Promising Practices for Meeting the Multiple Needs of Low-Income Families in Poverty Neighborhoods

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ABSTRACT. This review of promising practices for meeting the multiple needs of low-income families in poverty neighborhoods reveals four main themes: (1) The challenges facing low-income families living in poverty neighborhoods are not discrete—but are multidimensional; (2) Integrated family and neighborhood strengthening practices, such as the Making Connections (MC) Initiative (funded by the Annie E. Casey Foundation), and the Harlem Children’s Zone (HCZ), represent innovative strategies to address the multifaceted issues facing low-income families living in poverty neighborhoods; (3) The organizational structure, challenges and successes of the MC and HCZ provide insight into the nature of integrated family and neighborhood approaches; (4) A framework for the design of an integrated family and neighborhood program includes a focus on internal organizational processes, neighborhood processes, and external processes. This framework can assist social service agencies in moving their services toward a more integrated family and neighborhood approach. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2005 by The Haworth Press, Inc. All rights reserved.]
INTRODUCTION

The unique challenges facing low-income families living in distressed neighborhoods require practitioners, policy-makers, and researchers to develop innovative strategies and practice approaches. There are a number of promising programs to address family and neighborhood socioeconomic disadvantage. They focus on increasing the earnings and assets of low-income parents; strengthening families by promoting healthy child development, educational attainment and the receipt of support services; and strengthening neighborhoods through the use of community development corporations, comprehensive community initiatives and community organizing (Austin & Lemon, 2004). These programs are related to our increasing understanding of the important relationship between poverty, place and family. The challenges facing poor families and neighborhoods are not discrete—they are multidimensional; the parent who needs living wage work is often the same parent who needs services to promote healthy child development, and resides in a neighborhood that needs more resident involvement, community collaboration and economic development (Chow, Johnson, & Austin, 2004; Hastings, Taylor, & Austin, 2004). These needs are often interdependent and in recognition of this fact, some practices are moving toward an integrated practice approach that targets both the family and the neighborhood simultaneously.

The term “promising practice” is defined as interpersonal or inter-organizational processes used for the delivery of innovative services or programs. The focus is on relationship building and maintenance between and among staff members and neighborhood residents as well as memoranda of agreement between organizations. In contrast, the term “promising program” is defined as innovative services or programs that are relatively free standing, self-contained and typically have their own funding streams. The reason for selecting the term “promising” is that the frequent use of the term “best practices” is misleading since there usually are no metrics or sufficient outcome data to “prove” that a program or practice is the best. Examples of promising programs are described elsewhere (Austin & Lemon, 2004).
Promising practices to address the multiple and complex challenges facing poor families and poor neighborhoods reflect an increasingly holistic approach that brings together various levels of intervention. This analysis features the promising practices found in the activities of the Making Connections (MC) Initiative (funded by the Annie E. Casey Foundation) and the Harlem Children’s Zone (HCZ). Given that there is relatively little written information about these “works in progress,” several questions guided this analysis:

1. What do staff members identify as promising practices?
2. What organizational structures and strategies were necessary to launch family and neighborhood services?
3. What have been the challenges or barriers to implementation?
4. What are the major successes to date?

**METHODS**

In an effort to gather detailed information about promising practices within these integrated approaches to service delivery, interviews were conducted with staff members at ten MC sites and the HCZ. The main themes to emerge from these interviews focused on four overall areas: (1) promising practices, (2) organizational structure and capacity, (3) challenges, and (4) successes. In order to highlight the core elements of a multidimensional approach to family and neighborhood poverty, the goal of this analysis was to identify a framework for the design of an integrated family and neighborhood program based on the most recent and comprehensive practices.

The goal of the 10-year Making Connections (MC) Initiative is to improve outcomes for families and children living in distressed or isolated neighborhoods. The MC Initiative is based on the premise that children will succeed when their families are strong and that families will succeed when they live in supportive neighborhoods (Annie E. Casey Foundation, 2004). MC activities are based on three core elements that are considered essential for successful family outcomes:

1. Creating the opportunity to earn a decent living and build assets,
2. Building close ties with family, neighbors, kin, faith communities and civic groups, and
3. Providing/accessing reliable services close to home.
These core elements have been translated into six core outcomes that guide the work within each MC site:

1. Increased family earnings and income,
2. Increased family assets,
3. Increased family and youth civic participation,
4. Strengthened family supports and networks,
5. Increased access to family services, and
6. Increased child health and readiness to succeed in school.

MC is currently being implemented in twenty-two sites, ten of these sites are working on all six of the core outcomes, nine sites are only involved in family strengthening (including increasing family economic success and having children ready for school) and three sites are only involved in increasing civic participation. The ten MC sites that are working on all six of the core outcomes that reflect integrated family and neighborhood practices were selected for interviews. These sites draw on practices related to earnings and asset development, family strengthening and neighborhood strengthening to offer a wide range of services within economically distressed neighborhoods. The ten sites include: Denver, CO; Des Moines, IA; Hartford, CT; Indianapolis, IN; Louisville, KY; Milwaukee, WI; Oakland, CA; Providence, RI; San Antonio, TX; and Seattle, WA. Although each site offers a variety of services, the overall approaches taken by each city are highlighted in Figure 1.

Another integrated approach that is not connected to the MC Initiative is the Harlem Children’s Zone (HCZ). The HCZ operates a variety of different programs related to child development. The programs and services are offered to parents and children of any age, including parent training, early childhood education, the use of computer centers and literacy programs for both children and parents, family support centers, youth employment programs and after school programs. Community organizing practices are also included within HCZ in the form of increased resident involvement in neighborhood revitalization.

PRELIMINARY FINDINGS RELATED TO PROMISING PRACTICES

The promising practices most frequently noted by staff within MC and HCZ fell within the following four practice categories:
1. Promoting earnings and asset development, 
2. Family strengthening, 
3. Community organizing and strengthening, and 
4. Developing service delivery approaches.

With respect to earnings and asset development, several MC sites reported workforce development strategies as promising practices. For in-

FIGURE 1. Making Connections Sites

<table>
<thead>
<tr>
<th>MC Denver: Focusing on increasing social networks in the neighborhood and civic participation through community organizing, including supporting neighborhood and youth summits and facilitating shared neighborhood agendas</th>
<th>MC Des Moines: Focusing on increasing family assets by involving residents and government officials to address predatory lending practices, also implements workforce strategies to link residents to “good jobs,” and promotion of the EITC</th>
<th>MC Hartford: Implementing programs to increase residents’ long-term attachment to “good jobs,” and increasing informal social networks through a barter system in which residents trade services and goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC Indianapolis: Increasing family access to needed services by working with city officials in developing charter schools, promoting a community-school model, and forming a Family Strengthening Coalition</td>
<td>MC Louisville: Formed the Louisville Asset Building Coalition and launched a campaign to increase assets for working families by promoting the EITC, and increasing banking and saving among low-income families</td>
<td>MC Milwaukee: Focusing on workforce development strategies that link families to “good jobs,” and coordinating existing workforce systems to better serve residents, also provides residents with grants to implement neighborhood projects</td>
</tr>
<tr>
<td>MC Oakland: Implementing a multilingual homeownership program which offers financial education, consumer counseling and home loan application assistance, also runs a countywide EITC campaign, and workforce development for youth</td>
<td>MC Providence: Implementing a Leadership Institute that trains residents in skills such as organizing, fund raising, data gathering, communication and other strategies, also implemented a Community Grants Initiative and an EITC campaign</td>
<td>MC San Antonio: Implementing a Community Leadership Institute in which residents participate in leadership development courses, also implemented a neighbored barter system, and campaigns to increase the use of the EITC, and IDAs</td>
</tr>
<tr>
<td>MC Seattle: Focusing on increasing family income through workforce development strategies largely targeted toward immigrant and refugee families, also developed a consortium to the quality and quantity of ESL programs</td>
<td></td>
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</tbody>
</table>
stance, MC Indianapolis is partnering with the local hospital system to create a “pipeline” for jobs between the residents and the hospital. As staff reported:

We first scanned the neighborhoods to see who was currently working in the hospital and then we developed a buddy-mentor system at the hospital. A new employee is mentored for nine months; the buddy gets recognition and extra money from the employer. This program builds networks and strengthens the chance of someone staying in the position.

In a similar way, MC Denver implemented a Family Economic Success guidance group through a partnership with the local community college to increase the number of residents earning AA degrees. MC Seattle links residents to better jobs and wage progression through public works opportunities and apprenticeship and pre-apprenticeship opportunities in the construction industry.

Most MC sites include EITC campaigns as one of their most promising practices. For instance, MC Oakland operates a countywide EITC campaign. Their efforts were part of a nationwide EITC campaign in 2003 that resulted in 7 million tax returns with approximately 4 million EITC claims. In MC San Antonio, the EITC Coalition created tax centers in each of their four target neighborhoods and worked to provide bilingual and neighborhood-based tax assistance and financial literacy education. The staff reported that these efforts resulted in San Antonio increasing the filing rate of participation in the EITC to second in the nation. Similarly, MC Louisville formed an Asset Building Coalition of 85 organizations and volunteers of the Coalition are trained by the IRS to assist in tax preparation. The participants also receive financial literacy education and can participate in an IDA program (Individual Development Accounts for personal savings).

In addition to earnings and asset development, family strengthening approaches were also identified as promising practices. For instance, HCZ staff reported that their family and child focused services represent some of their most promising practices. These programs included: Baby College (a parent training program for parents of children 0-3); the Gems Program (a universal pre-kindergarten program for 3-4 year olds that provides basic skills as well as language training in Spanish and French which are two of the most common languages spoken in the neighborhood), the Shaping Minds Around Reading and Technology (SMART) program, which includes a computer center and a literacy
component (children and parents who participate in the program receive incentives), and the TRUCE program which provides arts activities to adolescents.

Similarly, MC San Antonio collaborated with a family center in their target neighborhood to provide after school programs. In MC Hartford, one program component focuses on intensive case management that helps neighborhood youth complete high school and go on to college or into the workforce. MC Des Moines implemented a “Circle of Support” program in which a family is assigned three allies (usually neighbors of the family). One ally focuses on self-sufficiency of the family (income and employment), another focuses on educational outcomes (for both parent and child) and the third ally focuses on community resources (e.g., free swim lessons, classes at the library or low-cost transportation). The Circle of Support builds neighborhood networks, increases the financial literacy of the family and teaches advocacy skills to the allies.

In addition to family strengthening practices, perhaps the most consistently reported promising practices noted by MC and HCZ staff were related to community organizing strategies to increase resident involvement in neighborhood revitalization. All sites reported community organizing as a central aspect of their programs. Within the HCZ, the community organizing program entitled “Community Pride” was described by a HCZ staff as follows:

We are focused on the concept of the neighborhood as ‘the village,’ in order to stabilize communities by training leaders and offering services to help people. The general philosophy of the community organizing is person-to-person, door-to-door contact. It is a hands-on grass roots approach of talking to the community directly—not dealing with groups or structures—although we do that too—but the idea is to talk to individuals and address each individual’s needs and wants.

A common theme among these integrated approaches is the notion that community organizing needs to result in a resident-driven process in which residents take the leadership role in governing their own community. To that end, MC programs typically include a leadership development component for neighborhood residents. The emphasis on leadership development is to ensure that when MC staff leave, the programs will be self-sufficient and sustainable. In Indianapolis’ Center for Working Families, the residents are transforming a local school into a meeting
and learning center for the entire community that offers financial literacy programs operated by parents and residents.

MC Providence has a leadership development project that lasts 12 weeks and provides workshops on such topics as grant writing, public speaking and immigration issues. The importance of a resident-driven process was described by MC Providence staff as follows: “... [the] governing body needs to be majority residents and we need to make sure that leadership roles are being developed on an ongoing basis.” Community organizing and leadership development strategies differ somewhat between sites depending on the composition of the target neighborhoods and the issues facing these communities. For instance, MC Seattle implemented a community organizing component, entitled “Trusted Advocates,” that is designed to effectively organize members of various ethnic communities:

Trusted Advocates is a cadre of existing credible community leaders from each ethnic community, who work together to serve in several functions: organizing their community by taking what they hear from the families and then working in a multicultural way in large community forums. They also help influence the design of program services and policies.

MC Milwaukee implemented a Family Leadership Academy in which parents are encouraged to take a proactive role in their children’s schools. The parents participating in the Family Leadership Academy complete specific projects designed to improve educational experiences and increase parental involvement.

In addition to community organizing and the development of resident leadership, many staff at MC sites noted that community-strengthening practices also need to increase positive interactions between residents in order to improve the overall community. In MC Des Moines, a Service Exchange Program (e.g., a barter system) was implemented so that instead of receiving money for services, residents trade services with one another (e.g., shoveling snow or mentoring a child). The staff at MC Des Moines note: “This program builds leadership in residents—they encourage others to use it, increase communication between residents, and uncover hidden skills and talents in neighbors.” MC Oakland increased neighbor-to-neighbor contact with a health education and outreach program in which residents of the community are hired to encourage neighbors to enroll in public health insurance programs and other health-related resources, thereby increasing contact between community members.
In addition to specific promising practices, certain service delivery approaches were also noted as important elements of integrated approaches. Collaboration with existing services and partners in the community was frequently noted as a promising practice in the delivery of integrated programs. For example, the staff at MC Louisville noted:

MC does not provide direct services. It creates a new way of doing business. Specifically, for us, the most promising practice is collaboration. We have a strategy advisory process in which three teams (jobs and assets, neighborhood, and family services and education) meet once a week to discuss strategy, set a vision and develop strong indicators in every level of collaboration.

Virtually all sites collaborate with city or county governments, as well as nonprofit organizations in the neighborhood. For instance, MC Indianapolis collaborated with community-based organizations to provide lead poisoning assistance to residents of target neighborhoods. Many CBOs in the target neighborhoods provided testing services, but none provided follow-up care for poisoned children or assistance removing lead-based paint from homes. Through collaboration, residents and community-based organizations were able to work toward filling this service gap.

Capacity building was also noted as a prominent service delivery approach within the MC sites. Many MC sites provide mini-grants to residents who complete leadership development programs so that they can carry out neighborhood projects themselves. Moreover, every MC site has a local learning partnership that is comprised of organizations whose role it is to ensure that service providers and residents have access to data on neighborhood needs in order to guide decision-making and planning. MC Oakland staff noted: “The local learning partnership collects and analyzes census data, data from County and City agencies, resident surveys. As a result, we have unparalleled access to data to make sound decisions.”

In addition to capacity building, MC sites also place a heavy emphasis on technical assistance as a promising practice. The MC Initiative has a centralized technical assistance center at the Annie E. Casey Foundation site in Baltimore, and a liaison to that center who assists in meeting technical assistance needs. MC Oakland uses peer-to-peer learning to address technical assistance needs. In an effort to learn more about promising practices, staff at MC Oakland actually go and visit
sites around the country to learn about how these practices can be implemented in their program.

Another promising practice related to integrated service delivery is the focus on ensuring that residents see tangible results from their efforts in a reasonable amount of time. MC Oakland staff reported: “We need to be concrete about success, we need short-term tangible physical things we can accomplish.” Staff at the HCZ noted a similar theme:

A key thing is that when residents say this is what we want, we have to deliver. So for instance, in the case of empty lots, we would have a group of people coming to elected officials and asking for something to be done about it . . . but at the same time, we would work to clean up the lots so there is an immediate result.

ORGANIZATIONAL STRUCTURE AND CAPACITY

The organizational structure and capacity of MC and HCZ varies somewhat depending on local circumstances. Within the MC Initiative, each MC site has a site team made up of staff and consultants funded by the Casey Foundation related to communications, technical assistance, process documentation, Local Learning Partnership facilitation, project assistance, and site coordination. Overall, staff members interviewed at each site identified the following organizational factors involved in the implementation of integrated family and neighborhood approaches:

1. Begin with a loose and flexible organizational structure,
2. Find a local organization to host the project, and
3. Establish collaborative committees with strong resident participation.

Many staff reported that when implementation of the MC Initiative first began, a loose and flexible organizational structure was the norm. The lack of a clear organizational structure had both positive and negative elements. For instance, a loose organizational structure allowed for creativity and flexibility in implementation, but eventually more organizational structure was needed to address ambiguities in the programs. The staff at MC Hartford noted that there is no need to create a brand new infrastructure: “Co-investing with partners to work on a tight budget doesn’t need a brand new infrastructure but rather more use of MOUs with CBOs.” The staff at MC Hartford also noted that they have
avoided a permanent structure in order to facilitate a more resident-driven process: “We have tried to not create a permanent structure, we want to move responsibility to the residents/neighbors.” Each MC site created its own structure utilizing the community’s strengths. MC Louisville was able to instantly gain support from their city government, while MC Milwaukee depended on the strong neighborhood associations to help them build support.

A second factor involved in implementation on the MC Initiative was finding a local organization to host the program. Many MC sites do not have formal offices; instead they choose to be hosted by a local organization. For instance, the organizational structure of MC Oakland includes coordination through the Urban Strategies Council that supports a variety of community groups through the Lower San Antonio Collaborative. Grants are provided to members of the Collaborative who are responsible for implementing programs.

A third implementation factor is the establishment of collaborative committees with strong resident participation. For instance, MC Hartford formed a steering committee that directs activities:

(1) Family Economic Success, (2) Civic Participation, (3) School Readiness and (4) Neighborhood Services and Support. The four work groups relate to different projects and include CBOs and resident representatives.

MC Oakland uses the Lower San Antonio Collaborative to oversee programs and outcomes and staff at MC San Antonio noted that: “The use of community partners allowed for significantly fewer paid staff and people are involved because they want to be, not because they are paid.” Staff at MC Milwaukee reported that they use a loose organizational structure that: “forced us to do team building and helped participants buy into the different structure. Using multiple partnerships we’ve been able to integrate large organizations into the process.”

In contrast to the MC Initiative, the HCZ operates all programs and services out of one CBO, employing approximately 400 full-time and part-time staff members who deliver all services.

**CHALLENGES**

The interview responses suggested that these integrated approaches face four major challenges:
1. Complications resulting from the involvement of the funding source,
2. Keeping residents engaged in the process,
3. Forming and maintaining collaborations with partners, and
4. Dealing with the unique characteristics of the community.

Some staff members noted that the involvement of a multi-million dollar foundation creates questions about the viability of the collaborative relationships (i.e., how will they survive when the funding disappears?). Others noted that there can be tensions around who is really in charge, the funding source or the neighborhood residents? It was also noted that the presence of outside funding can create suspicion among residents about the value of their input (i.e., is it just another program coming into our neighborhood to tell us what to do?).

A second common challenge facing these integrated programs is the continuous effort needed to keep residents involved in the process. MC Oakland staff reported:

> Getting and keeping residents engaged is very difficult. They are struggling to make ends meet and asking them to think about strategies to improve their neighborhoods is a lot to ask. We try to address some of this by providing child care and feeding people during meetings.

The staff at MC San Antonio shared similar observations: “On average our residents in San Antonio are $400 short each month. It is very difficult to save money and to stay motivated to be involved in community organizing projects.” The staff at MC Denver site agreed: “Our residents are choosing between heating and eating. It takes a lot for them to attend a community meeting, we have to sustain resident involvement with a structure that supports their involvement.”

The challenges related to maintaining collaborative relationships were also frequently mentioned. The staff at MC San Antonio noted that an integrated approach would be very difficult to implement in a neighborhood that has few CBOs. Indeed, staff at MC Seattle reported that one of their challenges in implementing an integrated approach was that “there were no existing community vehicles to tap into.” However, staff at MC Indianapolis reported that even when existing community resources are present, “working in collaboration is difficult when people have not worked that way before.” The staff at MC Oakland noted that they had a difficult time, early in their implementation process, in estab-
lishing partnerships with the City of Oakland and needed to change strategies: “We initially were trying to work with the Mayor and that did not work, and so we have a strategy now of working with the Council members and department heads and that is working better.”

The fourth and final challenge in implementing integrated programs relates to the unique characteristics of the community and neighborhood. For instance, staff at MC Seattle reported that a large portion of their target communities do not speak English. Likewise staff at MC Hartford reported that the large influx of immigrants as well as racial issues have made work more difficult at the neighborhood level. High resident turnover was noted as a barrier within MC Des Moines. The MC Seattle staff noted: “This community has historically been transitional, a portal for immigrants who then move on because of the high cost of housing.” A lack of work and economic development in target neighborhoods was also noted as a challenge in MC San Antonio: “Sixty percent of people own their home in the target neighborhoods, but the homes are devalued in this low-wage town. There are not a lot of employers in the target neighborhoods.”

**SUCCESSES**

The major successes noted by staff across the sites and the HCZ were the community organizing efforts and the development of resident leaders to facilitate the service integration process. The staff at MC Indianapolis reported: “Our major success is developing leadership where neighborhood residents now recognize their own power.” The staff at MC Providence noted that one of their major successes has been the fact that their program was “developed by neighborhood families with organizational input, rather than the other way around.”

In addition to the frequently noted success of creating a resident-driven process, individual sites also reported various successes. For instance, staff at MC Oakland identified other major successes related to their EITC Campaign, their work on housing issues, the UPS employment partnership, and the fact that their work has been able to attract other funders. The staff at MC San Antonio noted the sense of ownership that residents now possess regarding their improved neighborhoods. The staff at MC Louisville noted that the EITC program and their ability to quickly acquire many partners were major successes. The staff at MC Milwaukee and MC Hartford both stated that their high level of resident participation and their comprehensive resident leader-
ship development activities made other aspects of their efforts successful. In MC Indianapolis their leadership program started with one individual and now has 35 identified community leaders in one of their target neighborhoods. In essence, good leadership development can provide a foundation for future success.

The MC Des Moines initiative operates in a community with a limited number of philanthropies and funders and therefore viewed the sustained 10-year funding period as a success for their community. They also noted that their re-entry program to integrate ex-offenders back into their community has been a success because they feel it is changing the generational cycle and culture of poverty. The staff at MC Providence cited their major success as providing the residents (with staff input) the time to fully develop a comprehensive community plan and strategy for change. This process ensured that there were concrete and workable goals and has elevated the community visibility of the target neighborhoods.

The HCZ staff reported that their successes included the development of a new charter school and Head Start program. The other successes included the 20-30 young adults who have gone through their programs who are now college graduates, the children in the TRUCE program who perform better on standardized tests than their peers who did not participate in the program, the many graduates of Baby College who go on to kindergarten and the involvement of the AmeriCorps program.

The findings from all of the sites engaged in the development of promising practices are highlighted in Figure 2.

A FRAMEWORK FOR THE DESIGN OF AN INTEGRATED FAMILY AND NEIGHBORHOOD PROGRAM

All these approaches to integrating earnings and asset development, family strengthening and neighborhood strengthening represent promising practices designed to address the complex challenges facing low-income families and neighborhoods. One approach to interpreting these findings is to develop a framework for the design of an integrated approach to service delivery. A total of nine core features have emerged from an analysis of the findings. They build upon one another as highlighted in Figure 3 so that those interested in promoting an integrated family and neighborhood program can choose to concentrate their ini-
## FIGURE 2. Summary of Integrated Family and Neighborhood Strengthening Approaches

<table>
<thead>
<tr>
<th>Promising Practices</th>
<th>Earnings and asset development practices:</th>
<th>Family strengthening practices:</th>
<th>Community strengthening practices:</th>
<th>Service delivery approaches:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Workforce development strategies that link residents to “good jobs,” and EITC and asset development campaigns</td>
<td>Promotion of child health through parenting classes, early childhood education, and after school programs</td>
<td>Increasing resident involvement in neighborhood revitalization, including leadership development training for residents, and increasing positive interactions between neighbors</td>
<td>Strong emphasis on collaboration with existing partners in the community; capacity building through mini-grants to residents; technical assistance; and ensuring residents see tangible results from their efforts</td>
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| Organizational Structure and Capacity | Beginning with a loose and flexible organizational structure: Allows for creativity and flexibility and encouraging resident ownership of the process | Being hosted by a local organization: Many sites do not have formal offices, but instead are hosted by local organizations in the neighborhood | Establishment of collaborative committees with strong resident participation: Committees of partners and residents oversee the implementation of programs and results |

| Challenges | Complications resulting from the presence of a multi-million dollar foundation: Creates questions over whether relationships are all about money, and confusion over who is really directing the course of programs | Keeping residents engaged in the process: Residents are struggling to make ends meet and often do not have time or energy to become involved in neighborhood revitalization | Forming and maintaining collaborations with partners: Need to have existing programs to partner with, but collaborating can be difficult if people are not accustomed to it | Characteristics of the community: Factors such as low English language proficiency, high resident turnover, and a lack of economic development and job opportunities |

| Successes | The development of resident leaders to direct the course of programs: Development of leadership within residents so that they have ownership over the programs and revitalization efforts | Other successes varied by site and included: Increasing the use of the EITC, housing advocacy, employment partnerships, attracting other funders, a re-entry program for ex-offenders, the development of a comprehensive community plan for neighborhood development, a new charter school, a Head Start program, and evaluation results indicating improved test scores for program participations | | |

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tial efforts on the first few core features as they gradually move toward more multidimensional practice approaches.

Models of Family and Neighborhood Strengthening Need to Be Reformulated

The first step in this framework is to reassess the principles underlying one’s current approach to strengthening low-income families and neighborhoods. Some scholars note that family strengthening models traditionally focus on problem-oriented approaches that tend to separate clients from the neighborhood context of their lives. Comprehensive and long-term strategies are needed to strengthen families and communities. Moreover, traditional neighborhood strengthening practices tend to obscure the needs of families by focusing on large-scale interventions such as housing or business development, yet stable families are necessary in order to achieve many large-scale neighborhood level changes (Delpeche, Jabbar-Bey, Sherif, Taliaferro, & Wilder, 2003). Therefore,
in order to implement an integrated family and neighborhood program, the traditional models of family and neighborhood intervention need to be reformulated. Direct service practitioners seeking to strengthen families need to recognize that families are nested within larger communities and that the neighborhood context affects family functioning. Similarly, community practitioners need to recognize that a community is comprised of families and that the strength of the families in a neighborhood affects neighborhood level interventions. The MC Initiative capitalizes on this reformulation by involving families as change agents in target neighborhoods. The result is an organic, grassroots movement for community improvement. Since family and neighborhood are interdependent, new programs and services are needed in order to incorporate this interdependence.

A Clear Mission, Vision and Organizational Strategies Are Necessary

A clear statement of the mission of current operations and a vision statement for the future are needed to support organizational strategies related to integrating family and neighborhood approaches. Delpeche et al. (2003) note that the development of a clear vision, and strong adherence to an accepted set of principles and strategies are the key to success among many programs, especially the use of strategic plans to develop and refine services. For example, the MC Initiative includes a vision composed of the three major goals and a mission comprised of six core outcomes to guide the activities within each site. Every MC site started with a site coordinator who identified key community partners, neighborhood leaders and potential funders in each target neighborhood. Each partner was asked to participate in a lengthy and thorough strategy development process. The clear mission and strategy development helped to build trust among residents and organizations alike. In addition, the specification of a clear mission, vision and supporting strategies provides a foundation for assessing outcomes.

An Organizational Structure that Is Responsive to Community Needs

The organizational structure for integrating family and neighborhood programs needs to reflect the unique features of local circumstances and contexts. While the HCZ incorporates its multiple activities in one large CBO because of limited community alternatives as well as the strong
Defining the Target Neighborhood(s) and Scope of the Programs

Fleischer and Dressner (2002) note that it is important to account for both resident and stakeholder perceptions of neighborhood boundaries when defining a target neighborhood. They also note that defining a target neighborhood may also require drawing “dotted lines, rather than firm lines around its borders” (Fleischer & Dressner, 2002, p. 27) because it will need to be determined if the integrated programs will serve clients outside of the target neighborhoods (e.g., friends and family members of the target residents). It is also important to set a clear goal for the percentage of clients who will live in the targeted neighborhood and to track program participation to ensure that the program is maintaining its focus (Fleischer & Dressner, 2002).

Neighborhood Characteristics and the Needs and Strengths of Residents Need to Be Assessed

Assessing the neighborhood characteristics and resident needs is critical to define the target neighborhood(s). Two key sources can be used to gather neighborhood and resident information: (1) databases such as the Census and Web-based Geographic Information Systems (GIS), and (2) information solicited from residents themselves. Fleischer and Dressner (2002) recommend using public databases to collect demographic information on residents and to learn about existing community resources. Information such as race/ethnicity, percentage of children, single parent homes, educational levels, number of people in the labor force, poverty levels, income levels and other demographic information can provide program planners with important information about neighborhood characteristics. For instance, each Making Connections site has a Learning Network that collects and analyzes data from a variety of sources including the Census, and city and county agencies. These data
help guide decisions about programming and information is shared among residents and community partners.

MC sites chose target neighborhoods based on socioeconomic status, ethnic/racial make-up, demographic make-up, and the prevalence of existing resources. Most MC sites selected neighborhoods that had some existing community resources in order to get a good foothold in the community, but with enough resources lacking so that their efforts would not be redundant. The use of geographic information systems (GIS) software to help map neighborhood conditions and resources can assist in assessing these neighborhood characteristics. For instance, MC Oakland collaborated with U.C. Berkeley’s Institute of Urban and Regional Development to create the Oakland Datahouse—a Website that provides interactive maps of Oakland in which users can click on census tracts to gather a wide range of information about that neighborhood (Website: http://oakland.gisc.berkeley.edu). Additionally, First Five California recently implemented a GIS Website that provides interactive maps for every county in California (Website: http://63.192.169.198/CCFCGIS3/index.asp). A wide range of information is available including community risk factors (e.g., high rates of inadequate prenatal care or teenage births); community characteristics (e.g., number of children aged 0 to 5, nature of low-income population and racial/ethnic diversity); community resources (e.g., hospitals, elementary schools, offices of doctors providing prenatal, obstetrical or pediatric care); as well as information on government boundaries and sites and transportation information.

Housing and Urban Development also has an interactive GIS Website that allows users to choose any location in the U.S. to gather information on community resources such as entitlement communities, anti-crime projects, economic development projects, housing, homeless and HIV/AIDS projects, infrastructure projects, planning and administration projects, public facilities projects, and senior and youth programs (Website: http://hud.esri.com/egis/). Such information can be extremely valuable not only for program planning but also for identifying community partners with whom to collaborate.

In addition to collecting quantitative data through databases and GIS Websites, it is also crucial to assess the needs and strengths of residents by talking directly with neighborhood residents. For instance, when first implementing the Harlem Children’s Zone, the staff spoke directly with residents to determine what types of programs and services were needed and wanted by the community. The following is an example of their efforts:
We had to do a lot of investigation of the neighborhood. We went in and did an assessment of the community and a visioning process. We needed to talk about the issues and bring in residents . . . we did a lot of legwork—going out and asking questions in the community. We then took our findings back to the community and got feedback from them and their feedback helped to shape the programs.

In MC Oakland, the following is an example of the emphasis placed on meeting with residents, as well as key stakeholders, to determine how programs could strengthen families and neighborhoods:

Phase one focused on building relationships and figuring out if the MC point of view and principles resonated with people in the neighborhood. This phase lasted three years and we held meetings in the neighborhoods and made connections with County elected officials.

Gaining the perceptions of residents about community needs is both an important information collection strategy and a mechanism for building relationships with the community.

Collaborations and Partnerships Are Key

Delpeche et al. (2003) note that integrated services require partnerships that are clearly structured and strategic in nature. Collaborations with other agencies or key stakeholders create a more stable and comprehensive service delivery system based on identifying and addressing gaps in services. Additionally, strong collaborations can also be effective in wielding political power to effect change in the targeted neighborhoods.

Collaborations are a key component within the MC and HCZ programs. HCZ also works with the public school system and county social service agencies. MC Oakland operates programs through a collaborative of agencies and also actively seeks partnerships with city and county agencies. MC sites emphasize collaboration among existing community agencies in order to create sustainable change. The goal of the 10-year Casey Foundation commitment is to build sufficient local capacity to be able to operate without MC staff or money by maintaining the responsibility for programs in the hands of the community agencies and the residents.
Buy-In from the Community Is Crucial

Without the support and involvement of residents, integrated approaches are unlikely to succeed. Fleischer and Dressner (2002) note that respected and well-known community-based organizations help to establish trust and credibility and need to be involved in planning and implementing integrated approaches. Indeed, staff from the HCZ reported that their success in implementing an integrated approach was related to the fact that they had been working in the Harlem community since 1970 and had considerable credibility among community members. Similarly, MC Oakland staff commented: “It’s very important to have buy-in from the neighborhoods.” In addition, each MC site needed to tailor their effort to the unique attributes of the city and neighborhood culture. MC Hartford noted, “MC requires input from residents. Existing organizations need to shift their traditional way of thinking by developing partnerships with residents to find out what that particular neighborhoods needs. We need to be co-creators with residents.”

Outreach, Recruitment and Leadership Development of Community Members

A key feature of MC and HCZ is their strong emphasis on outreach and recruitment of community members into programs and program planning. The staff at the HCZ noted that a core feature of their program is a “hands-on, grassroots approach” of going door-to-door in order to inform residents of the programs and promote participation in community affairs as well as the services offered. The staff at MC Oakland also noted that they have invested heavily in community organizing to encourage resident participation. The staff at MC Des Moines noted the following:

We looked for guidance from the ground up as opposed to top-down leadership laying out a structure. This process led to some confusion and fuzziness of program implementation. These conversations helped us gain the trust of residents and increased their involvement. It was an effort to change the way people fight poverty.

A common theme among MC sites was a focus on fostering resident-driven neighborhood change efforts through leadership training and community organizing skill development. Several MC sites imple-
mented community leadership programs in which residents receive training on a wide variety of leadership issues (e.g., grant writing, working with city and county officials, public speaking, etc.). Other research suggests that leadership development within neighborhoods is an important strategy for strengthening families and communities and can increase the credibility of organizations, while also fostering a sense of hope among residents (Delpeche et al., 2003). Each MC site created their own variation of resident leadership development.

Implement a Tracking System to Measure Outputs and Outcomes

In addition to organizational and programmatic issues, it is also crucial a tracking system is developed to measure outputs and outcomes of the integrated neighborhood and family approaches. Effective tracking systems can improve service provision and program management, as well as provide a mechanism to track program progress and outcomes (Fleischer & Dressner, 2002). Within MC sites, not only is data useful to gauge the success of MC programs, it is also utilized ‘on the ground’ in the target neighborhoods. The staff at MC Hartford noted: “We partner with agencies that provide our residents with participatory action research skills. We use the data to inform policy makers.”

CONCLUSION

Rather than focusing services solely at the micro-level of the family or solely at the macro-level of the neighborhood, promising practices are increasingly reflecting a more holistic approach that brings together these two levels of intervention. Services that address micro issues, such as unemployment, lack of assets, health problems, parenting difficulties and educational challenges can also address macro issues such as neighborhood crime, public disorder, lack of affordable housing, and lack of neighborhood resources and opportunities. To truly address the multiple and complex challenges facing low-income families living in troubled neighborhoods, practitioners and policy-makers must work to improve a wide range of factors simultaneously.

This description and analysis of the structure and process of promising practices of integrated approaches can serve as a foundation for the redesign of public and nonprofit social service agencies that seek to improve services for low-income families living in poverty neighborhoods. A long-term strategy is needed to address the complicated
relationship between poverty, place and family. The framework for the
design of an integrated family and neighborhood program is intended to
serve as a starting point for organizations seeking more comprehensive
approaches to the problems facing low-income families and poverty
neighborhoods. This multidimensional approach of sustained commit-
ments to neighborhoods and families can lead to greater family eco-
nomic self-sufficiency, healthier children and parents, and more vibrant
neighborhoods.

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