] The characteristics of the population will be discussed further in the next section.

Given the complexity of the non-profit sector, a number of methodological steps were taken to ensure that the entire population of CDCs in Detroit was identified and that other types of non-profit were not intermingled in the analysis. Initially, lists of organisations were obtained from the Local Initiative Support Corporation (LISC) in Detroit, the Michigan State University Center for Urban Affairs (CEDP) and the Center for Urban Studies (CUS) at Wayne State University. These lists were cross-referenced with membership rosters from two non-profit coalitions in the city: the Detroit Eastside Community Collaborative (DECC) and the Community Development Advocates of Detroit (CDAD). After a single list of non-profits had been compiled, organisations that were identified as CDCs were approached for

interviews. The list of CDCs in the population was also verified by means of snowball sampling throughout the research process. In total, a population of 23 CDCs was identified in Detroit. The other non-profits that were identified but not included in the analysis consisted of 7 business associations and 16 faith-based organisations which operated homeless shelters, soup kitchens, food banks and housing programmes for the elderly and indigent populations. 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 2 remaining CDCs; however, the executive directors were unavailable. As a result, only secondary data were obtainable for analysis related to these organisations. Upon examination of this information, it was determined that the characteristics of these 2 organisations paralleled those of others that were interviewed. As a result, it was concluded that a point of theoretical saturation had been reached and data analysis could continue.

A Gendered Niche

The concentration of women in leadership and staff positions in Detroit's CDCs makes this group of organisations a critical case for assessing the woman-centred model for community development. In particular, this aspect of the analysis examines the manner in which institutional structures affect the ability of female executive directors to pursue the woman-centred model and the degree to which citizen participation is enhanced by this approach to community development. However, it is first necessary to describe the degree to which a gendered niche has emerged in Detroit's community development industry system. The characteristics of the executive directors and staff in Detroit's CDCs are summarised in Table 1. These data indicate that 71.4 per cent of the executive directors of CDCs in the city were women and 71.6 per cent of the staff in these organisations were women. In contrast, only 47.1 per cent of Detroit's population was

identified as female in the 2000 US Census. As a proportion of the total city population, women appear to have established a niche in CDCs. This is an important feature of CDCs in Detroit, since the presence of a gendered niche would be expected to lead to the adoption of a women-centred model for community development. However, the data from this analysis indicate that, although women-led organisations articulate a desire to promote more inclusive forms of community development, the institutional structure in which these organisations are embedded prevents such an outcome from materialising. As a result, there were no clear distinctions between women-led and male-led CDCs in terms of community development outcomes.

Interviews with executive directors of CDCs in Detroit revealed that both women-led and male-led organisations had a normative focus compatible with what past scholarship has identified as the women-centred model for community development. Like women-led organisations in this setting, male-led organisations articulated an interest in a multidimensional and grassroots approach to community development. Moreover, an alternative model for community development was not forwarded by male-led organisations. In a like manner, women-led and male-led organisations in Detroit pursued a similar number of project and programme areas, focused on relatively small geographical areas, faced similar staffing constraints and had executive directors with comparable levels of experience and service. The resemblance between women-led and male-led organisations was primarily an outgrowth of four factors: shared community development and social justice goals, a normative focus that was cultivated within the gendered niche in which the organisations were embedded, the institutional constraints that all of the organisations faced and pragmatic decisions of female and male directors based on real trade-offs.

Table 1 also reports information concerning the racial composition of the executive directors and staff of Detroit's CDCs. The picture of CDC executive directors and staff

Table 1. Characteristics of CDC executive directors and staff ($N = 21$)

	Frequency	Percentage
Executive directors		
Gender		
Female	15	71.4
Male	6	28.6
Race		
Black	10	47.6
White	11	52.4
Staff		
Gender		
Female	96	71.6
Male	38	28.4
Race		
Black	99	73.9
White	27	20.1
Latino	4	3.0
Other	4	3.0

is not as clear when considering race. For instance, in the city as a whole, 81.6 per cent of the population identified as Black in the 2000 Census; 12.3 per cent identified as White; 4.9 per cent identified as Latino; and the remaining 1.2 per cent identified as being part of another racial category. Although the racial distribution of CDC staff approximated the composition of racial groups in the city, there still continued to be a slight underrepresentation of Blacks and Latinos and a slight overrepresentation of Whites on the staff of CDCs. This imbalance becomes more pronounced when one reviews data for the executive directors of CDC in Table 1. A detailed examination of the racial imbalance in CDCs compared with the city as a whole is beyond the scope of this paper; however, an inspection of these demographic features does lend support to the emergence of a gendered niche in the city's CDCs, while offering less support for the emergence of a minority niche. This also comports with statements made by the executive directors of CDCs during interviews. For example, when asked about gender, executive directors made comments like "there's way more

women" and "of course we're all women". It was a common perception among CDC executive directors that women formed a niche in this part of the industry system, while there was no clear consensus on the role of minorities in the industry system.

In addition to demographic features, the CDC executive directors described how the emergence of a gendered niche was tied to an organisation's mission and capacity. For instance, the following statement by one executive director focuses on how the gender composition of Detroit's CDCs is linked to the complexity of the work they do

> Nationally, CDCs tend to be headed by White men. In Detroit, I don't know how to explain it. I think part of it is in Detroit, CDCs tend to be more complicated organisations. You're probably not going to find a CDC in Detroit that only does housing. And we laugh about how probably that's a better fit for females, who tend to be more multitasking kind of people. Also, for females who tend to be crazier and more willing to be martyrs for the cause. You see it everywhere, when I think of the CDCs in Detroit. Thinking back to a typical meeting of the trade association, I'm trying to think of a male executive director. I can only think of one male executive director.

This perspective parallels Gittell's (2000) discussion of the manner in which woman-led community development organisations define the scope of organisational activities broadly. Additional support for this assertion is found in Table 2, which summarises the characteristics of Detroit's CDCs. In particular, Table 2 identifies the project and programme areas that were central to the missions of these organisations. Two features stand out in these data. First, each of the executive directors identified 2 or more project and programme areas which were focused upon by their organisation. On average, executive directors of CDCs identified 3.5 project and programme areas. Typically, a CDC would work on some as-

Table 2. Characteristics of CDCs ($N = 21$)

	Frequency	Percentage
Year CDC established		
1970–1979	2	9.5
1980–1989	8	38.1
1990–1997	11	52.4
Census tracts in CDC boundaries[a]		
1–5	14	66.6
6–10	1	4.8
11–15	3	14.3
16 or more	3	14.3
Years CDC under current executive director		
1–5	6	28.6
6–10	13	61.9
11 or more	2	9.5
Project and programme areas of CDC[b]		
Community organising	20	95.2
Housing	17	81.0
Neighbourhood beautification	13	61.9
Economic development	6	28.6
Crime prevention	4	19.1
Culture and the arts	4	19.1
Youth and social programmes	4	19.1
Historic preservation	2	9.5
Workforce development	2	9.5

[a]This estimate is based on 2000 census tract boundaries.
[b]Each executive director identified two or more (mean = 3.5) project and programme areas focused on by their CDC.

pect of housing, neighbourhood beautification, community organising and another small project area. This finding is in line with Vidal's (1992) work related to CDCs. Secondly, the projects and programmes that CDCs worked on in Detroit tended to be geographically concentrated. For example, Table 2 indicates that 66.6 per cent of the organisations confined their activities to 1–5 census tracts. This means that the typical CDC focuses on a geographical area with a population that ranged from 1320 to 6600 persons.[7]

CDCs were able to focus on multiple projects and programmes by confining their activities to a limited geographical area. In some respects, this strategy has been successful. For instance, Detroit's CDCs have grown in numbers during the previous three decades, with more than half of the existing organisations established in the 1990s. More-over, there has been continuity in the leadership of Detroit's CDCs, with 71.4 per cent of the organisations' executive directors being in their positions for 6 or more years. When executive directors were asked about the skills needed to work in their organisations, the respondents emphasised that in areas such as housing development specialised skills were needed, but the most important thing to consider when hiring a staff member was the level of 'commitment' an individual had to the community. For example, executive directors stated that staff members needed to have "good relational skills" and a "vision" for the community and that they should, "feel comfortable just being out in the neighbourhood". Once those requirements were met, human capital was considered to be a bonus. Interestingly, female executive directors placed greater emphasis on the importance of a staff member's com-

mitment to a community as well as similar consideration that were not directly linked to hard skills. However, all of the executive directors indicated that they were willing to train committed staff members.

Of course, having a committed staff was also important due to the limited resources CDCs had available to recruit and retain workers. On average, Detroit's CDCs had 6.4 staff members. This was similar to the national average of 6 staff members in a CDC (National Congress for Community Economic Development, 1999). However, like CDCs nationally, Detroit's CDCs do not have the resources to pay competitive salaries, which made it difficult for them to attract trained employees. As one executive director commented, "people who are trained to do this kind of work don't look at it, because there is no money to be made, you're not getting rich here". As a result, CDCs needed to identify individuals in their service areas who either chose to do community development work or faced barriers to entry in other employment sectors. In part, a gendered niche emerged in this segment of the community development industry system due to the combined effects of potential male employees having access to other jobs and potential female employees facing barriers to alternative forms of employment. Given the limited operating resources of these organisations, staff continuity was a reflection of a high level of commitment, a shared vision for the organisation and limited employment alternatives for women in cities like Detroit. The combined effects of these factors concentrated women in this part of the community development industry system and promoted the formation of a gendered niche.

Doing Well versus Doing Good

The relationship between the availability of organisational resources, the range of employment opportunities and staff characteristics adds to our understanding of where CDCs fit in the broader community development industry system. In addition to these factors, it is also important to consider how interactions between community-based organisations and the organisations that provide them with funding influence the scope of activities pursued by CDCs. Moreover, the manner in which gender is embedded in these relationships is of interest, since the viability of progressive strategies like the woman-centred model for community development is influenced by the relative position of women-led organisations in the broader industry system. One way to approach this aspect of where CDCs fit into the community development field is to examine the perceptions that executive directors have about funding sources and their impact on organisational behaviour.

Although executive directors of CDCs in Detroit indicated that their organisations received funding from a number of sources, backing for projects and programmes primarily came from grants which were awarded by governmental bodies and foundations. For instance, all of the executive directors indicated that they regularly applied for funding through local, state and federal agencies. In addition to these sources of funding, local and national foundations were approached for financial support. The funding sources that Detroit's CDCs tapped into were similar to those identified nationally (Vidal, 1992; National Congress for Community Economic Development, 1999). As in other locations, the use of a single funding source or private funds for community development projects was an anomaly in Detroit. In general, CDCs were oriented towards identifying funding opportunities in the public and non-profit sectors and applying for grants. Monies obtained through grant writing were then applied to projects and programmes that an organisation had requested to administer, or towards subsidising private capital for community development purposes. This orientation placed CDCs in a subordinate position in the broader community development industry system. In essence, CDCs specialised in project planning and implementation, while organisations at the top of the system's hierarchy specialised in policy development and capital distribution.

It can be argued that the specialisation of functions in the community development industry system's hierarchy produces a flexible and efficient structure from which to organise neighbourhood redevelopment efforts. However, this perspective downplays the degree to which the goals and objectives of community-based organisations are circumscribed by the need to conform to funding and policy structures that are designed by organisations removed from local communities. The subordination of CDCs within the industry system generated various types of conflict and goal displacement in Detroit. For example, executive directors of CDCs discussed the need to balance the broader goals of their organisations with narrow objectives related to procuring external funding. This dilemma revealed a general conflict between progressive approaches to community development like the women-centred model and the structure in which they are embedded. At the heart of this conflict is the need for an organisation to retain its focus on doing a variety of good things for the community it serves, while simultaneously doing well when writing grants for specific activities. One executive director discussed this dilemma in detail

> Part of the struggle that a lot of CDCs in Detroit have had, and we have the same struggle, is the battle between doing good and doing well. Because you have to do well in order to do good. If you don't, you're out of business. But, yet, you need to always put doing good at the top, because you're a charitable organisation. It is a real tension. For us, we've worked it out because we think we do both good and well, but I think a lot of CDCs don't keep doing well high enough on the priority list. So they struggle doing these small projects that take all of their time and energy, and they get very little return on their investment.

This comment highlights the pressures that CDCs are under to obtain external funding. In order to survive, CDCs must focus a great deal of energy on attracting external resources. Subsequently, the need to fund core projects of a CDC on an annual basis results in a curtailment of community-organising activities. Energy committed to maintaining funding for a few projects hampers efforts to develop an inclusive, multidimensional approach to community development. In essence, limited organisational capacity and the need to pursue external funding conflicts with progressive approaches to community development like the woman-centred model. As a result, only larger organisations have the capacity to weave a number of grants together in a comprehensive manner while remaining active in community development efforts. Since the typical organisation is small, it must focus on a narrow range of projects. In effect, the need to do well in grant writing means that the majority of CDCs must move away from broad-based community development goals. Moreover, doing well in grant writing does not guarantee that a CDC will be able to deliver a project or programme that is designed specifically for the community it serves. This is because the grants that CDCs apply for are not developed with a particular organisation or community in mind.

The imperfect fit between grants and community needs affects the design of the projects and programmes CDCs ultimately end up administering. This becomes a problem when organisations must pursue grants to stay solvent, despite the limited relevance a project has to the long-term good of a community. For example, the executive directors in Detroit often described their CDCs as "reaction organisations" when it came to funding. This is a reflection of the limited degree of input community-based organisations have in the policy development process and the subsequent need for CDCs to adjust their organisations' goals to meet grant objectives. During interviews, the majority of the executive directors discussed the link between conflicting grant requirements and community needs. For example, one executive director made this comment when discussing her organisation's experience with the grant process

Our intent right from the beginning was to acquire abandoned housing, rehab it, and sell it. But, we didn't know how to do that. The grant money that was available, was for home repair of home-owner existing houses. So the easiest thing for us to do was to get grant money to service those home-owners that needed free home repair.

This executive director went on to discuss how her organisation ended up focusing exclusively on home repair for several years. Once this funding stream dried up, the CDC revisited the issues of rehabilitating abandoned property. However, by that point in time many of the homes the organisation had been interested in acquiring and rehabilitating had either been condemned, demolished or lost to arson. The lack of funding for projects that complemented the CDC's original goals had cost the organisation valuable time in its effort to pursue neighbourhood revitalisation and the diversion of energy into other pursuits ended up doing long-term damage to the community.

Maintaining the integrity of an organisation's goals is also complicated by the top–down nature of the grant process, since many of the executive directors of CDCs consider the priorities of granting agencies when formulating their mission statements. This type of goal displacement is detectable when examining annual reports and newsletters of individual CDCs. The degree to which community-based organisations defer to organisations above them in the community development industry system was illustrated when a CDC's executive director embarked upon a discussion of her organisation's mission statement during an interview. The executive director gave me a copy of her CDC's mission statement and pointed out that a great deal of the content was included, "because a lot of times funders want to see exactly what you're doing". She underlined the words 'sickness, poverty, crime, racial tension, prejudice, education, and economic opportunity' in the mission statement and said, "these are the magic words that help us

get funded". However, these issues remained tertiary to the actual projects and programmes that the CDC pursued, despite their prominence in the organisation's mission statement. Ironically, the articulation of broad-based organisational goals was at least partially influenced by the CDC's function as a reaction organisation in the community development industry system, rather than being purely an extension of progressive impulses like those articulated in the woman-centred model for community development.

Pleas for Community Support

Given the structure of funding and the position of CDCs in the community development industry system, questions emerge about the possibility for expanding citizen participation through this type of community-based organisation. According to proponents of the woman-centred model for community development, woman-led grassroots organisations have a tendency towards inclusiveness. In part, this entails a heightened focus on citizen participation in project planning and development. Additionally, woman-led organisations are believed to be egalitarian in their outlook and adverse to bureaucratisation. In the case of Detroit's CDCs, there is mixed evidence for the internalisation of these elements of the woman-centred model, despite the presence of a substantial majority of female executive directors. In some respects, the absence of this orientation is discernable when examining how structural constraints influence the role of citizen participation in CDCs. Although the executive directors in Detroit indicated that community organising was a part of their organisations' overall missions, the amount of time CDCs committed to expanding citizen participation was often impinged upon by other activities. In particular, resources for community organising were often consumed by activities centring on grant writing and administration. This is clearly articulated in the following comment made by an executive director

Tonight there was to be a community meeting, but we cancelled it because of the proposal that was due yesterday. Residents were coming together to plan a community park. We're doing a park, we got dollars to do a park. So they're helping to, not necessarily design, because we have an architect, but to talk about what they'd like to see in a community park.

CDC executive directors frequently reported that they were under pressure to allocate time and resources to grant writing activities at the expense of community-organising needs. Moreover, this situation caused the bulk of activities related to citizen participation to revolve around proposed projects and programmes, as well as grant writing activities.

In its most extreme form, citizen participation was reduced to 'a necessary evil'. Executive directors who discussed citizen participation in this context, identified it as a statutory requirement to ensure that "everybody had due process". Although the most extreme form of this view was held by a handful of the executive directors, the compulsory nature of participation was identified as a motivation for embarking upon community-organising efforts by all of the executive directors. To some extent, being compelled to incorporate participation in an organisation's activities dampened enthusiasm for interacting with residents in the community development process. For example, one executive director described how her organisation viewed citizen participation in pragmatic terms

We do it because it's good businesses, but we also do it because we have to. For instance, if we need a zoning variance on a parcel of land you have to go contact the people who lie near and about that land.

From this perspective, citizen participation was viewed as a mandatory duty that served an instrumental purpose. It was a step in a process that made it possible for community-based organisations to implement their projects and programmes. Other CDC executive directors saw citizen participation as po-

tentially hazardous and a process that had to be managed carefully so that proposed projects and programmes could gain approval from other organisations in the community development industry system. For instance, one executive director pointed out that "the city's very big on wanting to have consensus and a community process within any of their housing plans". In essence, citizen participation was important to the community development process because it assisted CDCs in demonstrating their strong community support for projects they sought to implement. At least partially, the focus on generating a community consensus was motivated by the need to satisfying statutes and grant reviewers, rather than the desire to stimulate lively public debate and generate alternative development strategies.

In most instances, CDCs initiate the citizen participation process to muster public support for their plans to pursue a project or programme. For example, one executive director said that she would call meetings "when there are new city programmes that come out". These meetings would be used to gauge the level of support for a potential project. Another executive director made this comment about when to include residents in the project planning process

Now we basically have our concept together. We know what we want to build. We know where we want to build it. And, we know we can build on this land because it's available for purchase and it's clean. Then, we have to figure out how much it's gonna all cost. So we cost it all out. At that point we have sort of a rough concept. That's when we go external. Where we'd normally go first is the community.

In this scenario, citizens were consulted after a substantial amount of project planning had taken place. According to Arnstein's (1969) 'ladder of citizen participation', this type of participation is a form of 'tokenism' which denies citizens real input in the decision-making process. In other instances, CDCs used citizen participation to inform residents

about new programmes that they administer. Like consultation, this form of participation is also considered to fall in the realm of tokenism. For example, one executive director made this comment about her organisation's role in spreading information about new government programmes

> Right now there was a new programme just released for the state of Michigan that is a low-income loan programme for home-owners. And, the city of Detroit has promised some home repairs to certain people for years, and then pulled the funding on them just recently. So right now we're trying to figure out what's the best way to get the word out, without getting bombarded.

In this case, participation is limited to sharing information with the public about new government programmes. However, even when the role of CDCs is limited to disseminating information to residents about the availability of funds for community development, they are constrained by a paucity of internal resources and the position these organisations fill in the broader community development industry system. Moreover, organisations lack the capacity to go beyond informing and consulting residents due to pressures to commit resources to finding funds. Broader participation in this institutional setting would threaten to deplete CDCs of resources and derail plans for community projects.

In this environment, the scope of citizen participation is circumscribed and community-based organisations often assume the role of educating the public about the intricacies of governmental programmes. As a result, the need to inform residents about the projects and programmes that these organisations intend to pursue supplants their role as community advocates. Community advocacy is diminished further by the subsequent alignment of these organisations with other members of the community development industry system. For example, one CDC executive director remarked that her organisation made a number of efforts to educate residents

about governmental programmes in order to reduce, "strong resentment towards programmes sponsored by the city of Detroit". This type of behaviour represents a shift away from advocacy and towards the institutionalisation of CDCs. In essence, the CDC assumed the role of mediator between local government and the community, rather than acting as a voice for the community in the public sphere. Although such activities aid in dispelling myths about municipal programmes, they also alter the role of CDCs and their legitimacy as community advocates.

As CDCs become incorporated into the emerging community development industry system, they assume administrative responsibilities that result in conflicts with their constituents. For instance, the delegation of functions related to educating residents about governmental programmes to CDCs places these organisations at the centre of conflict, rather than in an advocacy position. In such an instance, one executive director described how her organisation coped with the added responsibility of educating residents about the use of tax credits in the public finance system

> The tax credit programme was new and people were not familiar with it. So for a lot of the residents in the area, when you start talking about low-income housing tax credits they just hear 'projects.' Public housing in other words. And, there was a lot of neighbourhood resistance against building this first project. And because [our CDC] didn't have the kind of community base that it really needed to have, it was really difficult to get that project up and running. And it languished for at least two or three years with a lot of neighbourhood resistance.

As CDCs assume more of the traditional responsibilities of government, their ability to act as community advocates diminishes. The combination of limited access to the policy-making process, the need to pursue external funding for organisational survival and a subordinate position in the community

development industry system makes these organisations particularly vulnerable. These structural constraints complicate efforts to develop alternative models for community development and they raise questions about the extent to which progressive approaches like the woman-centred model for community development have manifested themselves in organisations like the CDCs examined in Detroit. The funding environment that CDCs are embedded in has hindered efforts to promote a grassroots, women-centred approach to community development. Although many of the executive directors valued citizen input and saw community organising as a core function of their organisations, the institutional structure that CDCs were embedded in truncated these activities. In part, there is a need for greater funding stability and mandates for citizen control of CDCs to remedy this situation.

Autonomous Funding, Democratic Control and Multiple Oppression Politics

This paper has focused on the connection between the structure of the community development industry system and the viability of progressive approaches to community development like the woman-centred model. The examination of data from CDCs in Detroit has produced mixed evidence for the emergence of a woman-centred model based on a multidimensional and inclusive approach to community development. The CDCs examined in this study echoed some of the themes expected when the women-centred model is adopted; however, there were also indications that, in practice, organisations remained focused on a narrow range of activities and that they incorporated citizen participation in a limited manner. Moreover, there were no clear distinctions between the activities of women-led and male-led CDCs in this setting.[8] Instead, all of the organisations moved away from a multidimensional and inclusive approach to community development in response to the institutional setting in which they were embedded. Although there may be differences in the emphasis and

perspectives that women and men bring to an organisation, institutional structures still seem to trump gender.

The overarching effects of structure on organisational behaviour were particularly evident in executive directors' discussions of issues related to funding and citizen participation. For example, in the discussion of funding streams for community development projects and programmes, it was found that CDCs were constrained in their activities by the limited availability of grants and other resources. This finding parallels research done by Otis (2001) which concluded that time spent applying for annual funding limits the ability of community-based organisations to incubate progressive dimensions of their agendas. Similarly, the discussion of citizen participation indicated that the demands placed upon CDCs to seek financial resources have limited the scope of citizen participation to mere consultation and information dissemination with their constituencies. In essence, the need for organisations perpetually to pursue funding has implications for their activities in other areas, such as community organising. Consequently, the limited scope of citizen participation in CDCs was a by-product of the position that these organisations occupy in the broader community development industry system.

These findings indicate that attempts to promote progressive approaches to community development are not linked to a single variable, such as gender. Instead, the successful implementation of a progressive strategy for community development is the result of an interactive process involving individuals and the broader institutional structure in which they are embedded. It should be noted that, although there were no apparent distinctions in participatory outcomes between women-led and male-led organisations in this study, the progressive approaches articulated by Stall and Stoecker (1998) and Gittell et al. (2000) still carry weight. The findings from this study merely indicate that institutional structures have profound impacts on community development outcomes, despite the predispositions of individuals en-

gaged in the community development process. Being embedded in an institutional structure where CDCs lack control of funding, as well as key aspects of policy formulation, limited the ability of women-led organisations to pursue progressive community development strategies.

These findings lead to three policy recommendations which focus on expanding the role of citizen participation and control in community-based organisations. First, community-based organisations require economic stability and autonomous funding sources. At minimum, legislation needs to be enacted at the federal, state and municipal levels of government for a portion of revenues from property, sales and income taxes to be earmarked to democratically structured community-based organisations. This would allow for such organisations to have greater economic stability and lessen their dependence on grants and other external funds for survival. Although this would be a departure from existing policy, there are examples of autonomous funding structures currently in use in US cities. For example, Baer and Marando (2001) and Hyde *et al.* (2002) identify the use of community benefit districts in Baltimore, Maryland, as one autonomous funding mechanism for community-based organisations. This mechanism provides for a special property tax to be levied on residential and business properties for the purpose of funding community-based organisations. One noteworthy feature of Baltimore's community benefit districts involves the manner in which their boundaries are constructed. There is a deliberate effort to create districts that are mixed in terms of social class and income. This broadens the pool of financial and human capital available for districts to draw from for community development purposes. A similar degree of attention to the construction of boundaries would be necessary to meet the need of distressed communities in Detroit and other cities. An expanded application of the community benefit district should be considered in order to break the cycle of financial dependence that local organisations have on domi-

nant institutions in the community development industry system.

Secondly, community-based organisations need to be governed by democratic processes and have a mandated role in the policy-making process. At the city-wide level, strategies for community review, amendment and approval of policy proposals need to be developed so that grassroots constituencies have greater input earlier in the policy-making process. For instance, statutes allowing for community review and referendum should be required in jurisdictions where earmarked funding is available to community-based organisations. At the parochial level, community-based organisations need to be governed by representatives elected from the community in order to receive funds. Moreover, citizen participation and community organising efforts need to be institutionalised as a core function of community-based organisations. At minimum, community-based organisations should be required to staff a full-time community organiser in order to receive funds. This requirement serves two purposes. First, it augments the organisational capacity of community-based organisations and institutionalises organisational support for grassroots constituencies. Secondly, a requirement for a community organiser embeds an advocate for community control in the organisational structure of community-based organisations. In essence, greater access to resources and policy-making is required for multidimensional and inclusive approaches to community development to emerge.

Given the findings of this research, the need to mandate democratic governance and grassroots processes is crucial. The results from this research indicate that in Detroit support exists for neighbourhood revitalisation efforts which focus on many of the normative issues highlighted in the women-centred model for community development. However, this vision for community development is not fully acted upon due to institutional constraints faced by community development organisations. If institutional constraints were loosened and autonomous

funding was made available to these organisations, there would still be a need to create a framework for governance which is supportive of normative issues like those championed by the women-centred model for community development. Mandated participation and community control would buffer community-based organisations against a shift away from democratic decision-making. Moreover, mandated participation and community control would foster a grassroots community development process in cities which lack the normative orientation identified in Detroit.

Finally, community development efforts need to focus on improving the material and social conditions for oppressed groups in society. The promotion of equality, inclusiveness, empowerment and social justice needs to be the axiom of community-based organisations. In part, this means that community-based organisations should take affirmative steps to mobilise groups oppressed along the lines of race, class, gender and other characteristics. For instance, staffing decisions in community-based organisations should have the goal of including members of oppressed groups in key positions within an organisation. Furthermore, there is a need to use community-based organisations as a mechanism to forge broad-based coalitions for community change. The progressive goals identified in the women-led model for community development need to be articulated to a broader audience. Rather than focusing on gender as the sole source of progressive reform, community development efforts need to link these goals to other oppressed groups in society. In other words, progressive reform needs to be rooted in broad-based coalition building and multiple oppression politics along the lines described by Collins (1993), Chung and Chang (1998), Wilson (1999) and Feagin and Vera (2001). There is a need for a renewed push to form coalitions across race, gender and class lines aimed at expanding democratic processes and grassroots control in existing institutional structures. For community development to advance in the contemporary period,

fundamental reform in the structure of funding, decision-making and the mobilisation of oppressed groups in society's organisations is required.

Notes

1. Other scholars have raised similar concerns about the impact of growing professionalism on grassroots advocacy in community-based organisations. For example, Trolander (1987) examined this issue as it related to the settlement house movement. Likewise, Smith (2000) contrasts highly professionalised non-profit organisations to volunteer-run grassroots associations. He argues that the latter fill a stronger advocacy role at the community level.

2. In the context of this discussion, governmental and private-sector organisations that directly influence public policy and the distribution of resources necessary for community revitalisation and urban development are referred to as 'dominant institutions'.

3. The term 'public sphere' is used in this article to refer to community development activities that take place within the domain of larger formal institutions in society. A more expansive definition of the public sphere is found in Wood and Warren (2002). The term 'private sphere' is used in this article to refer to community development activities that unfold through informal networks found in parochial organisations.

4. This article represents the perspective that progressive reform entails the goal of institutionalising grassroots, democratic reform as a component of a broader movement aimed at promoting social justice. In particular, progressive reform would focus on expanding the level of community controls in the public policy process and empowering groups who have been historically disenfranchised from the public policy process due to their race, ethnic, gender and class position in society. Some examples of progressive reform can be found in Clavel (1986), Wilson (1999), Feagin and Vera (2001), Warren (2001), Sirianni and Friedland (2001) and Wood (2002).

5. CDCs were selected for this analysis since they represent a type of hybrid organisation which is discussed by Minkoff (2002). CDCs are argued to fill a service and advocacy role at the community level. Moreover, CDCs are structured as organisations that bridge the public and private spheres. This characteristic makes them of interest when evaluating

the claims of Stall and Stoecker (1998), Stae-heli and Clarke (1995), Spain (2002) and others who have examined this dichotomy.

6. The measurement of gender representation in CDCs is a unique feature of this study. In contrast to this study, national studies of CDCs, like those conducted by the National Congress for Community Economic Development (1999), do not provide data on gender or racial characteristics of non-profits. However, other qualitative studies do examine gender and race (DeSena, 1998; Pardo, 1998; Gittell et al., 2000; Silverman, 2001a, 2001b).

7. This estimate is based on the mean population (mean = 1320) for census tracts in the City of Detroit. The calculation was based on 2000 Census data from the STF1A file.

8. It is possible that this study's finding that there was a lack of distinction between women-led and male-led organisations is unique to Detroit. In order to determine if this conclusion can be generalised, future research is needed which compares community-based organisations in a place like Detroit with those in a community with a male-dominated niche.

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