Collective Efficacy as a Key Context in Neighborhood Support for Urban Youth

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Abstract

Neighborhood context, including the physical and social environment, has been implicated as important contributors to positive youth development. A transactional approach to neighborhood asserts that place and people are mutually constitutive; negative perceptions of place are intrinsically bound with negative portrayals of stigmatized groups, including youth. Adult perceptions of neighborhood youth may contribute to an increased sense of alienation and youth antisocial behavior. This study uses street-intercept interviews with adults (N = 408) to examine the relationship between neighborhood conditions and adult support for neighborhood youth. A path model was used to examine the direct and indirect relationship of neighborhood constructs (safety, aesthetic quality, and walkability) on adult support for neighborhood youth. Neighborhood aesthetic quality and the walking environment were directly associated with adult support for youth, whereas perceived safety was indirectly associated. Collective efficacy partially explained these relationships. Findings support theorized relationships between people and places; improvements to neighborhood physical environment may directly impact resident adults' perceptions of neighborhood young people.

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Introduction

Supportive environments can help young people successfully complete developmental tasks (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002). Opportunities for youth engagement in prosocial activities with adults in supportive environments are also critical to behavioral health, as well as protective against risky behaviors (e.g., alcohol and other drug use, involvement in delinquent behaviors) (Miranda-Chan, Fruiht, Dubon, & Wray-Lake, 2016; Reynolds & Parrish, 2018; Van Dam et al., 2018). In addition to the influence of parents, the supportive role of "other" adults, sometimes referred to as non-parental adults, significantly contributes to young people's growth and development (DuBois & Silverthorn, 2005; Fruiht & Chan, 2018; Hurd, Tan, & Loeb, 2016; Raposa, Dietz, & Rhodes, 2017; Sánchez, Hurd, Neblett, & Vaclavik, 2017; Sánchez, Mroczkowski et al., 2017; Schwartz & Rhodes, 2016), despite their risk status (Van Dam et al., 2018). Non-parental adults are teachers, coaches, clergy, neighbors, or extended family through whom youth gain guidance, social support, role modeling, opportunities for skill building, and advocacy. Extant literature demonstrates the importance of non-parental adult support across developmental contexts, including the family, religious organizations, schools, and neighborhood involvements, (Hagler, 2018; Van Dam et al., 2018). With the growth of neighborhood effects research highlighting the importance of neighborhood context on youth outcomes (Bolland & McCallum, 2002; Dupéré, Leventhal, & Vitaro, 2012; Raposa, Erickson, Hagler, & Rhodes, 2018), there is a need for better understanding of the role of neighborhood non-parental adults where youth reside.

Non-parental adult support may be particularly important for minority youth growing up in economically disadvantaged resourced neighborhoods (Culyba et al., 2016; Raposa et al., 2018; Sánchez, Hurd et al., 2017; Sánchez, Mroczkowski et al., 2017). Previous research on residents living in economically disadvantaged racial/ethnic minority urban neighborhoods with high rates of crime has found that neighborhood support for youth was especially salient in mitigating risky youth behaviors (Hausman et al., 2009, 2013). Neighborhood residents describe motivation for such non-parental adult support as feeling responsible for youth in their neighborhood, wanting to set a good example, being present in the neighborhood and, at times, actively engaging neighborhood youth (Hausman et al., 2013). Neighborhood residents' support for youth is thus emblematic of the community's standards whereby adults take responsibility not only for youth well-being but intervene in youth problem behaviors.

The physical dimensions of the neighborhood may also affect how it is perceived (Mujahid, Roux, Morenoff, & Raghunathan, 2007; Sampson & Raudenbush, 2004), including perceptions of the adult support for youth. Neighborhood physical decay is characterized by vacant and abandoned lots, houses, and manufacturing buildings (Sampson & Raudenbush,

1999). Physical decay is often accompanied by acts of physical disorder, such as destruction of property and social disorder, such as public drinking and displays of violence (Sampson & Raudenbush, 1999). Also, residents who perceive greater physical and social disorder in their neighborhood report significantly greater concerns about neighborhood safety (Pitner, Yu, & Brown, 2012). In addition, adults who believe youth are engaging in social disorder report greater fear, seriousness of crime as a problem in the neighborhood, and increased personal risk for victimization (Austin, Furr, & Spine, 2002). This study builds on prior work by examining the neighborhood context of adult support for youth in under-resourced, mostly minority neighborhoods with elevated levels poverty, crime, and neighborhood disorder and decay in a large, northeastern U.S. city.

The Neighborhood Environment and Collective Efficacy

The neighborhood environment, including neighbors' interactions with one another, has been a focus of theory and research in community psychology since the field's inception (Sarason, 1973). Neighborhood environments often set the stage for interactions among residents (Aiyer, Zimmerman, Morrel-Samuels, & Reischl, 2015), and influence residents' attitudes and behaviors (Cantillon, 2006). The concept of sense of community, originally developed by Sarason (1974), and further elaborated theoretically and empirically by McMillan and Chavis (1986) and Perkins, Florin, Rich, Wandersman, and Chavis (1990), is a multidimensional construct that captures residents' sense of membership, influence, fulfillment of needs, and shared emotional connection to their neighborhood. For example, neighborhood affordances, or the availability of places to have one's needs for recreation, connection, and activity met are all connected to resident sense of community (Albanesi, Cicognani, & Zani, 2007; Cattell, Dines, Gesler, & Curtis, 2008; Lenzi et al., 2012). Also, dimensions of the physical environment, including pedestrian walkability, are associated with increased sense of community (Lund, 2002).

Sense of community is further conceptualized as a form of social capital (Perkins & Long, 2002), promoting civic engagement in local community life and institutions. For example, sense of community predicts resident participation in neighborhood block associations (Chavis & Wandersman, 1990) as well as the willingness of residents in a housing project to engage in conversations about teen problem behaviors, such as pregnancy, substance use, and violence (Bolland & McCallum, 2002). Prosocial neighboring behaviors (i.e., watching one another's children, borrowing food from a neighbor, talking to a neighbor about a problem) predict willingness to work with others to solve neighborhood problems (Bolland & McCallum, 2002). Other work also shows that neighboring behaviors may differ by group based on lived experience; for example, African Americans are generally more likely to engage in surveillance-type neighboring behaviors as compared to Whites who engage in more social neighboring (Nation, Fortney, & Wandersman, 2010).

Neighboring and sense of community are conceptually similar to collective efficacy, a construct that was originally developed in sociology but increasingly is a central focus in community psychology (Collins, Neal, & Neal, 2014; Garthe, Gorman-Smith, Gregory, & E Schoeny, 2018; Henry, Gorman-Smith, Schoeny, & Tolan, 2014; Madigan, Wade, Plamondon, & Jenkins, 2016; Stoddard & Pierce, 2015; Voith & Brondino, 2017). Collective

efficacy consists of social cohesion and trust among neighbors as well as neighbors' use of informal social controls to address problems in their neighborhood (Sampson, Raudenbush, & Earls, 1997). One aspect of collective efficacy is conceptually similar to sense of community (e.g., close-knit and trusting relationships among neighbors) and neighboring behaviors (e.g., watching out for one another's children).

Another aspect of collective efficacy is conceptually related to two other constructs relevant to community psychology, self-efficacy and empowerment; the latter a core construct in community psychology (Keys, McConnell, Motley, Liao, & McAuliff, 2017; Rappaport, 1981, 1987). Originally developed by Bandura (1977), self-efficacy refers to one's perceived personal capacity for agency to effect change (Bandura, 1977, 2018).[1] Empowerment is a process that operates at multiple levels—individual, organizational, community—whereby individuals exert control over their lives (Zimmerman, 2000; Zimmerman & Eisman, 2017). Importantly, at any of these levels, empowerment implies engagement with others to achieve goals (Perkins & Zimmerman, 1995). In this study, collective efficacy overlaps conceptually with both empowerment and self-efficacy to refer to neighbors' perceived agency to effect positive change in their neighborhood by using some form of informal social control. Numerous studies of collective efficacy have shown it to bolster individual and community well-being, despite the presence of physical disorder and decay, (Browning & Cagney, 2002; Cohen, Finch, Bower, & Sastry, 2006; Flórez et al., 2016; Sampson & Raudenbush, 1999; Ursano et al., 2014) as well as reduce health risk behaviors in adolescents (Fagan, Wright, & Pinchevsky, 2014).

Neighborhood collective efficacy also impacts aspects of adult–youth relationships. The seminal study of collective efficacy by Sampson et al. (1997) found that although neighborhood characteristics, including high resident mobility, accounted for significant variation in child social control, resident informal social control, one dimension of collective efficacy, mediated 50% of the effect of mobility on adolescent delinquent behavior. In another study of African American youth residing in low-income, high disadvantage neighborhoods, parental monitoring was found to be significantly higher in neighborhoods with increased resident reported collective efficacy, and nearly one-third of the variance in parental monitoring across disadvantaged neighborhoods was explained by collective efficacy (Rankin & Quane, 2002). Finally, how adolescents' perceived social opportunities within the neighborhood is related to higher levels of prosocial behavior (Lenzi et al., Dallago et al., 2009). Research has also shown a positive relationship between adults' perceptions of their neighborhood, including physical conditions and safety, and youths' engagement in civic and extracurricular activities (Duke, Borowsky, & Pettingell, 2012). Increased social connectedness may impart sustained positive effects; youth with increased involvement in organized community activities reported greater life satisfaction and lower substance use in young adulthood compared to their less involved peers (Eisman, Stoddard, Bauermeister, Caldwell, & Zimmerman, 2017; Scales et al., 2001).

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[1]Bandura (2000, 2018) also uses the term "collective efficacy" to refer to the perceived agency of a group to effect change, which he notes can be conceptualized as the aggregated perceived self-efficacy of group members or members aggregated perceptions of the group's efficacy. Our use of the term collective efficacy aligns with that defined by Sampson et al., (1997) which may be considered a subset of what Bandura calls collective efficacy.

Given the significance of neighborhood collective efficacy to promote positive dimensions of youth–adult relationships despite neighborhood structural disadvantage, we conceptualized collective efficacy as a mediator in the current study. Specifically, adult perceptions of neighborhood environment contribute to positive perceptions of neighborhood youth support. Conversely, perceptions of the neighborhood as unsafe, uninviting, hostile, and unattractive contribute to negative stereotypes about young people within these places. Since neighborhood factors, such as aesthetic quality, safety, and walkability shape residents' well-being, it is likely that adults' perceptions of their physical environment will impact their perceptions of neighborhood youth. Further, neighborhood collective efficacy is expected to enhance or distort this relationship.

Current Study

This study investigates the extent to which features of the neighborhood environment—perceptions of safety, aesthetic quality, walkability, and collective efficacy—influence neighborhood support for youth. We hypothesize that dimensions of the neighborhood environment will predict adult support for youth, such that assessments of neighborhood characterized by lower aesthetic quality, walkability, and safety will be associated with less support for youth. In addition, we hypothesize that collective efficacy, or the belief in stronger ties and social bonds between neighbors as well as the presence of informal social controls, will influence these relationships such that adult support for youth will be positively impacted by greater neighborhood collective efficacy. We also included systematic measures of observed neighborhood decay and disorder as controls in the model since perceptions of neighborhood conditions are influenced by individual characteristics (Jacobson, 2006), and such systematic observations provide an independent measure of neighborhood conditions (Sampson & Raudenbush, 1999).

Method

The current study is based on interviews conducted on designated street corners with adults residing in eight economically disadvantaged neighborhoods in North and West Philadelphia. We conducted these interviews as part of a comparative outcome trial to evaluate community health outcomes following the creation and installation of public murals (Tebes et al., 2015). The analysis used the baseline data from the evaluation. This study was reviewed and approved by both city and university institutional review boards.

Participants and Procedures

Interviews with Individual Residents—Participants (N = 436) were adult community residents living in seven economically disadvantaged city neighborhoods. Population characteristics of the neighborhoods were as follows: 59%–98% minority; 14%–24% under 18 years of age; 28%–53% living below the poverty level; 14%–22% unemployed; 24%–44% living in households earning less than $15,000 annually; and each neighborhood reporting a relatively high crime rate of 66–123 crimes per 1000 residents (Tebes et al. 2015; U.S. Census Bureau, 2016).

As shown in Table 1, interviews were conducted with 408 neighborhood residents from the seven neighborhoods surveyed. The sample was 62% male and 38% female; 78% self-identified as African American or Black and 14% as Latino/a or Hispanic, 8% White, and 1% or less Asian American/Pacific Islander or Native American. On average, residents had lived in the neighborhood for 17.7 years. Table 1 also shows that the racial/ethnic composition of residents interviewed was reasonably comparable to the neighborhood from which each neighborhood sample was drawn, but that males were overrepresented in all but one neighborhood.

Data were collected by interviewers trained to intercept neighborhood residents walking near designated street corners in each neighborhood. These street-intercept interviews were done in English or Spanish during the afternoon on weekdays and weekends and did not take place in inclement weather. Interviews were semi-structured, and participants were give a set of laminated response cards to assist in responding to questions or statements read by the interviewer.

Street intercept locations were identified in each neighborhood at three predesignated intersections separated by one-half to one mile. Interviewers first invited participants to take part in a brief interview about their neighborhood, and if the individual agreed to participate, the interviewer ensured that the individual was at least 18 years of age and a neighborhood resident who lived within a one-mile radius of the street intercept. Participants who consented to the interview were compensated with two local transportation tokens (about $3.60).

A total of 22 interviewers were used in the study, who ranged in age from 21 and 59 years. Of the 18 (of 22) who provided information about their race and ethnicity, four identified as Black, three Asian American, and 11 White; three were Hispanic, and three interviewers were Spanish speaking. In addition, 17 of the 22 interviewers were women and five were men.

Systematic Social Observations—Objective observations of neighborhood social disorder, physical disorder, and physical decay were conducted following the method developed for the Project for Human Development in Chicago Neighborhoods (PHDCN) (Sampson, 2012). Observations were conducted by four trained observers on block faces (one side of the street within a block) within a one-half mile radius of the three predesignated intersections at each site. Since no two neighborhoods were exactly alike, the configuration of blocks in each neighborhood determined which block faces were observed. Observers walked a mean of 20.2 blocks per neighborhood site, with a range of 13–27 blocks per site. Observations were made of block faces in the seven study neighborhoods and then aggregated by neighborhood at the block level. Whenever possible, neighborhood observations occurred near the same times, days, and seasons in each neighborhood. These observations were intended to provide an independent source of data on the neighborhood environment separate from resident perceptions of their neighborhood.

Measures

Neighborhood Environment—Three constructs: safety, neighborhood aesthetics, and walkability, were assessed using the Neighborhood Scales (Mujahid et al., 2007). In prior research, these constructs have been identified as neighborhood social determinants of health and well-being (Henderson, Child, Moore, Moore, & Kaczynski, 2016; Jackson, Newsome, & Lynch, 2017; Mujahid et al., 2008; Sallis et al., 2009). For each scale, responses range from 1 *(Strongly Disagree)* to 5 *(Strongly Agree)* such that higher scores indicate more favorable perceptions. *Perceived Neighborhood Safety* is a mean-based scale of three items ("I feel safe walking in the neighborhood day or night," "Violence is not a problem in the neighborhood," and "The neighborhood is safe from crime."). The scale demonstrated good internal reliability α = .73. *Neighborhood Aesthetic Quality* is a mean-based scale consisting of five items assessing residents' perceptions of the neighborhood, including streets (e.g., "There is a lot of trash and litter on the street in this neighborhood"), building quality (e.g., "In this neighborhood the buildings and homes are well maintained") and noise (e.g., "There is a lot of noise in this neighborhood"). The scale demonstrated strong internal reliability α = .81. Finally, *Neighborhood Walking Environment* is a mean-based scale of nine items assessing the walking environment (e.g., "It is easy to walk places in the neighborhood" and "It is pleasant to walk in the neighborhood"), the social environment (e.g., "I often see other people walking in the neighborhood"), and opportunities for physical activity (e.g., "Facilities in the neighborhood offer many opportunities for exercise"). The scale demonstrated good internal reliability α = .70.

Collective Efficacy—Collective efficacy was assessed using Sampson et al. (1997) scales for social cohesion and trust and informal social control. Item responses range from 1 *(strongly disagree)* to 5 *(strongly agree)* that higher scores indicate greater collective efficacy. Collective efficacy is an eight-item mean-based scale of the combined social cohesion and trust and informal social control subscales capturing residents' perceptions of the strength of social bonds between neighbors (e.g., "This is a close-knit neighborhood" and "People in this neighborhood can be trusted") and perceptions of informal social control, or how well neighbors monitor safety and care of one another and the physical environment (e.g., "If there was a fight and someone was being beaten, neighbors would do something" and "if children were spray painting graffiti, neighbors would do something"). The scale demonstrated excellent internal reliability α = .82.

Neighborhood Support for Youth—Perceptions of neighborhood youth support is a 21-item mean-based scale assessing how adult residents perceive the relationship between adults and youth in their neighborhood (Hausman et al., 2013). Items assess various aspects of support, including *mentorship* (e.g., "Adults provide direction and mentoring"), *youth leadership* (e.g., "Adults are willing to nurture youth leadership" and "Adults take youth ideas seriously"), and *positive interaction* (e.g., "Adults join in youth activities" and "Adults are present at youth events"). The scale demonstrated excellent internal reliability α = .92.

Demographic Covariates—African American and Latino/Hispanic race/ethnicity were used as covariates in the model. Participants were coded 0 = African American (76.6%) and 1 = Latino/a or Hispanic ethnicity (16%). Gender was coded 0 = Men and 1 = Women.

Neighborhood-level Covariates—*Observed social disorder* is comprised of six observations including "Are adults arguing, fighting, and acting hostile or threatening?" "Are adults loitering, congregating or hanging out on the block face?" and "Are people selling illegal drugs on the block face." *Observed physical decay and disorder* is a composite of the physical decay of residential and commercial buildings (badly deteriorated = 4), vacant lots and vacant houses with eight items of evidence of physical disorder including empty beer or liquor bottles visible in the streets, yards, or alleys; condoms on the sidewalks, in gutters, or street of the block face; needles, syringes or drug-related paraphernalia; graffiti; garbage, litter, or broken glass; cigarettes or cigar butts. Observations were aggregated at the neighborhood level, with each participant receiving the same score on the two dimensions observed. Intra-rater reliability for systematic social observations was very good ($K > 0.85$).

One-way ANOVAs were conducted to assess differences across neighborhoods in social disorder and physical disorder/decay. As expected, comparisons across neighborhoods revealed statistical differences in objective indicators of social disorder and physical disorder/decay; $F(6,554) = 348.05$, $p < .0001$ for social disorder and $F(6,554) = 205.06$, $p < .0001$ for physical disorder/decay. These systematic differences across neighborhoods were then controlled for in the subsequent path analyses.

Analytic Approach—We began with a preliminary analysis of the variables of interest. Cronbach's alpha for each study construct and inter-construct correlations were tested using SPSS 15.0. (IBM, Armonk, NY, USA) We then conducted separate path analyses to determine the direct and the indirect effects of safety, aesthetics, and walking environment constructs on our outcome when accounting for collective efficacy; this tested collective efficacy as a mediator of neighborhood characteristics on adult support for youth. Observed social disorder and physical disorder/decay were modeled as covariates, along with race and gender.

Analyses were conducted in Mplus version 7.0 (Muthén & Muthén) using full information maximum likelihood (FIML) estimation to handle missing data. Model fit indices include the χ^2, comparative fit index (CFI), Tucker-Lewis fit index (TLI), the Root Mean Square Error of Approximation index (RMSEA), and Standardized Root Mean Square Residual (SRMR).

Results

Descriptive Statistics and Correlations among Variables

Table 1 presents the demographic characteristics of individuals surveyed by neighborhood. Table 2 presents descriptive statistics (means and standard deviations) and correlations among study variables. The pattern of correlations was as expected; individual perceptions of neighborhood constructs, collective efficacy, and adult support for youth were all significantly positively associated. The systematic observations were also significantly and negatively correlated with each study construct, with only a few exceptions. As expected, individual perceptions of safety, aesthetics, and the walking environment were all negatively associated with both observed social disorder and observed physical disorder/decay.

Observed social disorder was also negatively and significantly correlated with individual-level perception of collective efficacy and neighborhood support for youth. However, the relationships between observed physical disorder/decay with collective efficacy and neighborhood support for youth were non-significant.

Path Model

A path model was computed to examine the direct and indirect relationship of neighborhood constructs on neighborhood support for youth, while controlling for the systematic social observations of neighborhood social disorder and physical disorder/decay. Figure 1 presents the standardized coefficients for the measurement model. The model fit the data well, with χ^2 (df) = 13.37, p = .02, RMSEA = 0.05; CFI = 0.98; TLI = 0.92; SRMR = 0.02. As anticipated, the aesthetic quality of a neighborhood and the neighborhood walking environment are both positively associated with neighborhood support for youth. Importantly, each of these are accounted for by neighborhood collective efficacy; that is, individuals who report a sense of cohesion and trust among neighbors and shared expectations of control are more likely to report support for youth. Similarly, positive rating of neighborhood walkability is associated with positive perceptions of youth–adult relationships. Collective efficacy also explains part of this association. Adult perceptions of safety were not significantly related to neighborhood support for youth. However, there is evidence of an indirect effect; adults who report greater perceived safety report higher levels of collective efficacy which, in turn, is positively associated with perceptions of neighborhood youth support. Taken together, neighborhood environment factors are significantly related to support for youth. Collective efficacy influences these relationships, pointing to the role of the overall social environment in strengthening ties between adults and youth in the neighborhood.

Discussion

In this study, we examined the relationships between adult perceptions of neighborhood aesthetic quality, walkability, and safety on neighborhood support for youth. As hypothesized, perceptions of the physical neighborhood environment impact how adults assess neighborhood support for youth. Collective efficacy partially mediates these relationships, demonstrating the link between perceptions of physical neighborhood, collective efficacy, and neighborhood support for youth even in the presence of observed physical and social disorder; all of which are malleable.

Community youth development initiatives that seek to physically transform neighborhood environments (e.g., civic engagement) may be a key strategy to impact residents' perceptions of their physical neighborhood, increase collective efficacy, and heighten youth sense of belonging and support in the community (McCabe, 2014; Sadler & Pruett, 2015; Zimmerman et al., 2017). Perceived safety, the psychological dimension of neighborhood, was not directly associated with support for youth. However, collective efficacy still exerted influence on this construct, and partially mediated an indirect pathway between safety and support for youth. Similarly, Booth, Ayers, and Marsiglia (2012) found that powerlessness,

social isolation and mistrust—all the counter of high collective efficacy—dampened residents sense of safety.

Neighborhood support for youth has been described by urban community members as the sense of responsibility residents feel for the youth in their community (Zimmerman, Bingenheimer, & Notaro, 2002), which has implications for positive youth development. Dimensions of neighborhood support for youth include adults setting a good example for behavior, having an adult presence in the neighborhood, and adults engaging in activities with youth (Hausman et al., 2009, 2013). As noted above, to our knowledge, this study is the first to examine the relationship between adult residents' perceptions of the built environment and neighborhood support for youth. Thus, our study contributes to the literature by testing a theorized model linking perceptions about the neighborhood physical environment to adult perceptions of support for neighborhood youth, after accounting for objective observations of physical decay and disorder and social disorder.

Neighborhoods have been implicated as key developmental contexts for youth; intersecting with youth's experiences in school- and community-based settings. Opportunities for engagement in prosocial and positive activities with adults is demonstrated to be a critical contributor to improved adolescent mental health, sense of belonging, and a protective factor against risky behaviors (e.g., alcohol and other drug use, involvement in delinquent behaviors) (Catalano et al., 2002). Community psychology centralizes the role of place, everyday settings, and the interaction of individuals with environment in human development. From a community psychology perspective, how adults perceive young people in their neighborhood is related, in part, to their own experiences within the neighborhood and sense of connection to place (Zeldin & Topitzes, 2002).

This study also suggests that adult relationships with youth may be sensitive to the connections adults report to their neighbors, particularly in disadvantaged neighborhoods. Such neighborhoods may have more limited opportunities for involvement in youth services such as afterschool programs and welcoming, youth-friendly spaces (Bryant & Zimmerman, 2003; DuBois & Silverthorn, 2005). Relatedly, this study's focus on informal adult relationships within neighborhoods, as opposed to the more formal relationships within neighborhood-based activities or programs, suggests that focusing on these information networks of adult support for youth may be a promising asset for positive youth development.

There are several limitations of this study. First, this study is limited due to shared reporter variance. Adults are reporting on their own perceptions of the neighborhood, collective efficacy and how they perceive youth. Shared variance has been shown to inflate correlations among study variables (Burk & Laursen, 2010). Relatedly, youth were not surveyed about their neighborhood. It is possible that youth would have different views about their neighborhood than adults. Future research should survey youth and investigate differences in perceptions between adult and youth residents. A third study limitation is that this study relies on cross-sectional data, limiting the ability to model causality. Finally, although systematic social observations of social disorder and physical disorder/decay were included in the analysis, a multi-level modeling approach would be a more robust method for teasing

out individual and neighborhood-level effects on adult support for youth. This would allow for community-level examination of study hypotheses.

A significant and growing body of research spanning multiple disciplines points to the salience of place, or the meaningful environments of everyday life, in shaping people's perception of themselves, their neighborhood and, importantly, others who reside in the neighborhood with them (Prince, 2014). Perceptions of one's neighborhood as a "good" and "healthy" place are bound up with how groups within the neighborhood are viewed. Groups that are stigmatized as "dangerous," "diseased," or "disruptive" are linked with stigmatized places (Anderson, 1999; Pattillo, 2003; Burton, Garrett-Peters, & Eason, 2011). Youth are often perceived as one of those groups. Attending to the physical landscape of neighborhoods can alter how young people relate to their neighborhood and effect how adults perceive and interact with them. Projects that promote community youth development underscore the powerful role of neighborhood engagement and civic works for mastery of age-appropriate skills and competencies. Youth's ties to place are a critical component of development. Although negative portrayals of place and people, particularly youth, are powerful representations with the potential to negatively impact youth development, so too are portrayals and beliefs about youth in neighborhoods as contributors. Place belonging for youth then becomes an especially important element of neighborhood–youth interactions. The basis of developing positive place attachment and belonging is accrued experiences of place as safe, supportive, and serving youth's developmental needs.

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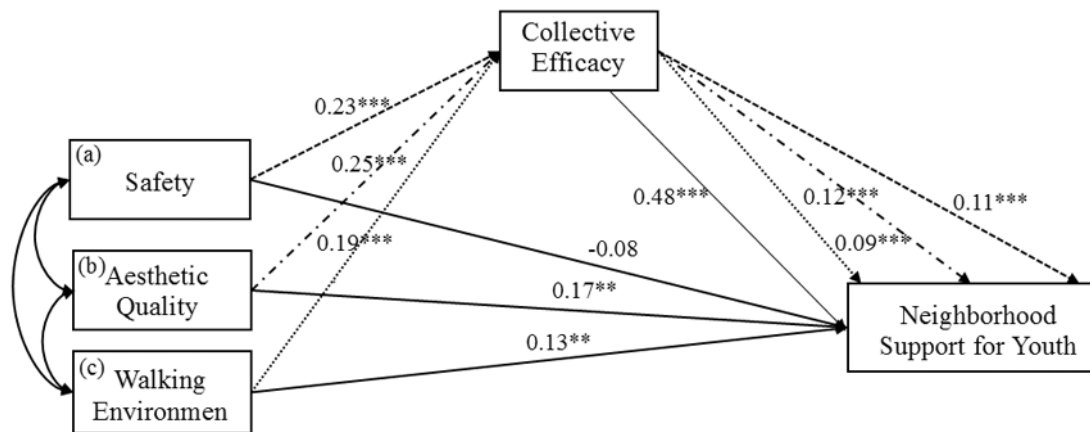
Fig. 1.
Path model direct and indirect effects of perceptions of neighborhood safety, walking environment, aesthetic, and collective efficacy on neighborhood support for youth ($N = 408$). Estimated, but not shown in the figure, are correlations between safety (a), aesthetic quality (b), and walking environment (c). Correlations were all significant, and ranged between 0.41 and 0.65. Also estimated, but not shown in the figure, are the correlations of observed social disorder (OSD) with a, b, and c. All were significant: a and OSD = –0.13; b and OSD = –0.27; c and OSD = –0.19. Estimated, but not shown in the figure are the correlations between observed physical decay (OPD) with a, b, and c. All were significant: a and OPD: –0.12; b and OPD = –0.31; c and OPD = –0.22. Gender, race/ethnicity, observed social disorder, and observed physical decay were estimated as covariates; all were non-significant in the model. Solid lines indicate direct pathways in the model; dashed lines indicate indirect pathways.

Table 1.

Neighborhood demographic characteristics by race/ethnicity, gender, and length of residency

Neighborhood	Racial/Ethnic Neighborhood Composition*	N	Race/Ethnicity					Gender		Length of Residency
			Black (N/%)	Asian/PI (N/%)	Latino/a (N/%)	Nat Am/Oth (N/%)	White (N/%)	Men (N/%)	Women (N/%)	Mean years
Brewerytown (19,121)	88% Black, 6% Latino/a, 6% White, < 1% Asian/PI, < 1% Nat Am/Other	84	80 (95)	--	3 (4)	--	1 (1)	54 (64)	30 (36)	15.7
Fairhill (19,140)	15% Black, 78% Latino/a, 6% White, < 1% Asian/PI, < 1% Nat Am/Other	48	9 (19)	--	36 (75)	--	3 (6)	27 (56)	21 (44)	11.2
North Phila. East (19,133)	53% Black, 40% Latino/a, 5% White, 1% Asian/PI, 1% Nat Am/Other	45	38 (84)	--	7 (16)	--	--	23 (51)	22 (49)	35.3
Fairmont South (19,130)	45% Black, 9% Latino/a, 42% White, 4% Asian/PI, < 1% Nat Am/Other	58	42 (72)	--	2 (3)	1 (2)	13 (22)	33 (57)	25 (43)	13.4
North Phila. West (19,132)	88% Black, 5% Latino/a, 4% White, 1% Asian/PI, < 1% Nat Am/Other	42	36 (86)	2 (5)	4 (10)	--	-	32 (76)	10 (24)	25.9
Poplar (19,123)	82% Black, 5% Latino/a, 9% White, 4% Asian/PI, 2% Nat Am/Other	69	55 (80)	--	3 (4)	1 (1)	10 (14)	38 (55)	31 (45)	13.9
Tioga (19,140)	86% Black, 7% Latino/a, 3% White, 2% Asian/PI, 2% Nat Am/Other	62	57 (92)	--	4 (6)	1 (2)	1 (2)	47 (76)	15 (24)	19.4
Total		408	317 (78)	2 (<1)	59 (14)	3 (1)	31 (8)	254 (62)	154 (38)	17.7

Note. Data were obtained from the U.S. Census by zip code and census tract and integrated with other databases (City-Data.com and NeighborhoodScout.com) to create estimates for the street-intercept locations where interviews took place in each neighborhood. The percentages shown represent approximations for a particular racial/ethnic group that take into account street-intercept locations.

Table 2.

Descriptive statistics and correlations among study variables ($N = 436$)

	Mean (SD)	1.	2.	3.	4.	5.	6.	7.
1. Safety	2.62 (0.94)	1						
2. Aesthetic	2.84 (0.83)	0.53***	1					
3. Walking environment	3.07 (0.57)	0.41***	0.64***	1				
4. Collective efficacy	3.21 (0.71)	0.45***	0.49***	0.44***	1			
5. Neighborhood support for youth	3.51 (0.67)	0.25***	0.44***	0.41***	0.58***	1		
6. Observed social disorder	0.33 (0.25)	−0.13**	−0.24***	−0.18***	−0.19*	−0.12*	1	
7. Observed physical disorder/decay	0.74 (0.45)	−0.11*	−0.27***	−0.20***	−0.20	−0.08	0.34***	1

*
 $p < .05$;

**
 $p < .01$;

***
 $p < .001$