

**DEVELOPING  
A YOUTH  
TRAINING PROGRAM**

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## TABLE OF CONTENTS

	PAGE
Problem Statement	1
Project Goals	2
Methods	3
Results	6
Future Plans	8
Conclusions	9
Appendices	11

## **PROBLEM STATEMENT**

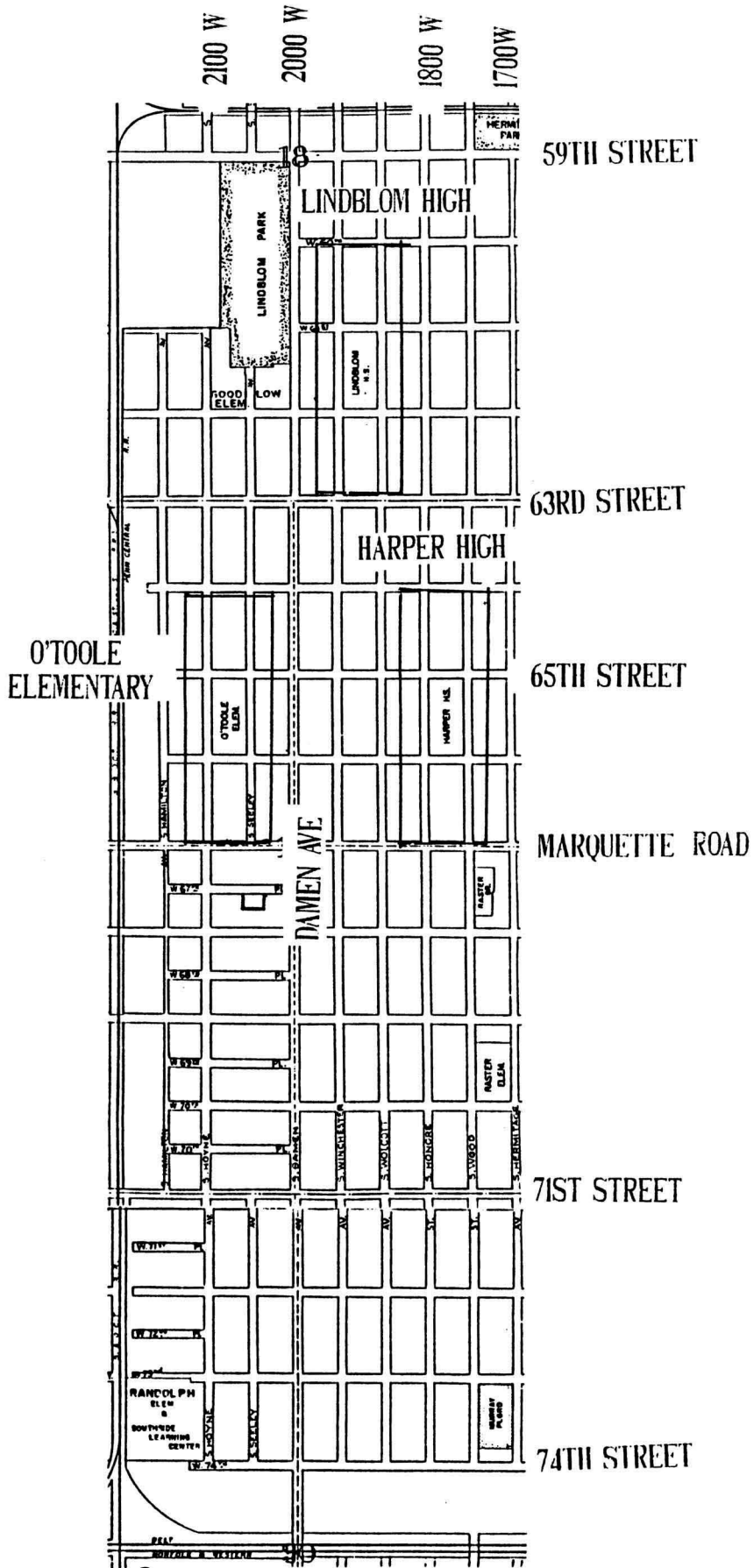
The West Englewood Community is an African-American, residential neighborhood on the southwest side of Chicago. According to the 1990 census, fifty-one percent of the residents are homeowners. Forty-one percent of the residents are employed, twenty-nine percent unemployed. The median household income is \$22,100 and thirty-two percent of the residents are living below the poverty level. The community has two public high schools, three public elementary schools and one private. There are also several churches of various denominations in the area.

There are few community centers in the area and even fewer community organizations and area block clubs addressing the issues of the neighborhood. Even though the residents have concern and a desire to change the existing situation, few have adequate community support and the necessary organizing skills.

I have worked in the community for six years as a staff person of the Neighborhood Housing Services (NHS) of Chicago. NHS has been working on the issues of housing deterioration and abandonment for over fourteen years, and the impact seems minimal. During my employ in West Englewood, I have learned about the resident concerns of neighborhood deterioration. The same issues have been raised continuously at block club meetings and seminars sponsored by NHS. The concern of most residents is not only in recognizing an issue but to resolve it also. The feeling is that a solution needs to be found immediately to prevent the devastation of the community.

Many residents feel the primary cause of abandonment and overall neighborhood deterioration is high drug and crime activity, which appear to be symptoms of unemployment and poverty. The drug activity causes the crime which causes the flight and fear of employed community residents.

Residents are also concerned with the decreasing public community centers and their children's attraction to the drug and crime culture. The majority of people seen participating in the drug activity on the streets are the youth, who have no constructive activity to fill their time. If nothing is done to redirect the activity of the youth, they will be lost to the glitter of the drug culture and will not be concerned about the development of the community.



WEST ENGLEWOOD NHS  
 SCHOOL YARD PARTNERSHIP

## PROJECT GOALS

NHS's goal is to work with community schools, residents and local businesses in order to stimulate community development. NHS's role is to finance the building and rehabilitation of houses; and it becomes difficult to find a direct way of assisting residents in their efforts to address community organizing concerns. However after continued discussions with the West Englewood NHS board and staff; a decision was made to restructure the staff and the board to focus on the issues at hand. NHS would not turn away from its original focus of housing development, but would divide its staff and board to allow an additional focus. The added focus would be on community development primarily around two high schools and one public elementary school. One NHS West Englewood staff person (myself), and half of the board was assigned this newly added focus. The three primary goals of this group are:

- 1) continue community revitalization efforts;
- 2) initiate community clean-up projects in the areas; and
- 3) market and push NHS lending programs in the areas.

The new focus nurtured discussions with the high school principals and several board members to create a construction apprenticeship program. NHS has agreed to assist the schools in the planning of the program. The NHS office would serve as a resource for property acquisition in areas of the West Englewood community surrounding the schools.

In December 1991, Dr. Barbara Pulliam, principal of Harper High, approached me for NHS's support in setting up a carpentry training program. My initial goal of the project was to assist Harper High in designing this program. My main objective was to help identify the required funding, curriculum resources, time lines for development, technical expertise needed, acquisition of buildings, administration needed, and number of apprentices. The principal's expectation was to began the program in the fall of 1992.

This program would serve as a catalyst in the process of assisting the residents in finding solutions by providing constructive activity for the youth. The program would not only develop the skill capacity of the students, but also increase their awareness of possible solutions to community deterioration. The youth would be able to participate in community revitalization, through their own carpentry skills developed in the training program. The program also has the potential for addressing some of the unemployment needs of the community as well.

The following schedule was my initial time frame for the project:

January 1992 -meet with the interested board members to

determine the extent of their commitment in the program design;

February 1992 -meet with the school principal to determine the extent of the school's role in the program design and implementation;  
-research libraries and government agencies to determine funding sources;

March 1992 -conduct a survey of the students to determine their personal level of expertise and interests;

April 1992 -use my own expertise to determine all roles needed for the success of the program and develop a job description for each role;  
-meet with several contractors who are willing and able to do supervision and/or training in the program;

May 1992 -complete program design;  
-present draft design to board members and school principal and make necessary revisions;

June 1992 -acquire first building;

My next steps through 1992:

1992 -conduct building searches to determine availability of properties for rehab.

The neighborhood map included in the appendices indicate the specific geographic areas surrounding the schools involved in the partnership.

## **METHODS**

In January through February 1992, some discussion of a training program with the committee has generated some interest but not enough directed participation. I have not been able to set a meeting with the Harper school principal at this time. I expected to have a meeting arranged by March, but this did not happen. The principal had commitments, so a meeting was set some time in April.

I then discussed the possibility of funding a training program with my director, she was very supportive and suggested I discussed the student wage arrangement with our central office. NHS has a contract with the Mayor's Employment and Training (MET or JTPA) program, to hire teen youth through the summer. I immediately met with our organization's contact and was successful in getting the

West Englewood office listed as a MET work site. This would provide necessary incentive to the students being recruited for construction training during the summer. This program also funds one adult coordinator per fifteen students.

I began the work plan for the training program (included in appendices). I listed the program goals and objectives which included interviewing process, determining work site locations, type of tools and equipment required, clarifying the tasks of the workers and the coordinator, daily time schedules and guest speakers (a handout from Marquette Bank is in the appendices) that would increase worker life and career awareness. Also included in the appendices, are two week samples of the weekly schedule I developed for review by the workers.

Four months into the year I experienced challenges in the project planning. The Harper High principal had been working to set up her own summer training program through the school. I had not recognize that as a reason for her disinterest, and I did not try to propose the program to the Lindblom principal earlier. This means my project has shifted from a partnership project to a NHS project.

Although I had discussions with several contractors who expressed interest in training, I had only verbal commitments at the time. I also was not able to find a property as a work site for the summer JTPA program. At this point I needed to shift gears and focus the youth activities in another area.

The only connection to the schools will be the location of the work sites, these are outlined in the appendix, which describes the program activities and locations. This design eliminates the need for a contractor or skilled trainer, since the work will be maintenance.

I developed an interview process for the summer youth workers and the coordinators. The interviewing for the summer program was conducted during April and May. The JTPA requires that the workers and the coordinator(s) be hired prior to June, so the names can be imputed into the employee files prior to program initiation in July. This had been the extent of my preparation work because at this same time, I was the coordinator of a major organizational volunteer project which is held on the first Saturday in June each year.

When April ended I had completed interviewing and selecting twenty-five youth workers between the age of 14yr - 16yr. I was concerned with the group dynamics because nineteen of the workers are male, however I decided not to be concerned since all workers appeared to be intelligent and ready for the summer.

I had also completed the interviews and selection of two

coordinators for the project. I had a difficult decision to make because all the candidates were good choices. I decided to set up a discussion group about my draft program design, to allow me the opportunity to observe the two candidates that seemed to interact easily with each other. I was comfortable with my choice.

I spent my entire energy monitoring the summer JTPA program, which was intense. Here are my observations of the program:

1. This was my first experience with managing this number of young people this summer, as well as the program itself.
2. The youths between the age of 14yr - 15yr, did not appear to possess the mature skills needed for working a daily job for long periods.
  - most of them were late at least twice a week;
  - they resented being corrected when their behavior was against the stated rules; and
  - they were reckless in handling equipment.
3. Most of the youths had a great need for social support. They had personal issues which impacted their ability to perform the job. These issues included homelessness, physical abuse, and substance abuse in the home.
4. As manager of the program I was not prepared for these issues; and neither were my coordinators.
5. Since I was not aware of the possibilities, the interviews I conducted with the youths did not bring these issues to the surface.
6. I later discovered from JTPA administrators that there were other offices that experienced more serious issues than our office. I do not think the Chicago JTPA program is structured to manage "youth at risk."
7. I would like to see a social development component added to the program which can address the issues that various offices encountered. The centers could then refer youth with issues to the family agencies available.

My purpose in utilizing the JTPA program was to create a pilot program. This provided an experience for me so I could modify the training, managing and service aspects of the school program. My experience this past summer was helpful.

The following is list of successes and the lessons learned from the pilot program:



### **Successes**

1. One youth from the summer moved on to complete high school in August. After her graduation she entered a trade school for business.
2. The seminars conducted this past summer were well received by the youth.
3. The youth completed eighty percent of their activities that were outlined.
4. Several of the youth expressed an appreciation in knowing a few simple activities that can change the "look" of a neighborhood.

### **Lessons Learned**

1. I learned some lessons regarding the issues facing youth in the West Englewood Community.
2. I learned that training youth on basic maintenance skills was a fairly easy task in terms of their abilities.
3. I also learned that managing youth requires certain creativity and flexibility. The adult coordinators were not able to cope with the changing personalities of the youth. This forced me to be more involved with the program than I expected.

### **RESULTS**

The past year of activity resulted in minimal ownership, by NHS board members and school principals, of the training program. The board thought it was a good idea but did not see it as a viable strategy that addressed youth activity. I believe this was due to their perceptions that the needs of the community overall must have immediate impact from an activity. My initial efforts of the project were not successful because I did not develop a process of developing ownership and input by key players. This process would have nurtured ownership by the board, other NHS staff, and the schools.

The program requires long term planning without a guarantee of positive results. The resistance to long term planning and testing has been a continual obstacle to creative strategies in solving the problems of West Englewood. This resistance is demonstrated by residents, community groups, and community institutions such as schools and churches.

In tackling the problem of redirecting youth activities, I now recognize the need for realistic skills assessment. It is important to determine the skills required by staff and volunteers in order for a program to be successful. This is also clarified when you first determine the training objectives of a program prior to initiation.

In January 1993, board ownership was generated through the year end planning process for the committee. Through the assistance of my director, an outside planner (First Chicago Bank) was brought in to facilitate a brainstorming and planning session for the next fiscal year (FY'94). After several meetings, the result was the forming of a sub committee assigned to develop an outline for a pre-apprenticeship training program. Two weeks after the sub committee was formed, Harper and Lindblom principals submitted a request (included) to NHS for support of their efforts in developing a technical preparation program.

Ownership by NHS board and the schools are being generated by their own interests and concerns, instead of my efforts to sell them on the idea. The NHS central office ownership is being generated through discussion with key staff responsible for acquiring property, and their process needs.

**Other obstacles to my initial project idea were:**

1. The project was too broad a stroke for the time frame. Designing a program prior to validating the idea with key people, is typical issue in community development.
2. The lengthy time frame in securing a title to a city foreclosed property for vacant buildings is 4mo - 9mo. This required early identification of properties.

**Lessons Learned:**

1. Projects should be defined with clear outcomes and benefits in order to explain and generate support from board and the schools.
2. Follow up with interested parties should be done in a timely manner. The principal had instituted her own summer program by May 1992.
3. Clear measurable goals are needed to determine effectiveness. Which includes a step by step process for progress with dates for each step.

## **FUTURE PLANS:**

1. Continue assisting Harper and Lindblom in the design of the training program.
2. Submit NHS's recommendations of the program to the two high school principals for their input at the next meeting (Tuesday, January 19, 1993).
3. Once all parties have shared feedback, and a final draft is completed; my next suggestion will be to do a feasibility study of the program. Date of completion would be April 1993.
4. The feasibility study can be done by myself and two other committee members and be presented to the total NHS board prior to presenting to the schools. Initial work should start by February 1993.
  - Presenting the idea to NHS prior to the schools establishes ownership of my organization to the picture;
  - Bringing the schools into the picture brings ownership and greater support of the school parents and the students.
5. A presentation will be made to the full board after the feasibility study is done. Any modifications to the study will be made at that time. (April 1993)
6. The property acquisition process starts in February 1993, when the feasibility study begins. I will work with the NHS central office in identifying the property. Completion due June 1993.
7. Conduct another pilot project for July 1993, in order to test out the program potential, utilizing successes and lessons learned from NHS's 1992 summer experience.
8. Based on the summer's experience make any adjustments to the program design and initiate at Lindblom and Harper in September 1993.
9. Later in the year (November 1993) I will present the idea of restructuring the training program into a business venture. I see this as the next step for the program. The feedback of the schools and the NHS board will determine the final outcome of this idea.
10. Develop an evaluation tool in August 1993 to facilitate program assessment during the remainder of 1993.

## CONCLUSION

One of the most promising markets in the construction industry appears to be the home improvement market. Expenditures for upkeep and improvement in 1990 were up 5 percent over 1989 totals.<sup>1</sup> The projections for selected residential maintenance and repairs in 1990 through 1995, is a steady 2 percent increase (using estimates in 1987 dollars).<sup>2</sup>

NHS has been working with Lindblom and Harper over the past two years in community clean up efforts. This program is being pursued as a natural extension of all three organizations experiences. Lindblom has been training high school students in woodshop and drafting for the past twenty years. Harper, although a beginner, has developed a drywalling and painting class in their 1992 curriculum. NHS has been in the construction development industry since 1976, with \$1 million in property rehabilitation in West Englewood.

The community benefits from this type of venture are vast; every abandoned property rehabilitated and sold strengthens the neighborhood; developing the capacity of students who also live in the community insures its future maintenance; providing job potential for high school students develops their sense of responsibility and vandalism is minimized.

Ownership of ideas, by the community residents and institutions, is an important issue of every organization involved in community development. A plan of action to clarify interests, concerns, ideas and establish acceptance, must be a necessary part of planning.

In the future I would sit down with the NHS board of directors and be sure issues, concerns and interests surrounding any project are discussed. I would develop a planning calendar that tracked the progress of activities. I would also build into the design an evaluation and check point process. This would minimize frustration of all parties around setbacks; since we would have opportunities to make adjustments and determine future progress.

I would also build in the planning process, a community forum

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<sup>1</sup> 1991 U.S. Industrial Outlook.

<sup>2</sup> Bureau of the Census and International Trade Administration.

component to involve the input of residents. This input process could began resident development in project planning. The input would also include assessments of obstacles incurred, adjustments to get around obstacles, suggestions for preventing set backs and obstacles. I also believe the primary mission of every project by a community group, should be community empowerment. The primary objectives would be the steps toward that empowerment