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Citizen Participation in Neighborhood Organizations in Poor Communities and its Relationship to Neighborhood and Organizational Collective Efficacy

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Collective efficacy describes residents' perceptions regarding their ability to work with their neighbors to intervene in neighborhood issues to maintain social control and solve problems. This study examines whether citizen participation in neighborhood organizations located in poor communities is related to neighborhood and organizational collective efficacy among residents. The results indicate that the more residents participated in their neighborhood organization, the greater their level of organizational collective efficacy, but not neighborhood collective efficacy. The results of the current study will help support social workers and other community practitioners understand how to effectively facilitate citizen participation in ways that enhance collective efficacy in poor communities. Implications for social work practice and research are discussed.

Keywords: neighborhood collective efficacy, organizational collective efficacy, citizen participation, neighborhood organizations, poor communities, community practice, community level research

In recent years, there has been a revitalization of community-based social work strategies that seek to enhance citizen participation and build the capacity of residents to address problems in poor communities (Johnson, 1998; Schorr, 1997; Weil, 1996). These strategies have been used to confront a variety of issues, including those that pertain to at-risk youth, unemployment, affordable

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housing, crime and safety, and urban blight (Chaskin, Brown, Venkatesh & Vidal, 2001; Murphy & Cunningham, 2003).

Citizen participation is the active, voluntary involvement of individuals and groups to change problematic conditions in poor communities, and influence the policies and programs that affect the quality of their lives or the lives of other residents (Gamble & Weil, 1995). Citizen participation has enhanced the effectiveness of community-based social work strategies by strengthening resident participation in democratic processes, assisting groups in advocating for their needs, and building organizational and community problem-solving resources and capacities (Chaskin, et al., 2001; Johnson, 1998; Schorr, 1997; Weil, 1996).

Despite the potential of citizen participation, the barriers to facilitating it can be substantial, including the multiple demands on an individual's time. Wandersman and Florin (2001) argue that a major resource of small voluntary organizations, such as neighborhood organizations, is the participation of its members, including their time and energy which must be mobilized into active involvement and performance of tasks. Therefore, it is important that residents believe they have the capacity to make a difference. Collective efficacy is a term used to describe residents' perceptions regarding their ability to work with their neighbors to intervene in neighborhood issues to maintain social control and solve problems (Wandersman & Florin, 2000). Collective efficacy is a broad term and can be conceptualized as both a neighborhood and organizational process. Neighborhood collective efficacy is defined as the connection of mutual trust and social cohesion along with shared expectations for intervening in support of neighborhood social control (Sampson & Raudenbush, 1999). Organizational collective efficacy is defined as an organization or group's perception of its problem-solving skills and its ability to improve the lives of its members (Pecukonis & Wenocur, 1994). While there is considerable research demonstrating the positive effects of neighborhood collective efficacy on neighborhood conditions, including crime and safety (Sampson, Morenoff & Gannon-Rowley, 2002; Sampson & Groves, 1989; Rankin & Quane, 2002), less is known about the connection between citizen participation and neighborhood and organizational collective efficacy (Chavis, Florin, Rich
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This study examines whether the active involvement of residents in grassroots neighborhood organizations is related to perceptions of neighborhood and organizational collective efficacy among residents in poor communities. It helps to fill a gap in current research by analyzing citizen participation as a potential social mechanism contributing to collective efficacy. The results of the current study will help to support social workers and other community practitioners understand how to more effectively facilitate citizen participation in ways that enhance collective efficacy in poor communities.

Theoretical Framework and Prior Research

A major goal of social work practice has been empowering individuals to promote feelings of self-esteem, efficacy, and competency in individuals, organizations, and communities (Itzhaky & York, 2002). Social workers engage residents in neighborhood organizations to enhance their individual psychosocial well-being as well as their collective capacity to strengthen the systems in which they reside, particularly their often difficult neighborhoods (Checkoway, 2001). Social work practice in poor communities has been informed by theories of self efficacy, and more recently collective efficacy. Theories of collective efficacy build on and are closely related to Bandura's (1982) theory of individual self efficacy, which explored an individual's belief in or self-judgment about his or her capabilities to organize and execute actions necessary to achieve desired goals. Bandura's (1989) theory of self efficacy suggests that residents who have strong beliefs in their capabilities approach potential stressors with the assurance that they can exercise some control over them, including addressing the problems often found in poor neighborhoods. Theories of self and collective efficacy help social workers understand the relationship between residents' perceptions of their individual and collective abilities and their involvement in neighborhood organizations.

Neighborhood Collective Efficacy

Sampson and Raudenbush (1999) propose an analogy between individual self efficacy and neighborhood efficacy in that
both refer to the capacity for achieving an intended effect; however, at the neighborhood level, the shared willingness of local residents to intervene for the common good depends on conditions of mutual trust and cohesion among residents. Sampson and Raudenbush also argue that residents are not likely to take action in neighborhoods where people mistrust each other and the rules are unclear. Collective efficacy, therefore, is “the linkage of cohesion and mutual trust with shared expectations for intervening in support of neighborhood social control” (Sampson & Raudenbush, pp. 612-613). Sampson (2004[b]) explains that just as self efficacy is situated relative to a particular task, collective efficacy also takes place relative to specific tasks, including maintaining public order. Furthermore, the key causal mechanism in collective efficacy theory is social control, which is acted upon under conditions of social trust (Sampson).

Prior research demonstrates the positive effects of neighborhood collective efficacy, including social control and trust, in poor communities. An early study by Sampson and Groves (1989) found that aspects of neighborhood social organization, including high levels of local participation in organizations, expectations for informal social control, the ability of residents to guide the behavior of others toward prosocial norms, mutual support for children, and the density of local friendship networks worked against criminal deviance. In their comparative longitudinal study of Chicago neighborhoods, Sampson, Raudenbush, and Earls (1997) found that neighborhood collective efficacy was linked to reduced violence and delinquency. Rankin and Quane (2002) found that youth were more likely to form positive peer attachments in cohesive neighborhoods with high levels of neighborhood collective efficacy where parents shared responsibility for social control. Finally, Elliott and colleagues (1996) showed that the effects of neighborhood disadvantage on the developmental outcomes of adolescents were largely mediated by the level and form of neighborhood organization. They found that higher levels of informal control in a neighborhood (i.e. respect for authority, social control, mutual respect, neighborhood satisfaction and bonding) resulted in lower adolescent behavioral problems and association with
delinquent youth, and higher personal efficacy and educational expectations (Elliott, Huizinga, Sampson, Elliott & Rankin).

Organizational Collective Efficacy

Pecukonis and Wenocur (1994) define organizational collective efficacy as an organization or group's perception of its problem-solving skills and its ability to improve the lives of its members. They argue that efficacy embraced by a collective "provides a unique structural arrangement that allows individuals with common needs to combine and maximize their efforts toward a common end" (Pecukonis & Wenocur, p. 14). A key component of collective efficacy is shared beliefs about a group's collective power to produce desired results (Bandura, 2001). The willingness of members of a community organization to engage in challenging activities, such as addressing decaying housing or crime, is positively associated with their perceptions of their problem-solving skills and their ability to produce positive outcomes for the community (Pecukonis & Wenocur). Therefore, the perceived efficacy of collective action is important for maintaining as well as initiating citizen participation in community organizations (Perkins & Long, 2002).

Citizen Participation and Collective Efficacy

There is small but growing body of research demonstrating the relationship between citizen participation in various types of community organizations and neighborhood and organizational collective efficacy. Chavis and his colleagues (1987) found that block association members were significantly more likely than non-members to have expectations of collective efficacy (i.e., defined as thinking that they can solve problems by working collectively and expecting residents to intervene to maintain social control). Moreover, members of block associations were also significantly more likely to engage in collective (as opposed to individual) anti-crime efforts than non-members. Sampson (1997) found that neighborhood collective efficacy was significantly and positively associated with organizational participation, along with friendship and kinship ties and the presence of neighborhood services. Finally, Perkins, Brown, and Taylor (1996) found that
perceived organizational collective efficacy/civic responsibility and community attachments were consistently and positively related to participation in grassroots community organizations at both the individual and block levels of analysis.

The above studies indicate a relationship between citizen participation in block associations and neighborhood collective efficacy, organizational participation and neighborhood collective efficacy, and participation in grassroots community organizations and organizational collective efficacy. Similar to Perkins et al. (1996), this study examines citizen participation in grassroots neighborhood and community organizations. This study adds to existing research by examining citizen participation as a social mechanism through which both neighborhood and organizational collective efficacy are facilitated in poor communities.

Methods

Procedures

This study utilized a cross-sectional design to survey members and participants of nonprofit neighborhood organizations located in four different neighborhoods in metropolitan Pittsburgh. All four neighborhood organizations were located in poverty areas, defined as by the U.S. Census Bureau as census tracts where 20% or more of the residents are poor (Bishaw, 2005). The overall purpose of these four neighborhood organizations was to improve problematic conditions, and influence policies and programs that affect the quality of life in the neighborhood. All four neighborhood organizations had locally controlled boards (i.e., composed of residents and community stakeholders) and a membership base of at least 50 to 100 members. These organizations worked to improve the conditions in their neighborhoods through various community initiatives, including beautification projects, community planning, social and recreational activities, community newspapers, affordable housing, business and economic development, crime prevention and safety, youth development, leadership development, and residential block organizing.

A non-random sampling procedure was utilized in which all potential resident members and participants of the four neighborhood organizations were asked to fill out the survey. The survey
was distributed door to door, at organizational meetings, and through the mail to 231 resident members and participants of the neighborhood organizations targeted for this study. The overall response rate was 54%, with a total of 124 respondents from the four neighborhood organizations who completed the survey. The response rates from each of the four neighborhood organizations individually were 39%, 51%, 53%, and 72%. The most effective data collection method was door-to-door (76% response rate), followed by organizational meetings (62% response rate), and then through the mail (26% response rate). Surveys were mailed to potential respondents only after they were not accessible at organizational meetings or by going door-to-door to their homes.

Sample Demographics

All of the respondents were residents of poverty areas, with the poverty rates in the four neighborhoods ranging from 24% to 38% in 1999 (USCSUR, 2002). In other words, all of the respondents, whether or not they were poor themselves, resided in poverty areas. As indicated below, approximately one quarter of the survey respondents had either poverty or near poverty level incomes.

Because this study was completed in 2004, it uses the poverty thresholds for that year. The 2004 poverty threshold for a two-person household was $12,334, and for a two-person household with one child it ranged from $12,971 [65 years and older] to $13,020 [under 65 years old] (U.S. Census Bureau, 2004). The average household size for survey respondents was 2.3 persons. Overall, 8% of survey respondents had poverty level incomes at $10,000 or less a year, and 16% had very low incomes between $10,001 and $20,000 a year. Based on the survey questions in the current study it is not possible to determine exactly which respondents fall under the 2004 poverty thresholds; however, the data indicate that 24% of respondents had poverty or near poverty level incomes. Among the remaining respondents, 24% earned between $20,001 and $35,000, 15% earned between $35,001 and $50,000, and 35% had incomes over $50,000 a year.

More than half (59%) of the survey respondents were Caucasian, and 39% were African American. Sixty-two percent were female, and almost all respondents were registered voters (97%).
The average age of respondents was 58 years old, and 41% were over the age of 65, which may help to explain the fairly large percentage of respondents who were also retired (40%). Another 40% were employed full-time. The majority of survey respondents were homeowners (81%); however, the value of their homes was quite low, with almost half (48%) reporting that their homes were valued at $50,000 or less. Furthermore, respondents were very stable residents, having lived in their neighborhoods for an average of 34 years. Almost half of the respondents were married (49%), and the average household size was 2.3. The majority of respondents had some form of higher education, with 32% having a graduate or professional degree, 18% a college degree, and 25% some college. About a quarter of respondents had a high school degree (19%) or less (6%).

Measures

The survey instrument was seven pages and included and/or adapted the following scales which have been used in prior studies to explore neighborhood collective efficacy, organizational collective efficacy, and participation in neighborhood organizations. Please see the Appendix for a list of the items included in the measures in the current study.

Neighborhood Collective Efficacy. Neighborhood collective efficacy was measured using a scale developed by Sampson and Raudenbush (1999) in their study of Chicago neighborhoods. The neighborhood collective efficacy scale combined two subscales. The 5-item informal social control subscale asked residents the likelihood, on a scale from 1 to 5, 1 meaning “very unlikely” to 5 meaning “very likely,” that their neighbors can be counted on to do something if: “children were skipping school and hanging out on a street corner,” and “the fire station closest to their home was threatened with budget cuts.” The social cohesion/trust subscale contained 4 conceptually related items that asked residents how strongly they agreed on a scale from 1 to 5, 1 meaning “strongly disagree” to 5 meaning “strongly agree,” with the several statements including: “People around here are willing to help their neighbors,” and “This is a close-knit neighborhood.” The relia-
Citizen Participation and Collective Efficacy

bility for the 9-item neighborhood collective efficacy scale in the current study was .85.

Organizational Collective Efficacy. The measure for organizational collective efficacy adapted a scale developed by Perkins and Long (2002) in their study of block associations in New York City. The 8-item scale in the current study asked respondents how likely on a scale from 1 to 5, 1 meaning “very unlikely” to 5 meaning “very likely” that their neighborhood organization could accomplish several goals, including: “Improve physical conditions in the neighborhood like cleanliness or housing upkeep,” “Get people in the neighborhood to help each other more,” “Reduce crime in the neighborhood,” and “Develop and implement solutions to neighborhood problems.” The reliability for the organizational collective efficacy scale in the current study was .99.

Citizen Participation in Neighborhood Organizations. Two measures were used in the current study: participation level and participation in decision making. The scale measuring participation level was adapted from the following three studies: York’s (1990) 3-item organizational participation scale; Perkins and Long’s (2002) 8-item citizen participation index; and additional items developed by Perkins and his colleagues (1990). In the current study, respondents were asked, on a scale from 1 to 5, 1 meaning “never” to 5 meaning “often,” how often in the past year they had participated in various organizational activities and functions, including attending meetings, actively participating in discussions, working for the organization outside of meetings, serving as a member of a committee, serving as an officer or as a committee chair, recruiting new members, and serving as a representative of the organization to other community groups. The reliability of the 11-item participation level scale in the current study was .95.

Itzhaky and York’s (2000) scale measuring participation in decision making was used in the current study. Respondents were asked to indicate how involved they were in the neighborhood organization by checking one of the following items: (1) I take no part at all; (2) I play a passive role; (3) I participate in relaying information; (4) I carry out various tasks at the instruction of the staff and/or board (note: this study added “and/or board” to this
Results

Descriptive statistics were used to generate the means, medians, standard deviations, and skewness for the key variables in the study. Bivariate correlations were used to analyze the relationships among the key study variables. Hierarchical multiple regression analyses were used to examine the relationship between the citizen participation and collective efficacy measures, controlling for neighborhood organization, race, age, and education.

Descriptive Statistics

Table 1 displays the descriptive statistics for the key variables in the current study.

The mean for neighborhood collective efficacy in the current study was 3.36, and the mean for organizational collective efficacy was 3.74 (on a scale from 1 to 5). The organizational collective efficacy scale was negatively skewed, and was transformed by squaring it. The descriptive results demonstrate that respondents had fairly neutral views about their neighborhoods' collective efficacy, and more positive views regarding the collective efficacy of their neighborhood organization.

Respondents’ level of participation in their neighborhood organization was 2.99 on a scale from 1 to 5, signifying that respondents were engaged in the organization at a moderate level. The mean for participation in decision making was 3.53 on a scale from 1 to 6, indicating that respondents also participated in decision making at a moderate level, from relaying information to carrying out various tasks at the instruction of the staff and/or board.

Collective Efficacy and Participation in Neighborhood Organizations

Bivariate results. Table 2 displays the results from the bivariate analyses.
Citizen Participation and Collective Efficacy

Table 1

Descriptive Statistics for Key Study Variables

<table>
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<th>Median</th>
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* Transformed variable measure

Table 2

Correlations among Citizen Participation & Collective Efficacy

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<th>PDM</th>
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<td>.31**</td>
<td>.26**</td>
<td>.50**</td>
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</table>

*p < .05; **p < .01; two tailed

Participation level was not significantly associated with neighborhood collective efficacy \([r (117) = .16, p = .09]\), but it was significantly associated with organizational collective efficacy \([r (117) = .31, p < .01]\). Furthermore, participation in decision making was not significantly associated with neighborhood collective efficacy \([r (113) = .11, p = .25]\), but it was significantly associated with organizational collective efficacy \([r (113) = .26, p < .01]\). The results also demonstrate that neighborhood and organizational collective efficacy were also significantly correlated with each other \([r (116) = .50, p < .01]\).

Multivariate Results. Hierarchical multiple regression was conducted to analyze the relationship between citizen participation in neighborhood organizations and both measures of collective
efficacy, controlling for neighborhood organization, race, age, and education. The primary researcher controlled for neighborhood organization in the multivariate analyses by creating three dummy variables representing the four neighborhood organizations in the study, using one group as the referent group.

The assumptions for conducting the multiple regression analyses were also examined and met. No cases were eliminated, the examination of the histograms revealed normal distributions for all of the analyses, and examination of the residual plots revealed that the assumption of linearity was also met. Furthermore, both the Tolerance and VIF statistics indicated that multicollinearity was not a problem in the regression analyses.

Table 3 displays the results from the hierarchical multiple regression (HMR) analyses.

The primary researcher examined whether or not participation level and participation in decision making contributed to neighborhood or organizational collective efficacy. For neighborhood collective efficacy, $R = .24, R^2_{adj} = -.02, F (8, 96) = .72, p = .67$, and for organizational collective efficacy, $R = .41, R^2_{adj} = .10, F (8, 96) = 2.39, p < .05$, indicating that the model was not significant for neighborhood collective efficacy, but was significant for organizational collective efficacy. Furthermore, the $R^2$ change for organizational collective efficacy was significant indicating that participation level and participation in decision making as a block significantly contributed to organizational collective efficacy, and the amount of variance explained by this block was 10%. Upon review of the coefficients, participation in decision making was not significant; however, participation level was a significant individual contributor to organizational collective efficacy ($\beta = .323, t (96) = 2.15, p < .05$).

Discussion

**Summary and Discussion of Results**

The results indicate that the more residents participated in their neighborhood organization, the greater their level of organizational collective efficacy, but not neighborhood collective efficacy. The correlations demonstrated that the citizen participation
Table 3
HMR for Citizen Participation and Collective Efficacy Measures

<table>
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*p < .05; **p < .01

measures (i.e., participation level and participation in decision making) were significantly associated with organizational collective efficacy, but not with neighborhood collective efficacy. The multivariate results demonstrated that the citizen participation measures significantly contributed to organizational collective efficacy, accounting for 10% of the variance. Furthermore, participation level individually influenced organizational collective efficacy; however, participation in decision making did not.
The more residents were involved in various activities and functions of their neighborhood organization, the greater their perception of their neighborhood organizations' collective ability to solve neighborhood problems, and get people in the neighborhood to know one another and work together. Pinderhughes (1983) uses the ecological framework to suggest that the powerlessness of individuals and families living in poor communities can only be addressed through empowerment strategies whereby residents can influence the external environment to reduce destructive forces and work with systems outside the family, including community organizations, to improve their difficult and poor environments. Furthermore, in the current study, residents' perceptions of their neighborhood organizations' collective ability to solve problems was fairly high. As Bandura (1982) points out, residents' perceptions of their collective abilities can influence what they choose to do to address difficult problems, the amount of effort they exert, and their staying power when their efforts fail to produce intended results. In other words, when residents have a greater sense of their own collective agency and power, they are more likely to persevere as problems get more complex and difficult to solve.

Bandura (2001) also points out that a key component of collective efficacy is shared beliefs about a groups' collective power to produce desired results. It is important to note that in the current study, there was a strong positive association between organizational and neighborhood collective efficacy. In other words, the more positive residents' perceptions of their organization's capacity to produce intended results, the more positive their perceptions of their neighborhood's capacity to intervene in support of neighborhood social control. In the same study, Ohmer (2004) also found residents' perceptions of their organization's actual accomplishments and successes, particularly in achieving tangible community improvements (e.g., increased safety, improved housing and business conditions), influenced their perceptions of both neighborhood and organizational collective efficacy. The more positive residents' perceptions of their organization's actual accomplishments in improving areas such as safety and housing, the more positive their perceptions of their neighborhood and organization's collective capacity to solve problems now and in
the future. Therefore, it is important for social workers to engage residents in ways that develop their sense of collective efficacy, and their ability to make tangible community improvements such as increasing neighborhood safety, affordable housing and other resources.

The results indicating no relationship between citizen participation and neighborhood collective efficacy are somewhat disturbing, particularly given the linkage between neighborhood collective efficacy and crime reduction (Sampson, Raudenbush & Earls, 1997). There is limited research analyzing the social mechanisms through which neighborhood collective efficacy is effectively facilitated in poor communities. The prior studies discussed in this article examined two forms of citizen participation, one which found that participation in small scale block associations was associated with neighborhood collective efficacy (i.e., see Chavis, et al., 1987), and the other by Sampson and Raudenbush (1999) which found that organizational participation was associated with neighborhood collective efficacy. However, these studies did not examine the level or extent of involvement in these organizations and whether or not increased involvement led to increases in neighborhood collective efficacy. The current study examined the frequency (i.e., participation level) and extent (i.e., participation in decision making) of involvement in neighborhood organizations and neighborhood collective efficacy. Neighborhood collective efficacy is a fairly new concept in social work and has not been studied extensively. Because of its importance in reducing crime and violence (Sampson, et al., 1997), social work practitioners and researchers should continue to develop and examine strategies for facilitating neighborhood collective efficacy in poor communities. Potential social work practice and research strategies for facilitating and analyzing collective efficacy are discussed below.

Implications for Social Work Practice

The results of the current study demonstrate the importance of engaging residents in local neighborhood organizations to help them develop the confidence that they can address difficult neighborhood problems through organized collective action. Social work and community development practitioners have developed
clear and deliberate strategies for building the capacity of neighborhood and community organizations and fostering a sense of organizational collective efficacy among residents who are actively involvement in such organizations (i.e., see Chaskin, et al., 2001; Checkoway, 2001; Murphy & Cunningham, 2003; Rothman, Erlich, & Tropman, 1995).

Facilitating neighborhood collective efficacy, on the other hand, may require the exploration and development of different strategies that specifically focus on building the kinds of relationships necessary for social control to be activated. While residents may develop trusting relationships and social networks with residents who are fellow members of their neighborhood organization, they may not know other non-involved residents, including neighbors on their own block. Furthermore, practitioners have spoken of an “us against them” mentality that can develop in areas with strong neighborhood organizations, where involved residents see themselves as the solution and non-involved residents are viewed as part of the problem. Social workers and other community practitioners, therefore, need to focus on strategies that facilitate social networks and build trust among residents and their neighbors, whether or not they are involved in the local neighborhood organization. Practitioners need to help involved residents build bridges to non-involved residents and to see non-involved residents as valuable when they support the goals of mutual trust and social cohesion along with shared expectations for intervening in support of neighborhood social control. For example, Sampson (2004[a]) has said crime reduction can be as simple as knowing the names of neighbors and their children.

Sampson (2004[b]) also points out that trusting relationships and social networks among residents help to foster the conditions under which collective efficacy may develop; however, they are not sufficient for social control to be exercised. These relationships and networks must be acted on to be “ultimately meaningful” (Sampson, 2004[b], p. 108). Therefore, community-based strategies must provide residents with opportunities to activate social networks and trusting relationships so that residents feel they can intervene when local youth are hanging out on street corners, or when public services are cut, such as a fire station closing on their street.
Facilitating both organizational and neighborhood collective efficacy and capacity are essential to helping residents address difficult conditions in poor neighborhoods. Sampson (2004[b]) argues that strong neighborhood organizations are able to foster collective efficacy through their capacity for social action and their ability to connect and collaborate with other organizations in the neighborhood to address issues, such as garbage removal and school improvements. In fact, a community's capacity to solve problems is directly related to the individual capabilities of community residents, as well as the connections to and commerce with external systems of which the community is a part (Chaskin, et al., 2001). Furthermore, community capacity operates through the agency of individuals, organizations, and networks of relations designed to perform particular functions that enable a community to perform successfully (Chaskin, et al., 2001).

Local neighborhood organizations are a potential vehicle through which social workers can build community capacity and facilitate neighborhood and organizational collective efficacy. However, deliberate strategies must be incorporated into the organization's overall agenda to build relationships among neighbors, develop strong organizations capable of addressing community-wide issues, and facilitate trust and social control among neighbors, including those not currently involved in the organization. For example, building leadership, using community organizing to engage residents and key external resources, and fostering collaboration among community organizations can help facilitate strong neighborhood organizations and build community capacity (Chaskin, et al., 2001).

Neighborhood organizations could also sponsor block-level activities to build connections with and among neighbors, including block-level organizing, crime watch groups and projects which help residents turn vacant lots into community gardens. For example, in the Kansas City Building Blocks program, community development corporations hired community organizers to work block-by-block to generate commitment and nurture relationships with and among residents (Kansas City LISC, n.d.). The community organizers assisted residents in creating a vision/collaborative plan for their block, and developing projects to make
that vision a reality, including forming crime watch groups, shut-
ting down crack houses, developing community gardens, and reha-
bilitating dilapidated housing. Jeff Spivak (1997) reported in
the *Kansas City Star* that the program helped to "revive relation-
ships like those in bygone days when neighbors looked after each
other, before drug dealing and gunfire drove them off their front
porches" (p. A11). It is important for social workers to incorpo-
rare block-level relationship and capacity building strategies into
community-based efforts to facilitate neighborhood collective ef-
ficacy in poor communities.

**Limitations of the Current Study**

While the results of the current study contribute to the un-
derstanding of citizen participation and collective efficacy, there
are several limitations. Prior studies on neighborhood collective
efficacy have used more sophisticated research designs, including
the use of nested designs and hierarchical linear modeling where
individuals are nested within ecologically defined groups, such
as neighborhoods and structural characteristics, such as poverty,
are expressed as aggregate-level measures (Sampson, et al., 2002).
Nested designs allow the explicit modeling of the variation be-
tween and within groups (i.e., neighborhoods or organizations)
(Coulton, Korbin & Su, 1999). The current study is limited to the
analysis of the perceptions of individuals, and the data was not
analyzed at the organizational and/or neighborhood level.

Another weakness of the current study is that it used a cross-
sectional design. Cross-sectional studies have limited internal
validity, thereby affecting the confidence that the results of a
study accurately depict a causal relationship (Rubin & Babbie,
2001). One of the ways that researchers attempt to improve in-
ternal validity is by "attempting to rule out the plausibility of
rival hypotheses by controlling for alternative variables through
multivariate analyses" (Rubin & Babbie, 2001, p. 323). Therefore,
the primary researcher for the current study controlled for several
variables (i.e., demographics and neighborhood organization) in
the multivariate analyses that could also have influenced the key
study variables.

While the high response rate in the current study allows the
participating organizations to generalize their findings to their entire membership, the findings are not generalizable beyond the study population. However, similar types of neighborhood organizations working in poor communities in urban areas may use the results as a benchmark for measuring citizen participation and collective efficacy in their own organizations. A major strength of the current study is the reliability of the measures, which can be used in future studies analyzing citizen participation and collective efficacy in poor communities.

**Implications for Future Research**

While the results of the current study did not demonstrate a relationship between participation in neighborhood organizations and neighborhood collective efficacy, future studies could examine other forms of citizen participation to determine if they contribute to developing mutual trust/social cohesion and social control in poor communities. For example, future research could examine the impact of social work interventions on the development of neighborhood collective efficacy in poor communities, and individual and community level outcomes, such as crime and delinquency. Social work practitioners and researchers could explore, develop and implement community-based strategies that may be particularly effective in facilitating neighborhood collective efficacy such as the block level organizing program described above. Researchers could simultaneously analyze whether or not neighborhood collective efficacy developed through these strategies influences community level outcomes such as crime and disorder.

In summary, the current study adds to the existing quantitative research on community practice by analyzing the relationship between citizen participation in neighborhood organizations and neighborhood and organizational collective efficacy in poor communities. The results can help social work and other community practitioners and researchers as they develop and analyze strategies to build collective efficacy in poor communities. The results of this study may also be useful in understanding how social work strategies might facilitate collective efficacy and affect individual and community level outcomes.
Appendix
Measures Used in the Current Study

Neighborhood Collective Efficacy

(a) Informal social control: Scale: from 1 (very unlikely) to 5 (very likely). The following are things people in your neighborhood might try to do. For each one, indicate how likely your neighbors could be counted on to do something if . . .

1. children were skipping school and hanging out on a street corner
2. children were spray painting graffiti on a local building
3. children were showing disrespect to an adult
4. a fight broke out in front of their house
5. the fire station closest to their home was threatened with budget cuts

(b) Social cohesion/trust. Scale: from 1 (strongly disagree) to 5 (strongly agree). Please indicate how strongly you agree or disagree with each of the statements below:

1. People around here are willing to help their neighbors
2. This is a close-knit neighborhood
3. People in this neighborhood generally don’t get along with each other
4. People in this neighborhood do not share the same values

Organizational Collective Efficacy

Scale: from 1 (very unlikely) to 5 (very likely). The following are things a neighborhood organization might try to do. For each one, indicate how likely it is that (name of neighborhood organization) can accomplish that goal.

1. Improve physical conditions in the neighborhood like cleanliness or housing upkeep
2. Get people in the neighborhood to help each other more
3. Persuade the city to provide better services to people in the neighborhood
4. Reduce crime in the neighborhood
5. Get people who live in the neighborhood to know each other
6. Increase decent, affordable housing in the neighborhood
7. Improve the business district in the neighborhood
8. Develop and implement solutions to neighborhood problems

Citizen Participation in Neighborhood Organizations

Participation Level: Scale: from 1 (Never) to 5 (Often). We would like to know what kinds of things people have done with (name of neighborhood organization). In the past year, how often have you . . .

1. Attended organizational functions and activities
2. Actively participated in discussions
3. Attended meetings of the organization
4. Done work for the organization outside of meetings
5. Served as a member of a committee
6. Served as an officer or as a committee chair
7. Helped organize activities (other than meetings)
8. Tried to recruit new members
9. Tried to get people out for meetings and activities
10. Served as a representative of the organization to other community groups
11. Worked on other activities for the organization

Participation in Decision Making. How involved are you in (name of neighborhood organization)? (Check One)

1. I take no part at all
2. I play a passive role
3. I participate in relaying information
4. I carry out various tasks at the instruction of the staff and/or board
5. I participate partially in planning, decision making and implementation
6. I am a full partner in planning, decision making and implementation
References


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