Why Leisure Organizations Fail to Seize Community Development Opportunities: Suggestions for Improving Collaborative Success

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Introduction

The prevailing organizational culture within local government often inhibits the ability to maximize opportunities to collaborate with other entities such as other government agencies, non-profit organizations, and civic associations. The most prominent characteristics that prevent collaboration are customer service orientation, slow deliberative decision-making, and risk aversion. Even with an avowed interest and willingness to collaborate, the cultural differences among collaborators can be difficult to bridge.

For this paper I focused on the typical community center operated by a park and recreation agency. I examined ways a park and recreation agency can leverage resource investment in a community center to create synergistic benefit for the larger community beyond benefits received by individuals participating in programs and events at the center.

I used multi-disciplinary research in organizational development as a vehicle for discussion and to make recommendations for future practice and research. The purpose of this research brief is to illustrate why collaboratively engaging with residents is important for park and recreation agencies, especially with youth in neighborhoods that are socially and economically distressed. A community center was defined as a building where community residents may gather for leisure activities that are social, recreational, educational, or cultural. Staff in these centers can provide ties to resources outside the neighborhood, which can be transformative for neighborhood residents.

For residents to access these resources, community center staff must be open to collaborative/mentoring relationships that go beyond treating the resident-user as a customer. To frame the discussion, I used a case study comparison involving two projects that involved residents of four neighborhoods in Prince George's County, Maryland. These projects were facilitated by the Department of Parks and Recreation (DPR). Descriptions of each project are provided in Appendix A & B. The four neighborhoods (i.e., Bladensburg, Kentland, Langley Park and Suitland) are depicted on the map (Figure 1). These four neighborhoods were designated by the Prince George's County government as vulnerable communities and targeted for an infusion of resources and service delivery improvements via a program called Transforming Neighborhoods Initiative (2014).

These neighborhoods were near the county border with the District of Columbia (DC) and had been impacted by significant ongoing gentrification in DC, which resulted in displacement of low-income residents as a consequence of increasing property values and rising living expenses. Many of these displaced households relocated to more affordable communities in Maryland near the DC border.

Figure 1. Map of Prince George’s County Community Center Locations
Community Capacity

Previous research provided a basis for examining collaboration and community capacity. Lasker and Weiss (2003) wrote about ways to broaden public participation in solving issues of community health. They expressed concern about capacity for collaboration in solving:

of three components necessary for community problem-solving:

a. Empower individuals by getting them directly involved in identifying needs and solutions,

b. Create bridging social ties to bring disparate people together, and

c. Create synergy to produce breakthroughs in thinking.

According to Lasker and Weiss, empowerment is experienced by individuals: “People are empowered when they: 1) believe they have the ability to exert control over forces that affect their lives; 2) have the knowledge, skills, and resources to do so; and 3) are actually involved in making decisions and taking actions” (p. 22).

Actions occur as a result of social capital and relationships. Both Lasker and Weiss (2003) and Granovetter (1973,1983) advocated that bridging ties, as distinct from the bonding ties of friends and family, are required to address factors that impede community problem solving. According to Granovetter, the crucial variable is whether one’s friends know one another. If they do, those connections to others in the network are strong ties. Those friends who do not know others in the network experience weak ties. If these weak ties connect to other networks, they are considered bridging ties. A key finding from Granovetter’s research was that all bridges are weak ties; however, all weak ties are not bridges. A person can have a local acquaintance that does not bridge to anyone outside the local circle of friends and family. However, the fewer bridging contacts, the more isolated people are in knowledge of the world beyond their own friendship circle.

Social capital is produced when community members bridge to other individuals and networks of individuals with shared interests. As defined by Putnam (2000), author of Bowling Alone, social capital results when individuals in the community collaborate and associate. Putnam noted, “Whereas physical capital refers to physical objects and human capital refers to properties of individuals, social capital refers to connections among individuals—social networks and the norms of reciprocity and trustworthiness that arise from them” (p, 19).

The District of Columbia Civic Health Index (Health Index) cited five broad categories of association and participation that generate social capital:

- **Service and Volunteering:** To what extent are citizens stepping forward and engaging in service to and with fellow community members?
- **Group Membership and Leadership:** To what extent are citizens joining organizations and other groups that meet on a regular basis? How many are stepping forward as leaders of these groups?
- **Connecting to Information:** To what extent are citizens getting informed by connecting to news from print, broadcast, and online sources, as well as by talking with neighbors and friends about political issues?
- **Social Connectedness:** To what extent are citizens inclined to interact with neighbors, working together informally to fix things in the community—or even just to know one another?
- **Political Action:** To what extent are citizens voting and taking other political actions beyond Election Day such as talking or meeting with office holders, writing letters to the editor for publication in newspapers, or attending rallies or meetings? (Fluker, 2013)

Neshkova (2011) extolled two significant trust-building benefits of public participation: citizens gain enhanced understanding of the day-to-day decision-making pressures faced by government, and government leaders learn the wisdom of citizens and the likely impacts of program and service decisions. The case study projects cited in this research brief highlight the second benefit — learning directly from citizens about how they relate to what is offered at a community center. The Safe Routes to Play (SRTP) project (Case Study A) used engagement methodologies designed for government leaders to benefit from the experience and wisdom of youth. The HUB project (Case Study B) was intended to turn a neighborhood park and recreation community center into a community focal point by responding to service needs of local residents.

Additional data from DC residents in the The Health Index (Fluker, 2013) showed residents collaborated on problem solving, despite lack of trust. The Health Index ranked DC low in the percentage of people who “Trust all or most neighbors,” but much higher in the percentage of people who responded positively to “Work with neighbors to fix or improve something in the community.” This apparent contradiction appeared to indicate strong bonds of friendships and family were being replaced by the weak ties of acquaintances as gentrification and the erosion of trust among neighbors ensued.
DC residents may face conditions that foster anomie, regardless of whether they continue to live in their current neighborhood or relocate to new neighborhoods. According to Lasker and Weiss (2003) lack of time, foreign culture, strong ties with corresponding absence of weak ties, and neighborhood transience are forces that keep residents apart. They noted, “Ties within groups may be strong, but people from different backgrounds, organizations, sectors, and jurisdictions do not know or trust each other enough to work together to solve problems” (p. 20).

Persons who do not trust one another struggle to cope with day-to-day existence. They may use government services when necessary, but otherwise have no urge to collaborate with government officials. Where past experiences with government have been unpleasant, opportunities to collaborate may have low or negative appeal. These residents have survived by relying upon strong bonds with family and friends they know and trust. They interact with government solely as service consumers.

In addition from the resident perspective, needs-based or problem-focused messages resulted in orientations toward government characterized by disinterest and passivity (Schneider 2014). As a result, participation was low and the primary form of interaction with government was applying for services to serve personal needs and solve individual problems.

Consequently, residents who held negative social constructions and perceptions of their neighborhoods likely had those perceptions confirmed when interacting with governments. According to Schneider and Ingram (2014), the term social construction refers to the cultural characterizations or popular images of the person or group whose behavior and well-being are affected by public policy. They argued that these cultural perceptions are shaped by language and stories such as the ways in which the community is portrayed in media. Ultimately, the social construction of target populations has a powerful influence on public officials and shapes design of public policy. See Figure 2. Citizens from deviant neighborhoods were considered incapable of being constructive participants. The outcome was mutually reinforcing negative perceptions by both residents and government officials leading to expectation fulfillment and diminished political power.

![Figure 2. Neighborhood Perceptions (based on research by Schneider and Ingram, 1993)](image-url)
On the other hand, in their study of public participation in state government agencies, Neshkova and Guo (2011) observed that groups with positive social construction brought greater legitimacy to administrative decisions. Referencing the work of Schneider and Ingram, Neshkova and Guo state “Although the “dependent” group (e.g., children, mothers) lacks political power, it is positively constructed, thus officials want to appear to be aligned with their interests” (p. 8).

All four of the case neighborhoods shown in Figure 1 were formally classified as low income and high crime. Each had been impacted by perceptions of deviance and negative social construction.

**Influence of Government on Community Capacity**

The government also has a role in social construction. The social construction of target populations has a powerful influence on public officials and shapes both the policy agenda and the actual design of policy (Schneider, 2014). Social constructions become embedded in policy as messages that are absorbed by citizens and affect their orientations and participation patterns.

Levine (2011) argued that citizens must be involved actively if they are to influence decisions and experience positive social construction. To do so they must be treated as more than self-centered consumers:

By “citizens” I mean all members of the community—not just experts, organized interests, and stakeholders. By “citizens,” I also mean something different from “consumers.” Individuals in their roles as citizens approach issues of public policy with some concern for the polity; in their role as consumers, people tend to make decisions based on what is most desirable or convenient for themselves (p. 34).

According to Lasker and Weiss (2003), community residents are often treated as “customers, clients, objects of concern, sources of data, or targets of problem-solving efforts” (p. 20). Consumer-oriented approaches devalue and discredit residents and breed feelings of helplessness and dependency (i.e., the opposite of empowerment). Instead of being perceived as community assets, residents are viewed from the perspective of being needy or problematic. How residents are treated and involved influences their personal health as well as the environmental and economic health of their neighborhood. For Prince George’s County, a wide range of indicators were reviewed to assess comparative neighborhood health. A dashboard of 22 indicators was assembled to conduct the analysis. According to Prince George’s County Executive Rushern Baker (2014):

Each neighborhood has a team of top government officials from numerous agencies who are working with them to identify the particular issues that need to be addressed. TNI is an example of how my administration is rethinking how we serve the residents of Prince George’s County, enabling us to function more efficiently and effectively and enhancing our services to all neighborhoods. Our thinking is that, by aligning cross-governmental efforts in these areas of highest need, we will have greater success in making long-term, transformational change in the county.

Facilitating change in communities is complicated. Oomsels and Bouckaert (2014) speculated that the most prevalent condition in modern complex organizations is where both a high extent of trust and a high extent of distrust exist simultaneously. They stated, “Trustors are confident about some facets of their relationship with a trustee, but at the same time, suspicious about other facets” (p. 589). Extending this analogy to the government-operated community center, residents and community center staff are not faceless. Community center staff interact with community residents daily as customers—many are greeted by name. However, the concept of bringing these same residents into a community center to help make decisions on program and service offerings can be alien. In the consumer role there may be trust, but in the role of decision-maker or advisor there may be distrust.

Consumer roles and decision-making roles are not always compatible. Glover (2004) referred to two community center models, a public service model and a corporate model. A public service model is based upon the settlement house movement of the early 20th Century where “community members could get involved in governance and influence the course of community affairs” (p. 64). A second corporate model “concentrates almost exclusively on cost recovery and serving ‘consumer’ interests” and thereby fosters “an arm’s length relationship between the community center and its constituents (p. 64).” In the case studies described in this research brief, DPR operated using the corporate model.

**Key Findings from the Two Case Studies**

Many groups of people can be involved in decision-making in communities including young people. Developing productive trusting relationships with youth can be an especially powerful tool to promote community
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revitalization. Youth can use their strong ties to family and friends to encourage residents to take advantage of the facilities, programs, and services provided by an agency such as DPR. Similar messaging from multiple sources – community centers, resident management, community leaders, and church – can reinforce productive bonds among youth, residents, and DPR. In addition, DPR staff can develop bridging ties to link youth to social networks and educational resources beyond their communities. In turn, knowledge and insights gained can then be shared with their strongly linked friends and family to enrich community life.

**Recommendations to Improve Community Development Capacity**

Referring back to Glover’s (2004) description of two community center models, public service and corporate, the following recommendations assume two conditions. First, the local community center operates according to a public service model, whereby center staff members cooperatively engage with the residents of the local community. Residents are substantively involved with planning the activities to be offered at the center. The second assumption is that although the local community is socioeconomically distressed, there is wide-spread desire among residents to improve community life. The following recommendations explore how the DPR community centers, as community resources, can foster opportunities for community engagement and development. The relative benefits of each are presented in Figure 3.

1. **Provide appropriate training to instill knowledge and abilities to improve dialogue, especially for youth, at community centers.**

   If youth know who they can consistently turn to and rely upon for improving a center’s operation, the relationship between youth and staff will be strengthened. When staff develop strong bonds with youth that make them feel they have a voice that can influence programming, staff have successfully empowered the youth and have actively broken down the consumer/provider dynamic that prevails at many facilities (Jette & Clift, 2014).

   A helpful resource is the Program Quality Assessment (PQA) developed by the David P. Weikart Center at the Forum for Youth Investment. This assessment incorporates both internal and external aspects of youth interaction with staff (Program Quality Assessment, 2014). Smith (2013) noted, “Effectively sharing control is one of the most important things to do as a youth worker. It can be what separates the average youth experience from the extraordinary one” (p. 97).

2. **Embed community centers within their surrounding community, including both physical and social integration, especially with youth.**

   Youth who reside close to their community recreation centers and do not require transportation seem to develop greater attachment, especially if they also have developed bonds of trust with staff. The relationship

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![Figure 3. Recommendation Benefits for Fostering Opportunities for Community Engagement and Development](source)

*Source: DC Civic Index, Fluker (2013)
between youth and staff members are especially strengthened when youth can provide advice to staff on how to improve operations or programming at the center (Jette & Clift, 2014).

3. Enhance community capacity for participation through interactive and intergenerational projects that provide citizens from different backgrounds the opportunity to build trust by working together to solve problems.

Projects can build bridging ties to resources outside the community. One example is the use of socially engaged art (SEA) to foster community development. “Not only does each SEA project depend on a community for its existence, but such projects are, most people agree, community-building mechanisms” (Helguera, 2011, p.9). Success of SEA depends on finding artists with genuine interest in the community who are willing to forego their ego to support meaningful collaboration with residents while maintaining ownership of the art project. The artist can be a facilitator and technician to help members of the community articulate and realize their vision. Participants are empowered because they can directly experience the influence they are having on what is produced.

Community gardens are another project example. To build and maintain a garden is a collective endeavor of work and leisure with neighbors and friends. Successful gardens can be educational and practical by providing access to fresh produce. Gardens can continue over many years and develop symbolic value as a visible manifestation of community collaboration and pride.


4. Incorporate opportunities for face-to-face dialogue and deliberation with community residents including youth.

Levine (2011) recommended investment in face-to-face public deliberation that are supported with participant training, physical space, and neutral conveners and facilitators. Ongoing face-to-face engagement creates relational knowledge of the community that can be used to strengthen ties to friends and family and create ties that bridge to networks of resources outside the community. Levine also recommended taking advantage of new tools for mapping networks to develop the capacity of youth to share information digitally through social media. PhotoVoice and uMAP were used in the Safe Routes To Play (SRTP) case study. They were found to be effective in helping youth develop attachments to a center and its staff. These recommendations in combination with ongoing and longer-term commitments to community collaboration can facilitate bridging ties and can lead to substantive improvements to living in the community – both individual and collective.

Opportunities for Further Research Investigation

This discussion revealed productive avenues for additional investigation. Further research could be conducted to determine relationships between youth development and access to programed indoor and outdoor recreation facilities. This focus would be a counterpart to current studies regarding factors influencing use of neighborhood parks.

In-depth studies also are needed to determine the potential for youth to foster community revitalization by combining their strong bonding ties to friends and family with ties that bridge to resources outside the neighborhood. Further, the efficacy of using ongoing community engagement in dependent and deviant communities as a tool to foster the creation of bridging ties needs exploration.

References


Safe Routes to Play Case Study (SRTP)

SRTP involved three of the four case study neighborhoods (i.e., Bladensburg, Langley Park and Suitland) shown on Figure 1. SRTP was part of a larger Safe Access to Recreation Opportunities project funded by a grant from the U.S. Centers for Disease Control and Prevention. SRTP was a one-year project that began in 2013 and ended September 2014. The Institute for Public Health Innovation (IPHi), a non-profit organization in Washington, DC, was the project administrator.

The SRTP project objective was to implement policy changes that resulted in demonstrable improvements in neighborhood safety with focus on providing safe access to recreation opportunities. To facilitate policy changes, the project was focused geographically in the three neighborhoods where Transforming Neighborhoods Initiative (TNI) was already underway. SRTP intentionally piggybacked onto TNI to increase likelihood of implementing recommendations.

The objective of TNI was to address key indicators in the targeted areas such as violent crime, property crime, elementary school reading and math scores, school absentee rates, housing foreclosure rates, and pedestrian deaths/injuries. Each TNI had a committee of up to 25 agency representatives chaired by a representative of the County Executive’s office. Alignment of efforts by County departments and agencies was intended to improve organizational efficiency, focus resources effectively, and accelerate long-term transformation.

To guide and support planning and implementation of SRTP, IPHi formed a cross-sector Leadership Team that included representation from Prince George’s County, Maryland government. Members came from County Council, County Executive’s Office, and health, housing, planning, police, and parks and recreation departments.

The SRTP project was designed for youth to make recommendations directly to TNI leadership on how to improve neighborhood safety. Youth participation was orchestrated at a community center in each of the three SRTP neighborhoods. In each case, the youth explored the area within ½ mile walking distance of each center and identified safety concerns. Twenty youth were recruited from each neighborhood to participate. Through the use of PhotoVoice (2014) and uMAP (2014) youth engagement tools, youth participants identified ways to improve access to recreation opportunities in each neighborhood.

A meeting was held with each TNI committee in February 2014 where youth participants presented recommendations for ways to improve neighborhood safety. At the time of this writing in May 2015 and just weeks before the end of the grant-funded project, there has been no formal commitment to implement any of the project recommendations generated through the youth engagement process.

The focus on youth participation was intended to provide an informing and engaging vehicle for making direct recommendations to Prince George’s County government leadership on how to improve neighborhood safety. Unfortunately, this intention has not yet been fulfilled. In the end, the TNI committees received the recommendations without making any specific commitment for implementation.

My opinion is that the failure of the TNI committees to substantively connect with the youth was due to several reasons. The one-year time frame specified for the SRTP was insufficient to achieve a substantive connection between grant participants and county leaders. Likewise, not enough leaders within county government were identified to advocate for project implementation. In addition, the substance of the youth recommendations suffered due to logistical constraints resulting from the compressed timeframe.

Failure to integrate youth recommendations into presentations to leadership may have suggested that the value of recommendations from youth were discounted. The blueprint presentation by the consulting team became the main attraction with the youth presentation viewed as a sideshow-- much like an appetizer before the main course. The pressure on the grant administrator, IPHi, to keep the project on schedule forced them to assume a dominant role that may have undercut the needed role of the youth community participants. TNI committees were also organized with a customer service orientation. Because youth were not part of policy setting or decision-making, their recommendations were apparently devalued.
The University of Maryland’s School of Public Health was commissioned to conduct focus groups with the youth participants (Jette & Clift, 2014). The resulting analysis of youth perceptions revealed both the potential and the challenge of youth engagement. The study prepared by Jette and Clift suggested the relationship each facility had with its immediate community was important. Jette and Clift noted that “Throughout the focus groups, the youth suggested that the level of investment and degree with which a facility was embedded within its surrounding and constitutive community influenced how youth indicated that they interacted with the facility, its people, and its programs” (p. 3).

Jette and Clift (2014) suggested that a major component of creating a community-driven center hinged upon who has the ability to be heard (i.e., having the ability to suggest and create changes to programming). The ability to be heard appeared to be related to the relationship between the facility and surrounding community. The contrast between Suitland and Bladensburg was striking.

At Suitland, not only did youth indicate that they had little input in the kinds of programs and services offered, but they also did not perceive employees as having the ability to make changes or programming decisions. In fact, some youth were reluctant to speak to staff and felt they would not listen. At Bladensburg, in contrast, youth reported they were comfortable approaching staff for several purposes (e.g. questions, complaints, requests, etc.), though few offered suggestions about programming (p.8).

The ability to have regular dialogue with youth participants can elicit information that can be used to improve programs and services and, in theory, ultimately increase attendance and participation by youth as well as their families. Jette and Clift (2014) noted that how youth perceived staff interaction with them contributed to the environment of each facility. In addition, trusting relationships between youth and community center staff had the potential to produce the weak ties described by Granovetter (1993) that can bridge to resources currently unavailable to youth in their communities.

DPR intentionally added enrichment activities to the SRTP project that were outside the scope of grant funding. These additions included a display of youth photos at an art gallery, an opportunity to work with a local spoken word performance artist, and the opportunity to speak at a public hearing where members of the County Council and Planning Board were presiding. These experiences were intended to provide youth participants a window to the world beyond their neighborhoods, which seemed to occur.
HUB Project Case Study

The HUB project was intended to enhance the local value of neighborhood community recreation centers by incorporating programs and services of interest and value to residents living in the vicinity of the center—generally within a ½ mile walking distance. The HUB program commenced with a pilot project at Kentland Community Center in the Kentland neighborhood. The center is operated by The Maryland-National Capital Park and Planning Commission Department of Parks and Recreation (DPR). The pilot project ran from 2007 to 2009.

The HUB project mission was to create a participant-oriented culture by inviting the community to collaborate with staff to broaden program offerings at the community center. The initiative was designed to enhance the value of the center to local community members by providing citizens of all ages and walks of life with welcoming access to information and resources, including educational and recreational opportunities, social services, classes and trainings, and community meeting spaces.

A HUB Center was intended to be a community-oriented facility programmed with input from local neighborhood residents for local people to enjoy and reap the benefits of community services and resources. The HUB initiative was intended to feature an ongoing process of community engagement to turn community centers into portals whereby residents could access County services beyond the recreation and leisure programs offered at the community center. The community center was to be the “hub” or center of a communication and resource network with links to community assets including businesses, community facilities, community organizations and residents.

The objective of the HUB pilot project was to enhance community and staff capacity at Kentland Community Center so that both would collaborate regularly on how to enhance community access to information and services available from County agencies and organizations. The project started by engaging some local residents in a modified nominal group process. Participants selected desired program options by brainstorming and voting. The top five options were:

1. Health Screenings/Mobile Units
2. Health Education
3. Home School Opportunities
4. GED and SAT preparation courses
5. English as a Second Language courses

Bimonthly events brought residents together with government and non-profit service agency representatives to share a meal and discuss next steps. After two years of meetings, the project was suspended because it was determined to be unsuccessful. Staff believed they had delivered the programming requested by the community, but the community response was indifferent as indicated by declining meeting attendance.

Based on the research analysis, I believe the HUB project was affected adversely by capacity issues in the Kentland community and within DPR. DPR’s customer service orientation communicated a message to community residents that it was the service provider and community members were consumers. This approach created a line of demarcation. It was an alien concept to have one or more community members at the table to help determine program offerings. Lasker and Weiss (2003) stated:

… [W]hen experts or service providers, “run the show,” problems tend to be viewed narrowly within professional boundaries, and the knowledge, skills, and resources of people and organizations in the community are often not utilized. Without these community assets, it is difficult for a problem-solving process to identify what residents actually want and need, to frame issues in ways that make sense to the people in the community, to identify the underlying causes of problems, or to develop- and implement solutions that are likely to work in the local environment (p. 21).

I believe if the institutional boundary line between service provider and customer had been blurred to allow a period of regular and ongoing collaboration, a shift in culture could have empowered DPR staff to allow community representatives to influence community center programming. Given the prevailing organizational culture, the risk was perceived to be too great. As linked to Schneider (1993), the perceived construction of the neighborhood was dependent and tended toward the deviant because of actual and perceived levels of crime. The stigma became embedded in the psyches of staff and residents. It affected both how government employees treated the residents and, in turn, how residents interacted...
with staff. Constructions became embedded in policy as messages were absorbed by residents, which affected their orientations and participation.

Participants in HUB meetings were limited in providing DPR with input or advice. The nominal group exercise provided a fixed menu of community service requests. Afterward, opportunities to provide advice were limited. Most meeting time was devoted to conversations with social service providers. The staff mindset was to deliver what the community had requested from the list that had been developed through the nominal group exercise. They saw no need for extended dialogue. Further, youth did not participate.

Granovetter (1973) described how individuals with few weak ties were deprived of information from other parts of the social system and were confined to the news and views of close friends. Information flow and influence are greater through strong ties within socio-economically stressed communities since friends were more likely to be available and willing to provide assistance. DPR staff had the opportunity to provide bridging ties that would have connected community residents, especially youth, to an array of available service options, both within and outside of DPR. These ties, however, did not seem to occur based on how the HUB project unfolded.