

The State of Organizing and Engagement work in Massachusetts Community Development Corporations



AN MACDC REPORT
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History and Context

The current MACDC Strategic Plan, adopted by the MACDC Board of Directors in September 2018, identified five core priorities for the organization, including to “build the power and voice of lower-income people and people of color to shape the future of their communities and their own lives.” To inform our work toward this priority, the plan called for us to take a fresh look at the state of community organizing and community engagement work in Massachusetts CDCs. This report has been well informed by an 11-member Project Advisory Committee and a series of interviews and focus groups with over 30 staff and community leaders from Massachusetts CDCs, as well as with several other practitioners in the field. It is intended to present some findings about the current state of community organizing and engagement work among Massachusetts CDCs, but even more importantly to serve as a springboard for further discussion and possible implementation of new ideas through a variety of venues within MACDC.

Community engagement and organizing is a central part of the origin story of community development corporations (CDCs) in Massachusetts and across the country. The first CDCs in Massachusetts emerged in the late 1960s in response to Urban Renewal and other threats to low-income neighborhoods in Boston and across the country. Community residents, business owners and leaders organized to fight plans to demolish housing and businesses and displace low-income residents. These grassroots, community-led organizations saw real estate development and affordable housing ownership as a way to institutionalize community power and to channel real estate revenue back into the community.

In the mid-late 1970s, then state Representative Mel King led efforts to create state policy, infrastructure, and funding to support the expansion of the CDC model across the state. These policies and programs sparked the creation of dozens of CDCs from the late 1970s to early 1990s in communities across the state. However, while some of these “second generation” CDCs were created by community residents at the grassroots, many were formed by existing social service agencies or municipal leaders as a way to better serve the community. Legislation updating the CDC enabling statute in 2010 created more flexibility in the definition – resulting in a number of existing non-profits becoming certified as CDCs. While the new certification process created more accountability through a state certification process, the result is that we have tremendous diversity among the 63 state-certified CDCs when it comes to organizational history, culture and practice in the area of community organizing and engagement.

MACDC itself has had a long-standing commitment to supporting community organizing within our members going back to the creation of the Rianne Hadrian Initiative for Community Organizing (RHICO) program in the mid-1990s. We actively encourage CDCs to go beyond the minimum requirements of DHCD when it comes to board representation and we successfully advocated for the Community Investment Tax Credit (CITC) program to put a large emphasis on community engagement, organizing and collaboration. Indeed, CITC was designed specifically to encourage and help CDCs implement programs and ideas that emerge from the local community, with less emphasis on what funders want and more emphasis on the views of local residents. The Mel King Institute, founded by MACDC and LISC in 2009, has also offered a wide range of trainings and professional development support to community organizers in our field.



Introduction

"Build the power and voice of lower income people and people of color to shape the future of their communities and their own lives."

~ MACDC Strategic Plan, 2018-2023

The first priority in the Massachusetts Association of CDCs (MACDC) 2018-2023 Strategic Plan describes the critical importance of community power as a core value of the community development movement, and the related importance of community organizing, leadership development and other work with community leaders and members to building that community power. The assumptions here are that the very existence of a CDC in a community offers a source of power through which community residents can make change, and that it matters the extent to which CDCs engage those community residents to both make for a powerful CDC as well as for the residents themselves to feel like they are part of that power source. Acknowledging that CDCs operate in a wide-range of communities – from urban to suburban to a collection of small rural communities – each CDC can nevertheless carry out a solid community engagement plan that will both strengthen the CDC and provide a source of strength to its community members.

In Massachusetts, definitions of what it means to be a CDC have been encoded in state statute since the late 1970s, originally in Chapter 40F and since 2010 in Chapter 40H of the Massachusetts General Laws. Chapter 40F and the former Community Enterprise Economic Development (CEED) program criteria included among the measures of a CDC's qualification that the organization had a bona fide way to demonstrate that it derived its community economic development plan in some fashion from community members themselves, and that it was accountable for its performance back to those same community members. For a decade now under the newer Chapter 40H, the Mass. Department of Housing and Community Development (DHCD) officially certifies qualified CDCs, again based in part on the CDC's ability to demonstrate the involvement of community residents in multiple ways in determining and conducting the CDC's business. You can learn more about DHCD's certification program for CDCs on its website.

Considering how central community engagement is to the work of CDCs, MACDC has spent significant energy over the decades working with its CDC members to advance the skills and practices involved in doing community engagement and organizing well. For about a dozen years, from 1996-2008, MACDC focused intensely on this aspect of CDC work through the Rianne Hadrian Initiative for Community Organizing (RHICO). MACDC's annual GOALS Survey, and the resulting GOALS Appendix Report, reveal that today approximately half the 63 state-certified CDCs have departments devoted to some form of community work with over 70 staff members with job titles indicating they work full-time in community engagement and organizing.

It is essentially by definition that community development corporations – CDCs – are community-based organizations that engage in economic development projects and programs in their communities. The community-based nature of CDCs is what sets them apart from other nonprofit developers and social service providers who do not have, nor do they claim to have, such a community-driven basis for their work. Yet, how best for a CDC to be community-based – and even whether having a community base is essential to the work - has been debated robustly over the decades since CDCs first entered the nonprofit landscape in the 1960s.



Why the debate? Because there are multiple ways to engage members of any community, and because there are wide-ranging opinions about the best and most effective ways to carry out that work. Sometimes, though not always, the question boils down to “should CDCs engage in community organizing work?” - which is often expressed as “can/should you bite the hand that feeds you?”, usually asking whether you can do battle with city hall while also accepting funds from the city. There’s a history to that question and, again, a wide range of opinions, but fundamentally the question involves the extent to which organizing activities will bring about conflict for the CDC and whether or not the CDC wants to and is able to manage that conflict. Proponents will argue that CDCs are in business to bring about community change and if that involves conflict, then so be it. Others will argue that if organizing will bring about conflict that impedes the development part of the CDC’s mission, then the trade-off is not worth it.

One premise of this report is that successful community engagement work is not automatically the same thing as engaging in successful community organizing work. Community organizing can involve the use of conflict strategy and tactics – what some would call “Alinsky-style” organizing (See *People Power* by Aaron Schutz and Mike Miller, chapter 2 for a good account of Alinsky and his work). Some CDCs would prefer to avoid such conflict and, to the extent they consider organizing work, adopt a different approach. On the other hand, any successful community engagement must involve interaction with members of the CDC’s target community such that it helps to build their sense of agency and influence in their community and their own lives. However, since community organizing work in CDCs historically carries connotations of conflict and confrontation that some CDCs may want to avoid, we will consider such work to be one form of community engagement along a spectrum.

There are three main reasons for CDCs to carry out good community engagement:

1. Good community engagement helps to build a powerful membership for the CDC that in turn helps the CDC to deliver on some of its other goals, such as building affordable housing and assisting local small businesses;
2. Community engagement is the best way to ensure that CDCs have strong ongoing feedback loops that ensure that the CDC is focused on the most important issues and problems in the community; and
3. Community engagement through the CDC helps to build the power, voice and civic skills of those members who actively participate, which will not only benefit the CDC’s work but also enable those members to use the skills they learn through the CDC’s work to actively participate in and influence the community in arenas beyond those directly engaged by the CDC.

The key points that the report elaborates on are:

- The work of engaging community members is fundamental to the mission and identity of CDCs. There are, however, a variety of ways to conduct community engagement and different schools of thought about the best way for CDCs to go about their engagement work;
- There are specialized skills and practices involved in community engagement and organizing work;
- There is a spectrum of community engagement work that runs from no active participation of community members to very active participation. Active participation can be achieved through community organizing, but also can be achieved by CDCs who choose not to engage in direct organizing;
- Training at all levels – for staff working in engagement or organizing to community leaders to CDC management staff and boards of directors – is key to successful community engagement work;
- Mentorship and opportunities for peer cohorts are very important to the training and development of staff working in engagement and organizing;
- Community organizing and engagement work can be accompanied by tensions and conflict, sometimes with city officials, so that CDCs should prepare for how best to manage through such conflicts when they arise.

The Community Engagement Spectrum

In order to break down and consider various modes of community engagement work, it's helpful to think of this work along a spectrum. Such a spectrum can help CDCs identify where their work in community engagement lies today, but also may help them with aspirational goals to advance their work along the continuum. While the spectrum described below is not necessarily linear, and while CDCs may deploy different modes in varying circumstances, it does help to have a common language that delineates different modes of working in a community rather than generalizing everything as "engagement" or "organizing".

In our research for this paper, we found that practitioners in a number of fields are now utilizing a spectrum of engagement work that ranges from simply informing community participants (or not informing residents at all in cases where no engagement is taking place) to a definition of "community-driven." One such example is ["The Spectrum of Community Engagement to Ownership"](#) developed by Rosa Gonzalez of Facilitating Power. The intention of such spectrums is to delineate practices that move from the most passive to the most active engagement of community residents – what Gonzalez calls "community ownership." And in Massachusetts the Metropolitan Area Planning Council (MAPC) has an entire [department devoted to community engagement](#), offering a range of services and training to nonprofits, government agencies and others.

Drawing from the most common department and staff job description titles utilized among Massachusetts CDCs, as well as from information gleaned from MACDC's annual GOALS reports, we can suggest the following categories for the Community Engagement Continuum, which may also be plotted along a spectrum:

a. Resident Services – Many CDCs, in particular those with larger rental housing portfolios, provide services to the CDC's tenants where the tenants themselves largely function as service recipients. Because the service recipients are largely passive in this model, some might argue that Resident Services should not be one of the categories on this Continuum. It is included, however, because the CDC is clearly actively engaging with members of its community, even if those members themselves are relatively passive in that relationship. Some resident services coordinators consider their work a form of building community and social capital among residents and the work does help keep CDCs rooted in the lived experience of their residents.

A good deal of resident services work in CDCs focuses on meeting the immediate needs of those residents, sometimes in an effort to help them maintain their tenancies. Sometimes resident services will include offers to participate in planned social activities or maybe even help organize social activities themselves. However, some CDCs also proactively offer services to residents that are more individually empowering to those residents, such as financial coaching or jobs coaching. Offering residents services such as these enhance their confidence and sense of agency, and we can lead some of those residents to want to engage further with the CDC and its work.

Indeed, organizing work generally begins with relationship building and resident services can be an effective way to start building those relationships and identifying potential leaders in the community.

b. Community Engagement – MACDC CDCs engage community members by inviting them to participate in CDC activity beyond simply receiving services from the CDC. Even if the activities are limited to social activities sponsored by the CDC, the key difference here is that community members are invited to participate in planning and executing the activity itself, rather than just invited to attend. For CDCs with large housing portfolios community engagement might reasonably be limited to the CDCs' own tenants. For most CDCs this work will extend to all interested members of the CDC's target community.

Examples of engaging community residents to play a more active role in a CDC might include inviting interested residents to participate in a planning committee for the CDC's annual meeting or an annual social event; or inviting residents who take a new financial education class offered by the CDC to participate in a focus group to evaluate that class thereby helping the CDC make improvements.

c. Community Building – in Community Building work CDCs are intentionally working to knit together community residents engaged by the CDC into groups intended to engage in community development or social justice activities in the community.

One example would be "Neighbor Circles," a model developed at Lawrence Community Works (LCW) that continues to be deployed by LCW and other CDCs. In Neighbor Circles, neighbors are brought together through an intentional and facilitated process may choose to tackle something to improve their immediate neighborhood, such as street repairs. A different example of community building would be where a group of community residents brought together by the CDC initiates or actively participates in a crime watch due to the prevalence of crime in their neighborhood.

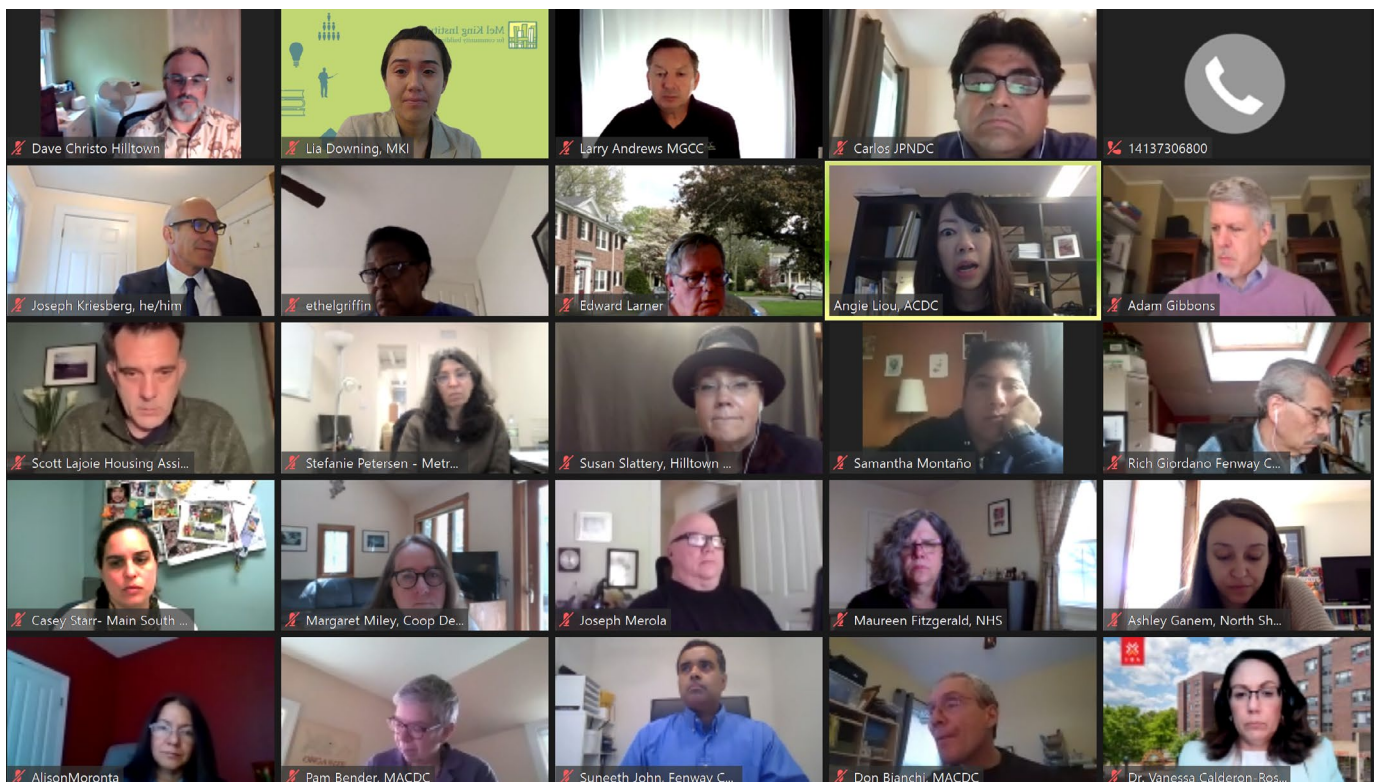
d. Community Action – While this title is not utilized extensively by CDCs, Community Action serves here to distinguish when the CDC is actively training and supporting its members to participate in one or more social justice or community development campaigns going on in the CDCs community, but where those campaigns are spearheaded by a coalition or an organization other than the CDC itself.

Several CDCs in Massachusetts have participated in campaigns for earned sick time and to raise the minimum wage led by Raise Up Massachusetts, offering guidance and support to members interested in those campaigns. Likewise, a number of CDCs in Boston provided training and support to members as those members, and the CDCs themselves, participated in a campaign to pass the Community Preservation Act. Of course, CDCs also take action as part of MACDC's advocacy campaigns and many times community residents participate in such events as MACDC's Annual Doughnuts with the Delegation campaign, or our annual Lobby Day at the State House and our Conventions.

e. Community Organizing – For purposes of this report, we define community organizing to be characterized by active strategy planning and decision-making by the CDC's own members about organizing campaigns, through some type of committee formed and staffed by the CDC. This can also involve coalition work but it would be one where community leaders identify the issue or campaign and work with organizers to build out a strategy and campaign plan. When CDCs do this work as part of a coalition, they typically have a process to develop the CDC's own positions on those coalition issues as an organized committee of CDC members.

The Somerville Community Corporation (SCC) offers one example. For 20 years SCC has organized and staffed the Affordable Housing Organizing Committee (AHOC). AHOC has led successful campaigns to increase the inclusionary zoning affordable housing percentage and the city's linkage fee. Following the same model SCC established its Jobs for Somerville Committee in 2010 which waged a successful campaign to implement a jobs linkage ordinance through state home rule petition. Each of these committees consists of community residents organized by SCC.

Practitioners who focus on community organizing seize opportunities with newly established groups or organizations that have not yet engaged in community organizing work to teach and use campaign planning early on, usually leading to internal goals set by the organization, such as reaching out to a certain number of people or establishing a timetable leading to a community event. For example, Bill Traynor and Frankie Blackburn use this approach with groups around the country in their work at Trusted Space Partners. Such an approach to campaign planning would benefit CDCs who are just beginning to consider community organizing campaigns of their own.



During the COVID-19 pandemic, CDCs and other community organizations have had to switch to Zoom and other virtual platforms to engage residents and community members.

CDC Governance and Community Input

It is generally assumed that CDCs are supposed to be accountable to and “owned” by their community. It would serve CDCs well to have a concrete set of measures that would demonstrate the effectiveness of the CDC’s accountability to its community. Among the measures that could be included are:

- Are low income members of the community on the board of directors and do they have a meaningful voice on the board?
- What mechanisms does the CDC have in place to ensure that low income board members can succeed in exercising their positions?
- What opportunities does the CDC offer for community residents to provide input into the CDC’s strategic plan? Can the CDC point to ways such input guided or even altered its plan?
- What mechanisms does the CDC have for ensuring ongoing feedback from residents as it executes its plan?
- What opportunities for meaningful participation in the CDC’s execution of its strategic plan are offered to community residents?

Community Engagement Is Serious Business

A ShelterForce article from February 2021 entitled “Community Engagement Can’t Be a Checklist” by Marisa Denker, Winslow Mason and Alicia Atkinson underscores the idea that there are better and worse ways for a CDC to engage with residents in its community. While there have been a number of efforts over the years to articulate the craft of community organizing, this piece argues persuasively that there are real skills and a set of values involved in carrying out community engagement as well, even if that engagement is not aimed at implementing an organizing campaign. Many of the skills and practices identified as effective community engagement mirror those taught to community organizers, such as:

- Building strong relationships
- Identifying and responding to inequities
- Active listening
- Meeting people where they are and working from there
- Identifying and supporting community leaders

In this article the authors assert, “Engagement is - or should be - a process that happens with a community, not for or on their behalf. It requires time, deliberation and a sustained and thoughtful strategy to achieve transformation as we confront a myriad of intersecting challenges and aspirations.” (*italics in original*) In order for a CDC’s community engagement work to proceed with “a sustained and thoughtful strategy” CDC staff members and leaders who are charged with carrying out that work need access to strong training and mentorship.

Core Competencies for Engagement and Organizing

MACDC, through the Mel King Institute (MKI), recently contracted with Sarah Horsley of Rising Sun Consulting to develop an Organizing & Engagement Core Skills Toolkit for professional staff working in community organizing and engagement. The Toolkit includes a chart describing six core competency areas, a tracking tool for those staff and their supervisors to track progress in developing and executing those skills, and a training and resource catalog regularly updated on the MKI website. This is an important step for the field of community organizing and engagement, where it can often be more difficult to chart a professional path than it is in the more “hard skill” areas of CDC work, such as real estate development or financial asset building. Work with community residents is sometimes wrongly seen as needing less-skilled or knowledgeable staff people – something that almost any motivated person can do. This is in part because it can be more elusive to quantify and measure results than it is to count units developed or numbers of small businesses directly assisted.

The effort to identify measurements for the core competencies involved in organizing and engagement work suggests that such work needs and warrants every bit as much professional development as do the other program areas in CDCs. The six areas for Core Competencies are defined as:

1. Commitment to Social Change
2. Building Relationships
3. Fostering Community Leadership
4. Conducting Campaigns and Initiatives
5. Program & Team Management
6. Staff Supervision

The Toolkit also asserts that organizational support from the CDC’s board of directors and executive staff leadership is critical to the success of the work and the ability of staff to succeed and grow, as is financial support for the work of organizing and engagement and the professional development of staff. Interviews with several engagement and organizing staff members reveals that they often feel their work is isolated from the rest of the CDC’s programs and projects.

Since some version of a community engagement plan must be a core part of every CDC’s work, it makes sense for MACDC and its member CDCs to follow up the Organizing & Engagement Core Skills Toolkit for organizing and engagement staff members with a comparable toolkit for CDCs’ overall community engagement planning and execution. Such a CDC community engagement toolkit would include guidance for the roles of a variety of CDC actors – executive directors and other staff members, board members, etc. – in addition to the role played by engagement/organizing staff members. This toolkit would also offer measures that CDCs can use to assess the competency of their overall community engagement work. Through the Mel King Institute, MACDC could offer training and peer sharing/learning for CDCs regarding their community engagement plans and work, training that could include CDC executive staff and board members as well as community engagement staff.

Training and Professional Development

Almost every interview conducted for this report involved the suggestion that training is critically important to the success of community engagement and organizing work. Staff members working in engagement or organizing also identified mentorship and organized peer sharing and learning as important to their professional development and success. Time after time staff members will say that they want to succeed, but they often feel they don't have enough guidance from the CDC's management and board concerning what success would mean for the work they're doing.

As stated earlier, community organizing and engagement work is harder to quantify and measure than some other CDC project and program work. In that sense the work itself is a bit more craft than science. There are real things to measure – such as numbers of new members and leaders activated, turnout at key events, numbers of leaders taking on new roles, and successes with campaign efforts. Nevertheless, these things are often not quantifiable in the same way as numbers of housing units built or small businesses assisted and difficult to compare or aggregate across organizations

Through the Mel King Institute, MACDC already conducts some workshops in community engagement and organizing, and provides support and referral to others. MACDC has also convened an Organizers/Engagers Peer Group for many years, a space where staff working in those areas of CDC work share and learn from each other. Finally, the Mel King Institute has contracted to conduct resident leader training for public housing residents for several years, and is now moving that model into training leaders who live in CDC-owned housing as well.





Based on several interviews and some research into the areas of training and mentorship, ideas to consider include:

- Training for a range of CDC actors – executives, board members, etc. – in “core competencies” for successful community engagement work;
- A structured mentorship program for staff working in organizing and engagement, perhaps modeled on the Mel King Institute’s existing Community Development Mentoring Program;
- A number of CDCs interviewed for this report, such as Lawrence Community Works, NewVue Communities, and The Neighborhood Developers, conduct leadership training programs for their members and community residents on a range of topics, and with a variety of styles and approaches. MACDC and the Mel King Institute could survey the community leadership training programs run locally by several CDCs in more detail and assess the value of coordinated statewide training for community leaders;
- Consider a more extensive training cohort model for staff organizers and engagers, run over several months and emphasizing learning from the work those staff members are conducting at their CDCs, as well as a rigorous basic training curriculum.

With respect to the last suggestion, the [Center for Community Leadership](#) (CCL) operated by the Association for Neighborhood & Housing Development (ANHD) in New York City offers one such model that could be reviewed and possibly adapted for Massachusetts. The CCL training cohorts include organizers working in CDCs alongside organizers working in other social justice organizations – another feature that can be considered.

It's (too often) About The Money..... and Sometimes About The Stature As Well

It is perhaps the worst kept secret of the CDC world that the work of community organizing and engagement is the most difficult to finance. There are few private foundations that are interested in making grants to support this work, and neither does the work of organizing and engagement fit well within the world of public contracting. In the cases of both public and private funders they are typically seeking more “hard” outcomes to measure for their dollars than is easy to identify in the work of community engagement. Some funders may also be reluctant to fund work that they consider too political or too radical – or even oppositional to their institutional interests. At the opposite end of the spectrum, those funders who do support grassroots organizing may consider CDCs to be too cautious, too mainstream or too well capitalized to be included in their funding portfolios. Another challenge is that some funders may well assume that the business of engaging the community is essentially what CDCs are, and not something they need to fund.

As CDC executives know well, the funding environment leaves CDCs to create their own strategies for financing whatever organizing and engagement work they are going to take on. This most often takes the form of assigning discretionary money to the work of community organizing and engagement, money that could just as well be assigned to meet another strategic objective of the CDC. Funding realities for community engagement and organizing was among the reasons MACDC successfully campaigned to create the Community Investment Tax Credit in 2012, as a vehicle for CDCs to dramatically increase their discretionary donor revenue. For most CDCs the other potential source of discretionary money derives from fees earned developing real estate – over and above the dollars needed to sustain the real estate operation itself – and CDCs know well that real estate fees ebb and flow with development projects. This financial reality can mean that financial support for the organizing and engagement work is there in good times but may go away when things get financially tight.

For the staff members working in organizing and engagement, the precariousness of the financial support leads to lower salaries, uncertain job stability, and diminished opportunities for professional development in their chosen field. Some organizing staff look to real estate development or some other skilled career path in CDCs that at least appear to be more financially stable and certain. In most cases, the staff members working in organizing and engagement are paid less than skilled staff members in other areas of CDC work, in many cases significantly less. The entirety of the financial underpinning of organizing and engagement work in CDCs serves to diminish advancement in this area of work, both for individual staff members as well as for the CDCs themselves.

One additional illustration of the “second class” status assigned to organizing and engagement work is that the lead staff members in those departments are often not included in the CDCs staff management structure, but are rather left to the same status as other line staff in the CDC. Whether a lead staff member in a CDCs engagement/organizing work is included in the staff management structure is one measure of the seriousness a CDC ascribes to its community engagement work.

Organizing Tensions

CDCs would be foolhardy to pretend that conflict and tension won't accompany its community organizing and engagement work. The easiest response when such conflict does arise is to eliminate the conflict by ceasing the organizing work that is leading to the conflict. The operating assumption here is a CDC should expect some conflict and tension to arise at times if the community work is succeeding. Advocates for organizing practice might even say that if a CDC isn't running into some conflict then it might not be pushing hard enough on justice and equity issues in its community.

The prudent thing for CDCs to do is to assume that tensions and conflict will arise. Some conflicts may arise with the mayor or other city officials, while others may be among members of the community or even internal to the CDC itself. For example, while the CDC may be supported by the mayor on its current development project, the mayor in turn may not like the CDC's push for better wages for low-income workers in the community because she or he fears backlash from local businesses. Likewise, organizing among residents in CDC-owned housing may lead to the surfacing of improvements in that housing those residents want addressed. You won't always know when and where but CDC executive staff and boards of directors in particular should be prepared to address and manage them where they do occur. Doing this well takes practice and preparation, and also necessitates having some organizational procedures and protocols in place. A few principles that can help at the outset:

- Understand that conflict and tension comes with the territory, but it coincides with the CDC carrying out its mission;
- Resist taking the easy way out by simply eliminating the organizing work that has led to some conflict; this will only exacerbate the tensions and damage any credibility the CDC has with the community
- Appreciate that getting some pushback from city officials or others in power can be a sign that the CDC is having an impact;
- Organizers and the committees of leaders they work with must understand and appreciate that they operate in an organizational context and not as "free rangers", meaning they need to accept that the CDC has to balance multiple priorities and relationships;
- When and where to take on situations that engender conflict for the CDC are organizational and strategic choices – it should not be assumed either that the CDC always takes on such challenges nor that it never does, but rather that the CDC takes them on strategically.

One example is when the Somerville Community Corporation board and staff decided in 2015 that the need to increase the City's inclusionary zoning percentage from 12.5 to 20 was so critical that the CDC could no longer wait for the City's long-awaited comprehensive zoning overhaul. Despite the wishes of the Mayor and his staff to wait, SCC proceeded and won the inclusionary zoning increase in 2016. Not only did the Mayor and SCC jointly celebrate SCC's newest affordable housing development together in late 2016 but the entire city government trumpeted the accomplishment of the increased inclusionary requirement. More recently, The Neighborhood Developers (TND) faced some internal tension around the question of support for stronger state rent regulation. The efforts to resolve that tension led to a comprehensive written internal process for deciding upon which policy issues TND would tackle.

CDCs are, by definition, nonprofits rooted in a community and charged with carrying out economic development work in that community. They were created to work with community members to improve their communities, not simply provide service and affordable housing for the community. With a decades-long, rich history in Massachusetts, CDCs have developed multiple approaches to engaging residents in their target communities. MACDC has focused significant energy on the community engagement component of the work carried out by its member CDCs, including the RHICO program.

Recommendations and Next Steps

This report set out to explore current strategies and issues in the community engagement work of CDCs in Massachusetts. The report's aim is to document some aspects of CDC community engagement work, offer up some common language to use going forward in further development of that work, and suggest some next steps that can be considered both by individual CDCs as well as by MACDC.

Among the key suggestions set out are:

For MACDC and The Mel King Institute:

- A "toolkit" for CDCs to use in their community engagement work would be useful to many, in addition to the toolkit for the professional development of community organizing and engagement staff members; case studies of community engagement projects and campaigns would also add value as part of this toolkit.
- Community engagement and organizing involves a specialized set of skills and practices that warrants professional development, training and mentorship; the work would also benefit from rigorous measurement that can include surveys and data such as MACDC's annual GOALS report.

For MACDC and CDCs:

- Financial stability, salary levels and status within CDC staff structure are important concerns for community organizing and engagement professionals; career pathways should be enhanced and pay increased.
- There is a spectrum of community engagement work that ranges from less active participation of residents to more active; CDCs should identify where their work lies on that spectrum, including different modes for different projects and when they might want to shift from one mode to another. These should be intentional and strategic choices.
- Good community engagement work can lead to stronger governance of CDCs by community residents, stronger participation from residents, and a base of strong advocates for the work of the CDC and the larger community
- While engagement and organizing can lead to some tensions and conflict for CDCs, those can be addressed and managed if CDCs are prepared to do that;
- Treating community engagement as a CDC practice to be constantly reviewed and improved by communities of practitioners will benefit not only those practitioners but also the CDCs for whom they work.

Beginning with an innovation Forum event, MACDC and its member CDCs will explore these and other ideas in the interest of continuing to enhance and grow the community engagement work of CDCs. This work will aim to continue seeing Massachusetts CDCs fulfill their historic mission of serving as sources of power and capacity for residents to control the destinies of their respective communities as well as their own lives.

Massachusetts Association of Community Development Corporations(MACDC)

Our Mission:

MACDC is a membership organization that seeks to build and sustain a high performing and adaptive community development sector that is supported by private and public investment and sound public policies. We advance racial and economic equity by creating healthy communities where everyone lives in housing they can afford, benefits from economic opportunities and can fully participate in the civic life of their community.

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