

COMMUNITY ACCEPTANCE OF AN EMERGENCY SHELTER FOR  
YOUTHS IN THE CITY OF VICTORIA

by

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B.Sc., University of Victoria, 1984

A THESIS SUBMITTED IN PARTIAL FULFILMENT  
OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in the Department

of

Geography

ACCEPTED

CULTY OF GRADUATE STUDIES



DEAN

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1 June 1989

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#### ABSTRACT

Community-based residential care in a family-like atmosphere for service dependent populations is not a new development, and until recently, has not been particularly controversial. However, since the 1970s, the concept of community care has been universally promoted as an alternative to institutionalization. But this approach to specialized residential care is not always being achieved within a climate of community acceptance. The goodwill and support of the general public is seen as vital to the movement's ultimate success.

In addressing this complex and controversial issue, this thesis provides a neighbourhood evaluation of one special type of residential care facility, an emergency shelter for troubled adolescents. This facility, the Kiwanis Youth Shelter, became established in an inner neighbourhood of the City of Victoria, British Columbia, in a climate of public opposition.

A questionnaire survey of neighbourhood residents was conducted by telephone and in-home interviews, six months after the facility's establishment. Two target populations were selected for interview: (1) a self-selected group comprising residents who signed a petition of objection; and, (2) a

stratified sample of non-objecting residents. The final survey sample totalled 126 respondents, representing 24 per cent of the target population. The questionnaire contained a wide range of questions on: (1) living conditions, and (2) pre-establishment and post-establishment reaction to the shelter. An integrated quantitative/qualitative research approach was used, not only to provide for more methodological rigour, but also to facilitate a depth of perception that neither could provide alone.

The survey results revealed that over half of the respondents were totally unaware of the shelter; and awareness of the facility declined significantly beyond two city blocks of the subject property. A high degree of resident support, both pre- and post-establishment, was found in close proximity to the shelter. The majority of respondents expressed pragmatic views associated with the utilitarian function of the shelter. Eight of the nine petition objectors interviewed had a complete change of attitude towards the shelter concept, and most expressed post-implementation attitudes that were highly positive. Attitudes towards the facility were as much influenced by personality factors, as by the character of the environment itself. The initial vocal resident opposition (in the minority) was found to rapidly dissipate on the shelter's establishment, transforming a "heated" issue into a non-issue.

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## ACKNOWLEDGEMENTS

I wish to acknowledge and to extend my sincere gratitude to those individuals and agencies who supported the undertaking of this study. In particular, I wish to thank Mr. Peter Crisp who inspired me to carry out the research. Without his initial help this thesis would not have materialized. His enthusiasm for the project at the formulative stages is greatly appreciated.

I wish also to thank my supervisor, Dr. J. Douglas Porteous for his critical evaluation and moral support. The assistance of other members of my supervisory committee, Dr. Peter Murphy and Professor Marilyn Callahan is highly valued.

A number of government officials and non-profit agencies were very helpful in providing me with time and assistance in the research project. The City of Victoria Planning Department and Ms. Jane Dewing of the Victoria Cool-Aid Society both furnished me with background data on the case study, and aided in offering comments on the research design. In addition, the assistance of the services of the Real Estate Appraisal firm of D. R. Coell and Associates is very much appreciated.

I wish also to thank Ms. Laurel Eddy who performed the cartographic work. The typing of the thesis was undertaken by Mrs. Charlotte Coddington, whose expertise and competence is greatly in evidence throughout the work.

Finally, above all, a big thank you to my husband, Alan, who both displayed exceptional patience throughout this study and motivated me to complete the research, which seemed at times to be never ending.

CHAPTER I  
INTRODUCTION

1.1 Issues in the Siting of  
Small-Scale Community Care Facilities  
in Residential Neighbourhoods

Community-based residential care in a family-like atmosphere for service-dependent populations, namely those who are socially, physically, mentally, or economically disadvantaged and isolated, is not a new development. Until recently, it has not been particularly controversial. In the past, such facilities, largely comprising small group homes, halfway houses, hostels, and independent living arrangements with various levels of supervision, were invariably located in or near the poor residential sections of urban centres, or on the edges of central business districts. However, since the 1970s there has been a very rapid growth of the de-institutionalization<sup>1</sup> of mental patients and the speedier parole of convicted persons. In North America and elsewhere, this movement has resulted in a major shift in social policy regarding the delivery of residential care for all individuals with developmental, emotional or social problems, and in need of protective and rehabilitative environments. In such fields as child welfare, juvenile and adult justice, mental health and retardation, this has meant a move to less restrictive

community-based residential care, as opposed to institutional care.

These smaller residential care facilities, approximating the "normal" environment (Nirje, 1976), have thus become essential components of the rehabilitation system, and are the most visible manifestations of the de-institutionalization movement. These facilities, largely operated by charitable and non-profit service agencies with funding wholly or in part by government, are increasingly being sited in residential neighbourhoods. Such urban environments not only provide a less restrictive humane setting for the clients, but also offer a more conducive climate for the reintegration of these sheltered care residents into community life.<sup>2</sup>

As they assume more expansive roles in the care of special populations, such facilities are becoming more conspicuous, and the object of public concern and discussion. Residents of neighbourhoods do not always welcome these residential care facilities, and strong negative responses are often evoked. A locational conflict situation invariably erupts over the impending land use change.

Hence, although the concept of de-institutionalization is being universally promoted in the "context of community life, community service and normalization" (Interministerial Working Group on Group Homes, Government of Ontario, 1978, p. 1), it is not always being achieved within a climate of community

acceptance. The good will, acceptance and support of the general public is seen as vital to the eventual success of community-based care for service-dependent populations (Segal & Aviram, 1978; Trute & Loewen, 1978; Kastner et al., 1979; Smith & Hanham, 1981; Dear & Taylor, 1982; Hogan, 1986). Thus the issues surrounding community-based residential care are complex, controversial, and of concern to the funders and providers of the service, the community in which the service locates, and the users of the service.

To date, the issue has been complicated by land use policies and controls, which have in many instances resulted in a visible concentration of facilities in a small number of geographical areas, owing to the presence of restrictive or exclusionary zoning bylaws which govern their siting in the community.

In Canada and the United States, the local system of land use control is by way of zoning. Zoning has been defined as the division of the entire territory of a municipality into districts (the zoning map) and the imposition of restrictions on land use in each district (the zoning text) (Anderson, 1976). The historical antecedent of modern zoning controls is the common law of nuisance, under which the private landowner is precluded from using property in a way that substantially interferes with the use and enjoyment of neighbouring land. The districts typically established under the zoning principle (agricultural, residential, commercial, institutional, and industrial) authorize some uses as

"permitted, as-of-right." Certain land uses, however, often of a public service nature, such as residential care facilities, do not fit neatly into these conventional land use categories; yet they may be desirable, if located in an appropriate place under proper safeguards (Kressel, 1981).

In recent years, a few Canadian municipalities, such as Toronto, North York and Guelph have recognized that these land use controls have significant social (that is exclusionary) impacts. Accordingly, they have made changes to the zoning provisions of their respective municipal bylaws to permit residential care facilities in all residential districts, which are seen as the logical places for projects pursuing "normalization" objectives (ABA Project, 1978). This liberal, "as-of-right zoning" serves not only to provide for equity in facility location, and the right to services in one's community, but also allows residential care facilities the full range of choice concerning location, so that the neighbourhood most suitable to the operator's needs can be chosen.

However, the practice noted above is the exception rather than the rule. In most municipalities, residential care facilities are either restricted to a limited number of districts or denied altogether. This latter practice is seen as discriminatory:

The unjust denial of a demonstrated need.  
(Marshall, 1984, p. vi)

Such land use control invariably results in an inequitable regional distribution of facilities. In time, certain neighbourhoods tend to become over-saturated with service facilities exceeding purely local demand (Wolpert et al., 1972; Wolpert et al., 1975); and it is speculated that if the practice continues unabated, certain residential neighbourhoods will inevitably be destroyed as communities are transformed into areas of predominantly institutional uses. This process has been referred to as a "tipping effect." In some cities, such as Philadelphia, it has already occurred (Dear, 1978). This course of action is both alien to the concepts of service delivery, and contrary to the goals of de-institutionalization and community health care (Smith, 1976a).

In some cases, the development of special residential facilities has been hampered by the shortage of locally available and affordable properties. Social service agencies providing these services are forced to consider non-conforming properties that do not meet zoning by-law provisions, and in such instances spot rezonings are required to legitimize the residential care facility or group home establishment in an area. A public review of the application is invariably undertaken, and this usually allows well-organized vocal opposition (which may be in the minority) to influence the vote at the municipal level.

Current practice is biased heavily in favour of those people who feel strongly enough about a change to

speaking at public hearings. Council discounts the attitudes of the silent majority which results from tacit agreement or no opinion. The overall public good is not well served in such instances (Hopper et al., Saanich Task Force Study 1985, p. 22)

The variance or permit issuing process is, thus, typically guided by the public expression of approval or disapproval of the proposed zoning change (Wolch, 1982).

Concerns expressed by neighbourhood residents and opposition to group homes are wide and varied. In districts with a concentration of residential care facilities, residents fear the deterioration of the basic physical and social fabric of their neighbourhoods; the "non-conforming" land use is seen to threaten stability and destroy neighbourhood tranquillity.

In Canada, most provincial governments, including British Columbia, have been vested with legislatively-established powers to override municipalities in matters of zoning. In British Columbia community care facilities, such as group homes, are usually licensed under the Community Care Facility Act, and, as such, can legally operate in any zoning district, in any municipality throughout the province.<sup>3</sup> But in the absence of provincial (social) policies regarding the spatial distribution of residential care facilities, the location of these facilities is being left to the charitable and non-profit service providers and the local governments who control land use allocation.

Nonetheless, despite this serious oversight, it is doubtful

whether any social service ministry, such as the British Columbia Ministry of Health, would make extensive use of its prerogative powers to circumvent local land use controls and impose group homes on unwilling municipalities, since cooperation is the preferred mode (Marshall, 1984). But while state power may achieve administrative efficiency, it may come at a very high price in terms of political equity and public acceptance of the de-institutionalization movement and residential community care programs.

To resolve the issue through the courts is costly and time consuming. In Canada the potential grounds for litigation in cases involving discrimination against group homes for persons who are handicapped has broadened considerably with the enactment of the Canadian Charter of Rights and Freedoms (Constitution Act, 1982) (Marshall, 1984). Section 15 of the Charter guarantees the equal benefit and protection of the law, and

governments, including local governments, are precluded from discriminating unreasonably, and the possible infractions of such a broad rule are limitless . . . . A complete prohibition on group homes cannot be justified. The courts will not tolerate a violation of the Charter that exceeds what is required to satisfy a legitimate goal. (Elder & Keeping, 1986, p. 210)

Nonetheless, even if a final judicial response is favourable to the agency, those people requiring the residential care setting

are isolated and stigmatized, and community integration becomes difficult after what can be an alienating and demeaning process.

Judicial judgments, legislation, preemption, expropriation and other legal or quasi-legal measures will never guarantee positive relationships between community-based human service delivery and host neighbourhoods. Sensitivity and cooperation will always be required by all people directly involved with and affected by the services. A pleasant and accepting neighbourhood is thus seen as the key to successful integration of residential care facilities.

It would appear that the route to gaining community acceptance and thus resolving locational conflict is not by way of enforcement but by persuasion through example. If it can be demonstrated to local councils, elected officials and community residents that group homes and other community care facilities can co-exist in residential neighbourhoods, then it may be possible to engender more positive attitudes, opinions and reactions to social need housing. At the same time, this demonstrative approach may bring about a softening or eradication of the prevailing NIMBY (not-in-my-backyard) attitude which is threatening the wider establishment of such facilities in the community. Conversely, if negative attitudes persist, then it may be concluded that community-based residential care is not working, and changes in social planning policy are needed to redress this situation.

## 1.2 Thesis Rationale and Intentions

Given the advent and spread of community-based care for service dependent populations, there is a vital need for research which explicitly deals with public reaction towards the socially disadvantaged in a community context. This is particularly important because an obvious consequence of a policy of de-institutionalization and the trend towards community-based human service delivery is to increase the likelihood of contact between these service dependent subgroups and the general public.

The success of community-based care is therefore important in two respects.

(a) From the perspective of sheltered care residents, the attitudes of residents of a neighbourhood hosting residential care facilities are of primary importance in determining their eventual re-integration into community life.

(b) From the perspective of the planner and politician, resident attitudes are important in anticipating potential conflict situations arising from the siting of community care facilities in city neighbourhoods.

However, despite the fact that hundreds of community-based residential care programs have been developed in Canada, the United States and elsewhere, little has been published on resident reaction to community residential care, and still less has been data-based (Chapter II).

This thesis seeks to address this apparent paucity of empirical research. It provides a neighbourhood evaluation of one special type of residential care facility, an emergency shelter for troubled adolescents, and street kids.

### 1.2.1 Case Study Selection

The emergency shelter for youths recently became established in an inner city neighbourhood of the City of Victoria, British Columbia, in a climate of neighbourhood opposition. This particular locational conflict therefore lent itself to an in-depth investigation of resident attitudes towards the shelter and its clients in the determination of the facility's impact on the community. A petition of objection containing 64 signatures, representing 48 households, appeared at the onset of the proposal, and an intervening time lag of over a year between the initiation of the proposal, and the opening of the facility in April 1987, allowed for the utilization of a "before" and "after" research design. This was also found to be the only well-documented controversial residential care facility siting in the Greater Victoria area for which there existed base data for a thorough micro-study of a local event.

### 1.2.2 Research Goals and Objectives

1. To determine the nature and level of resident awareness, on the part of both declared objectors and non-objectors, to the Emergency Shelter for Youths both before and after the establishment of the facility, and to assess the representativeness of the views expressed by the declared petition objectors.

2. To explain the attitudinal responses of the neighbourhood residents with respect to the emergency shelter concept.

The neighbourhood perspective provided by this research will provide meaningful feedback not only for (1) residential care service providers, with their concern for harmonious community care placement for the rehabilitation of their clients, but also for (2) program planners and decision makers with their concern for policy making.

### 1.2.3 Format of Thesis

A literature review, placing the research into context, follows directly (Chapter II). Chapter III examines the controversial shelter siting, and the neighbourhood context in which it was set. Chapter IV details the methodology and research instruments employed; and Chapters V and VI present the results of

the empirical analysis of the community response to the youth shelter. Chapter V analyzes the spatial dimensions of this reaction and attitude change towards the shelter concept; and Chapter VI examines the demographic and situational influences on the neighbourhood perspective. The concluding chapter (Chapter VII) summarizes and identifies the implications of the findings of the thesis in the context of previous related empirical research. Comments on the problems and the limitations of this investigation, future research suggestions and recommendations, conclude the discussion.

## Endnotes

<sup>1</sup>The factors underlying this movement have been widely discussed in the professional literature (Talbot, 1980; Kiester et al., 1983).

<sup>2</sup>These elements are integral components of the "Normalization Principle," a concept introduced to North America by Wolfensberger, W. (1972). The Principle of Normalization in Human Services. Toronto: National Institute of Mental Retardation. The deinstitutionalization approach is often referred to as "normalization" (Nirje, 1976).

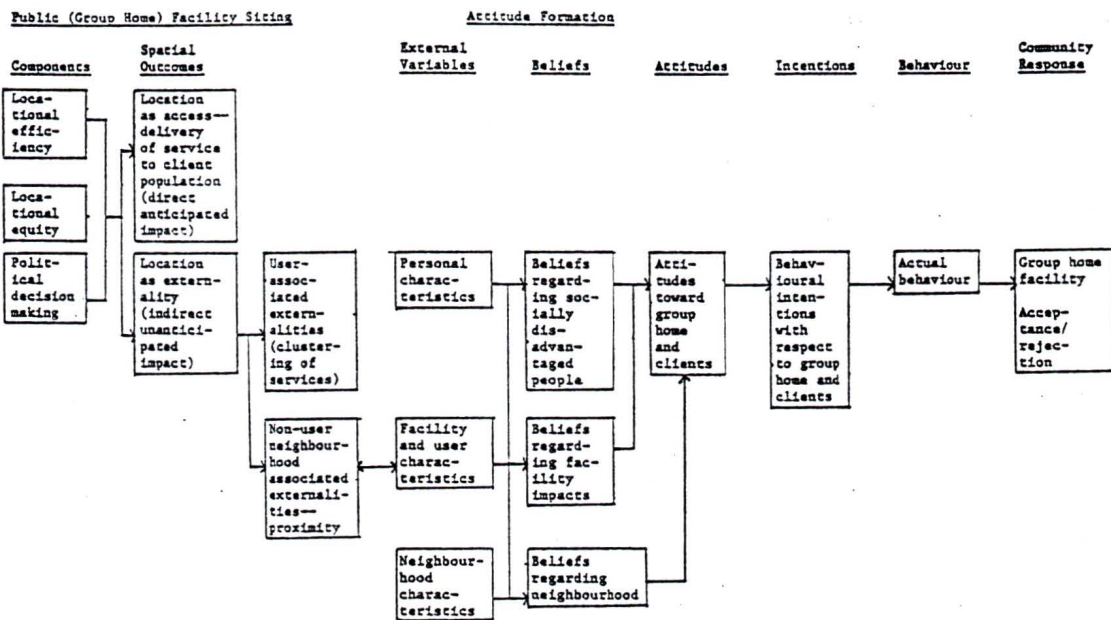
<sup>3</sup>Until September 1988, it was widely thought that community care facilities were exempt from municipal edicts. However, a British Columbia Court of Appeal decision in a Prince George case ruled that Councils can control community care facilities with specific bylaws (McGowan v. Prince George Vancouver Registry No. CA 007948 September 28/1988). However, the intent of the Community Care Facility Act, 1979, was not in question, rather the ambiguous wording of Section 7. Thus it is only a matter of time before the situation will be resolved with the enacting of a new provincial law.

CHAPTER II  
THEORETICAL FOUNDATIONS FOR THE STUDY OF  
COMMUNITY ATTITUDES TOWARDS "GROUP HOME" FACILITIES  
AND THEIR CLIENTS

2.1 Introduction

Community attitudes and changes in attitude towards community-based residential care facilities, "group homes,"<sup>1</sup> and their service-dependent clients are rooted in three main bodies of theory: public facility location theory; theory of attitude formation; and theory of attitude change. Community acceptance or rejection of "group home" facilities (and indirectly of the concept of community residential care) is contingent on non-user resident attitudes which are moulded by the indirect unanticipated neighbourhood-associated spillover effects of the public facility siting process. In instances where these unpriced externalities are perceived to have a considerable negative impact, unfavourable attitudes are formed, and locational conflict over the facility siting invariably erupts.

Figure 2.1 is a simple conceptual model showing the interplay of public facility location theory and the theory of attitude formation in the context of community attitudes to "group home" sitings. Attitude change occurs when there is attitude



**Figure 2.1.** Conceptual model of neighbourhood attitudes towards public facility sitings (group home facilities).

Source: Compilation of Model from Dear, M. J., & Taylor, S. M. (1982). *Not on Our Street*. Pion Ltd., pp. 12-17, and modification of Figure 2.1, "Theoretical Model of Community Attitudes to Mental Health Care," p. 26, which is based on the Fishbein-Ajzen Theory of Reasoned Action (1980).

instability brought about by a change in the structuring of beliefs (influential components underlying attitude formation).

The fundamental precepts of each of these three theories and the concepts of locational conflict are briefly reviewed, particularly as each relates to "group home" sitings and community attitudes towards them. Each theory is followed by a review and critique of recent relevant empirical research on this complex topic of community-based residential care.

## 2.2 Theory of Public Facility Location

"Group homes" for the socially disadvantaged, service-dependent populations, are just one of many types of services which are indirectly provided by governments through the expenditure of public funds--although largely owned and operated by non-profit organizations (Dear & Taylor, 1982). As such they are public facilities and:

Decisions regarding them are political decisions involving public spending in response to a social welfare criterion in a mixed market/non-market setting. (Dear, 1978, p. 94)

This contrasts with private sector location theory which emphasizes individual choice and profit maximizing in a predominantly market context (Teitz, 1968). Thus public facility location theory advocated by Michael Teitz (1968) is not solely

concerned with locational efficiency; distributive impacts involving equity considerations and the influence of politics on political decisions are key components of the theory (Figure 2.1). The efficiency (maximum net benefit) and equity objectives of the theory are invariably in conflict and function as mutual constraints (Mumphrey & Wolpert, 1973). An equity efficiency trade-off in facility location is thus a notable feature of the theory with efficiency being measured by quantity of service demanded for a given budget, and distance being the surrogate for equity (McAllister, 1976). In public decisions concerning "group home" sitings, the traditional efficiency criterion is secondary to the equity redistributive impact engendering fairness in allocation (Dear, Fincher, & Currie, 1977).

Equity in location is composed of two elements: (1) a direct anticipated impact which is related to the delivery of a service to a client population (equity in locational access), and, (2) an indirect impact which affects both the consumer of the service and a wider non-client population residing in close proximity to the facility--location as externality (Dear & Taylor, 1982). Of the two elements, it is the indirect spatial externalities of the facility siting process that predominates in controversial sitings of public facilities.

### 2.2.1 Spatial Impacts

Externalities are regarded as having a spatially limited "field" of effect (Dear, 1976), and these externality fields define the limits of the geographic spillover effect (Harvey, 1973, Chapter 2). The dimensions of an externality field associated with any facility will vary according to the scale (physical facility design), type, number (density), and degree of noxiousness of the facility in question (Dear, 1976). The intensity of this externality field has been found to dissipate over space as proximity to its source diminishes, and this has been empirically observed as a distance-decay effect (Dear, Taylor, & Hall, 1980). These indirect external effects of facility location may be positive or negative. A positive externality occurs when the residents of an area gain from a particular location decision; a negative externality, however, will lower the quality of life in an area. It is in the context of these negative externalities that most conflicts tend to occur.

The existence and significance of external effects in association with group home facilities have not been widely researched (Dear, Fincher, & Currie, 1977). Nonetheless, some observations can be made. The set of user associated external effects is related to the concept of agglomeration economies and social welfare maximization. If there is an interdependent clustering of residential care facilities for service dependent

populations and supportive human service facilities, user attitudes towards them are generally positive (Dear, 1976). In contrast, non-user attitudes are almost universally negative-- residents fearing a possible saturation of service facilities in their neighbourhood which may lead to unintentional neighbourhood instability and destruction (Dear & Taylor, 1982).

On the other hand, neighbourhood associated external effects apply to multiple facility complexes as well as single facilities. Although the direction of spillover effects is dependent on the desirability or offensiveness of the service and its client-type to local households (Dear & Taylor, 1982), they are generally viewed by non-users in a negative light.

Two groups of neighbourhood associated external effects have been observed: (1) tangible effects of the facility and/or its operating properties, and, (2) intangible effects which both cover a wide range of non-quantitative impacts and are associated with negative perceptions of the facility users. The former group includes property value decline, loss of residential character or changes in the character or integrity of the neighbourhood beyond recognition, and increased traffic in the vicinity of the facility. The latter group includes fear for personal safety, loss of privacy, fear for the safety and values of children, stigma attached to the socially disadvantaged, and the dislike of loitering clients (Weber, 1978; Taylor, Dear & Hall, 1979; Smith &

Hanham, 1981). In addition, a wide range of contextual variables also influences resident response (Smith & Hanham, 1981).

To date most of the empirical research on spillover effects has focused on the quantifiable tangible effects, notably the perceived economic losses attributable to the facility siting. These assertions have been found to be emotionally based fears or prejudices and not necessarily based on fact. Most research on this issue has failed to uncover any significant effects on either levels of real estate transactions (property turnover rates) or property values as a result of the facility siting (Breslow, 1976; Wolpert, 1978; Boeckh, Dear, & Taylor, 1980; Goodale & Wickware, 1979).

Nonetheless, it is fear of these intangible spillover effects which appears to be a potent force in generating community opposition to facility siting and client presence (Dear, Fincher, & Currie, 1977; Dear & Taylor, 1982). Opposition may become translated into additional planning costs and education programs designed to overcome negative attitudes and opposition; legal expenditures required to circumvent exclusionary zoning (restrictive land use control) that act as barriers to siting; and increased operation and maintenance costs necessary to repair facility defacements if perpetuated by local citizens (Wolch, 1980, 1981). Such expenditures become conflict costs of facility siting and service provision and thereby add to the total community care service delivery bill. Thus, in community

acceptance or rejection of perceived "noxious facilities," such as residential care facilities, the significance of these facility externalities has frequently been emphasized in the recent literature on locational conflict.

### 2.3 Locational Conflict

The siting of residential care facilities in city neighbourhoods invariably engenders local opposition and locational conflict. According to Weber (1978):

Almost all group home developers are confronted by some level of neighbourhood concern and resistance. (Weber, 1978, p. 637)

Based on his direct experience in the development of 30 group homes in 15 U.S. states, Weber maintains that in about three out of every four cases, moderate resistance (vocal) or intensive resistance (angry presentations to city councils, personal action, vindictive action and so forth) develops. In addition, a recent survey by Hogan (1986) (of group homes for the developmentally disabled in New Jersey), found that initial opposition, as well as the opportunity to mobilize for effective influence, was generally greater when someone other than the agency informed the neighbours of a pending group home establishment on the street. Given the opportunity to organize opposition, neighbours were more capable of sustained influence.

These findings are consistent with a recent national survey of group homes for the mentally disabled conducted in the U.S. in 1982 (U.S. General Accounting Office, 1983). Facilities for delinquent and dependent children and adult offenders have been found to experience more opposition than facilities for mentally disabled or drug abusers (Piaseck, 1975, cited by Sigelman, et al., 1979).

These data do not indicate how many facilities never opened in the first place, or were closed because of community resistance. On the basis of a U.S. national survey of community residential programs in 1974, Horizon House Institute (now called Matrix Institute) estimated that for every existing residential halfway house in the country, at least one other facility never opened its doors or has been forced to suspend operations because of community protests (Baron, et al., 1980). No similar surveys are known to have been conducted in Canada.

Up until the late 1960s and early 1970s the literature on decision theory was predominantly aspatial (Dear, 1976). Since then there has been a steady growth in the literature on the spatial aspects of public facility conflict (Austin, Smith, & Wolpert, 1970; Wolpert, et al., 1972; Harvey, 1973; Mumphrey & Wolpert, 1973; Dear, 1976; Lake, 1987).

There is as yet no formal theory of locational conflict since each conflict situation features unique circumstances with different actors, issues, and outcomes, and thus warrants analysis

on a case by case basis (Dear 1976). This case study approach to each locational conflict presents problems, for it:

Becomes exceedingly difficult to recognize the system-wide impacts of a specific decision and to make comparative analyses across a set of case studies. (Dear, 1976, p. 158)

Despite this problem of aggregation, certain significant variables and parameters have been found to consistently recur in any locational conflict involving public facility sitings. Dear (1976) has identified two fundamental dimensions, and they relate (1) to the facility itself (its form--scale, type, and degree of noxiousness); and (2) the nature of the host community (community impact variables--socio-economic status, propensity for community involvement and motivation for involvement).

Taken together, these define what appear to be the most important elements in conflict over the external effects associated with public facility location . . . and locational conflict can be viewed as the result of the absence of "fit" between the facility and community impact variables. (Dear, 1976, pp. 158, 161)

A single facility in a neighbourhood has a very small impact. However, it can in some circumstances generate a sufficiently visible spillover effect to sensitize neighbourhood associations and the political decision makers, prompting community action against facility entry (Wolch, 1982). A clustering of facilities, despite their being small-scale

structures and low activity centres, collectively produces overlapping externality fields and may produce synergistic effects resulting in more than additional negative spillovers (Dear, 1976).

This agglomeration effect produces negative spillover effects that influence community attitudes toward service-dependent groups and support facilities, prompting the exclusions of service-dependent persons from many residential areas and the consequent intensification of ghettoization. (Wolch, 1982, p. 22)

This "ghettoization" condition rarely goes unnoticed by non-dependent community residents and further exacerbates negative community attitudes (Heal et al., 1978).

### 2.3.1 Group Home Distribution and Concentration

The problem of saturation of community-based residential care facilities and their service-dependent clients has concerned professional urban planners and social scientists (Lauber & Bang, 1974; Wolpert, 1978; Wolch, 1980; Witkin, 1981; Dahms, 1985) for:

At some saturation or tipping point, real spillover effects from concentrations of clients and facilities and dysfunctional client interactions may indeed justify community concerns and siting opposition. (Wolch, 1981, p. 59)

However, although the "concentration" of group homes and other specialized residential care facilities offer the user a supportive environment (Dear, 1976), there is some uneasiness among researchers and developmental disability professionals that such a concentration of special population groups in a neighbourhood could be dysfunctional and hinder community placement objectives. For instance, with respect to the mentally retarded, they are concerned that the developmentally disabled may focus on members of these special populations as role models rather than the able-bodied citizens residing in the neighbourhood. In such instances, rather than emulate the normal behaviours of community residents, there is a likelihood that the mentally retarded may instead reinforce their own existing non-normal behaviours, or learn new non-normal behaviours from members of these special populations (U.S. General Accounting Office, 1983). These concerns are a natural corollary of the Normalization Theory (Wolfensberger, 1972).

Nonetheless, the 1982 U.S. study on mentally retarded group home facilities found that 36.2 per cent of the group homes surveyed were located within two blocks of another special facility; and within this quarter of a mile radius there was an average of 2.2 residential care facilities (U.S. General Accounting Office, 1983). These findings were consistent with the results of an earlier study by Lauber & Bang (1974).

This pattern of facility concentration may partly be accounted for by the fact that the location of service-dependent households is reciprocally linked to the distribution of facilities which provide human services.

From a spatial perspective social welfare typically is a function of the net accessibility of facilities to service customers. (Wolch, 1980, p. 332)

However, restrictive zoning practices and exclusionary suburban land use controls (Wolch & Gabriel 1985) are seen by service providers as aggravating the visible concentration of special residential care facilities and their service-dependent clientele (U.S. General Accounting Office, 1983). This is principally occurring in inner city neighbourhoods already overburdened with community residential care facilities (Wolpert, Dear & Crawford, 1975; Hall & Joseph, 1985; Dear & Wolch, 1987; Joseph & Hall, 1988). Studies of service-dependent populations have illustrated a common pattern of formation of clients and facility ghettos in such cities as Toronto (Dear & Taylor, 1982); Hamilton (Dear, 1977); Philadelphia (Wolch, 1980); and San Jose, California (Dear & Wolch, 1982).

This situation may be changing, however, in the United States as a result of the landmark decision of the U.S. Supreme Court in July 1985 on the way in which zoning ordinances treat group homes. In a case regarding a group home for 13 developmentally disabled adults (City of Cleburne, Texas v.

Cleburne Living Center, 105 S. Ct. 3249, July 1, 1985), the court maintained that there must be clear rational reasons for treating group homes for the developmentally disabled (and presumably for other service-dependent populations as well) differently from other residential uses. The Equal Protection clause of the Fourteenth Amendment essentially requires that:

All persons similarly situated should be treated alike. (U.S. Supreme Court Reports, 87 L.Ed. 2d., p. 320)

The court further asserted that:

Mere negative attitudes, or fear, unsubstantiated by factors which are properly cognizable in a zoning proceeding, are not permissible bases for treating a home for the mentally retarded differently from apartment houses, multiple dwellings, and the like. (U.S. Supreme Court Reports, 87 L.Ed. 2d., p. 326)

While neighbours may have biases against group home residents:

The law cannot, directly or indirectly, give them effect. (U.S. Supreme Court Reports, 87 L.Ed., p. 326)

Canada has similar provisions under section 15 of the Canadian Charter of Rights and Freedoms (Constitution Act, 1982) which guarantees the equal benefit and protection of the law. But as far as it is known, there have been no litigation challenges as

yet for discriminatory practices against disadvantaged service dependent populations.

With respect to the spatial distribution of residential care facilities, a single group home in a neighbourhood is found to be generally compatible with the residential character of the neighbourhood. Research has shown that residents of the facility are not particularly visible from the street; its function not conspicuous (Wolpert, 1978), and that non-facility users living beyond two blocks of its location are generally unaware of its existence (Dear & Taylor, 1982). The late planner, Kevin Lynch, contended that if a person is unaware of a neighbourhood feature, like a group home, then the existence of that neighbourhood feature will not likely affect the image or feelings held about the neighbourhood (Lynch, 1960). Thus the clients of a single group home should in theory be absorbed into the social structure of the neighbourhood.

Hence, professional planners and developmental disability experts who have studied the group home issue contend that locating a number of group homes and/or institutional uses on the same block or within a few blocks of one another could prove incompatible with a residential neighbourhood and could alter the perception that residents have of their neighbourhood (Witkin, 1981; Dahms, 1985; Lauber, 1985). Many aspects of compatibility are, however, hard to measure quantitatively, and there is as yet no substantial empirical data to support these concepts. These

theories remain informed opinions of the experts in the field; and a search of the relevant literature reveals no experts who dispute them.

Nonetheless, the point at which substantial numbers of service-dependent persons changes the character of an area from residential to a de facto social service district (institutional district), or exceeds the neighbourhood's ability to absorb the service-dependent into its social structure, has not been determined. This hypothetical point is known as the "tipping point," and it was originally described as the point at which:

The proportion of non-whites exceeds the limits of the neighbourhood's tolerance for interracial living and whites move out. (Merton Grodzins, The Metropolitan Area as a Racial Problem, 1958, p. 6)

Social scientists note that this level exists but are unable to precisely specify it.

Writing about service dependent populations, Jennifer Wolch (1980) notes:

At some level of concentration a community may become saturated by services and populations and evolve into a service-dependent ghetto . . . . (Wolch, 1980, p. 332)

and Hettinger (1983) maintains that:

While it is difficult to precisely identify or explain, "saturation" is the point at which a community's existing social structure is unable to properly support additional residential care facilities. Overconcentration is not a constant, but

varies according to a community's population density, socio-economic level, quantity and quality of municipal services and other characteristics. (Hettinger, 1983, p. 43)

The concept of neighbourhood integrity has been pivotal in certain U.S. court cases centring on zoning and community residential alternatives. New York courts have tried to identify over-concentrations and change in neighbourhood character under predecessor provisions to The New York Mental Hygiene Law #41.34(c), but with little success (Town of Greenburg v. Coughlin, 73 A.D. 2d 672, 423 N.Y.S. 2d. 209 [NY App. Div. 1979]; Geney Association v. Dept. of Mental Hygiene, 446 N.Y.S. 2d. 876 [Sup. Ct. 1982]; Roberts v. Selzak, 452 N.Y.S. 2d. 113 [Sup. Ct. 1982]).

While it may be possible to identify the point at which the proportion of service-dependent populations might change the character of a neighbourhood, Eleanor Wolf (1963) speculates that the neighbourhood's character as perceived by non-facility users may likely rest in large part on their perceptions of the future of the neighbourhood. If non-facility users perceive that the service-dependent populations can grow indefinitely in their neighbourhood (based on past experience and estimates of presently existing trends), they may well perceive the neighbourhood as losing its residential character.

2.3.2 Siting Residential Care Facilities:  
Strategies for Co-Existence and Equitable  
Distribution of Facilities

In response to extensive community opposition to group home facility sitings, community planners have developed numerous procedural strategies to avoid conflict. One of three approaches tend to be adopted.

The first relates to the "low-profile" approach which is achieved by slipping in quietly and setting up a facility without prior consultation with local residents or probing community attitudes in advance, in the hope that a de facto location will effectively nullify potential opposition (Wolpert et al., 1975; Sigelman, 1976; Dear & Taylor, 1982). The second is the "high profile" approach which seeks to educate and coerce the community into accepting a community before it is introduced (Weber, 1978) and thereby foster a supportive neighbourhood environment. The third, aversion, strategy involves seeking out locations where no community opposition is anticipated, where "conflict costs" of facility siting and service provision are minimal (Wolch, 1980), or where controversial facilities would go unnoticed. Such locations tend to proliferate in transient, high density, rental housing areas or minority neighbourhoods, characteristic of inner city neighbourhoods (Lauber & Bang, 1974; O'Connor, 1976; Dear &

Taylor, 1982), thus accentuating the ghettoization trend noted in the previous section.

There is much debate in the literature regarding the relative advantages of "high profile" and "low profile" entry strategies when establishing a community residence. On the surface the low profile strategy (fait accompli approach) for dealing with potential community opposition may well be successful in the short run, but it is a difficult position to advocate. Such a strategy may cause smouldering resentment among the neighbours, but at the same time, exponentially increase the difficulty encountered by the next group that attempts to introduce a new facility in the neighbourhood.

None of these strategies, however, are satisfactory in meeting the dual objective of minimizing the negative neighbourhood-associated external effects of group home facility sitings (the social and political conflict of facility locations), and maximizing community integration and the economic well-being of facility clients.

In recent years, "fair share" zoning, or zoning "as of right" has been gaining popularity in Canada and the United States as the preferred locational strategy to both "open up the suburbs" (Dear & Laws, 1986), and to relieve overburdened neighbourhoods and communities

Shouldering more than their "fair share" of the caring burden. (Dear & Wolch, 1987 p. 25)

This is being achieved through minimum distance spacing standards designed to prevent further saturation or ghettoization of facilities in the core area, and to ensure some degree of geographical separation between group home facilities. However, according to Dear and Wolch (1987) and Joseph and Hall (1988), these provisions have only had a minor impact on city practices.

Service providers still prefer to locate close to the hub of client need, or where properties large enough for conversion to communal living-quarters are available. (Dear & Wolch, 1987, p. 25)

The market price of the majority of suburban properties continues to be typically beyond the financial resources of service providers; and service dependent populations have less access to important health and welfare services that are available in the core area (Dear & Wolch, 1987; Hall & Joseph, 1988). Moreover, the prejudicial attitudes of suburban residents towards group home facilities and their clients (Taylor, et al., 1984) have been further exacerbated by political clout operating to protect certain neighbourhoods from the incursion of group homes (Dear & Wolch, 1987). This has further contributed to the uneven distribution of group homes observed in many jurisdictions across North America.

Thus, despite the existence of the more liberal permissive zoning treatment in such Canadian municipalities as Toronto, Hamilton, Guelph and others, the latest empirical research of

Joseph and Hall (1988), conducted in Metropolitan Toronto, revealed a continuing trend towards marked locational concentrations of residential care facilities independent of neighbourhood attributes.

Group homes concentrate in areas of typical least-resistance attributes. (Hall & Joseph, 1988, p. 305)

However, according to some researchers, the supply of suitable and affordable properties in the more tolerant inner city neighbourhoods is being currently reduced in some localities through gentrification and urban renewal processes, such as in San Jose, California (Dear & Wolch, 1987). Thus the difficulties presently facing (community-based) residential care providers are indeed immense.

#### 2.4 Theory of Attitude Formation and Behavioural Response

Attitude formation has also long been an area of study in social psychology, and there have been conflicting schools of thought about how attitudes are formed and changed (Dear & Taylor, 1982). In an attempt to achieve a synthesis of this research, Ajzen and Fishbein (1980) have proposed a theory of reasoned action. Basic to this theory is the assumption that social

behaviour is the product of a rational thought process, and not the result of a random set of factors or forces.

Fishbein and Ajzen (1975) posit a sequential process within which attitudes play a central and mediating role, linking various sets of external variables and salient beliefs with behavioural intentions and behaviours. Figure 2.2 is a simplified conceptualization of this process with respect to community attitudes towards group home facilities and their clients. This model is an adaptation of the Dear Model (1982), which was based on the Fishbein-Ajzen framework and developed and operationalized for their major study of resident attitudes towards community-based mental health care in Toronto (Dear & Taylor, 1982).

The model has six major components: three sets of external variables; three sets of prominent beliefs; attitude; behavioural intentions; behaviour; and outcomes. The salient characteristics depicted are properties identified by Dear as being notable factors affecting a person's behaviour. It should be noted, however, that in terms of facility acceptance or rejection, the outcome of behaviour is typically an aggregate phenomenon involving group-based action. Dear and Taylor (1982) note that such behaviour will to a large extent be dependent on the characteristics of the social groups involved, particularly in the realm of political power and influence. However, they add that the ways in which the attitudes and intentions of individuals

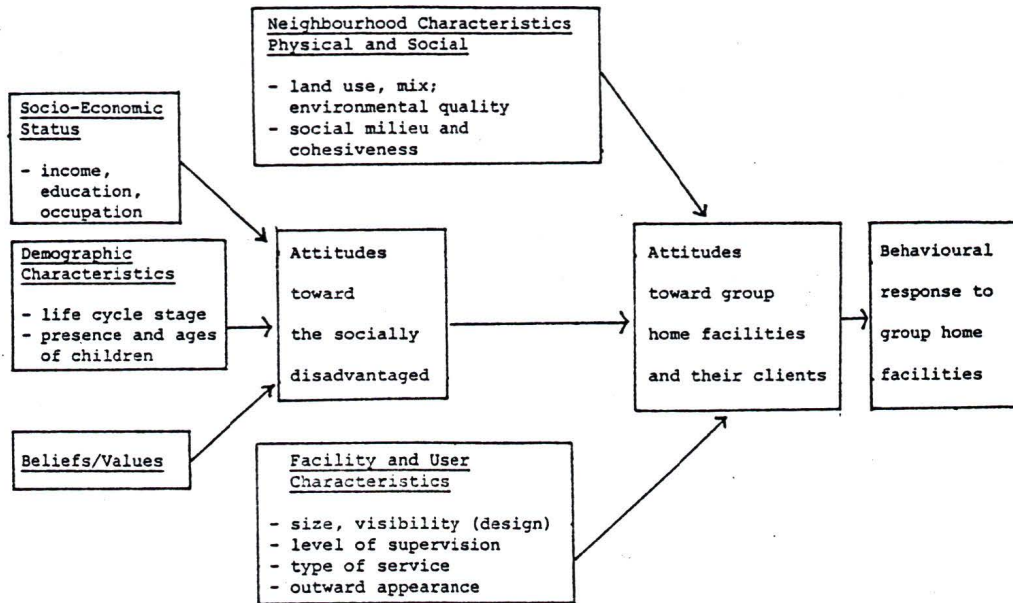


Figure 2.2. Model of community response to group home facilities.

Source: Adapted from Model of response to community mental health facilities, depicted in "Attitudes toward the mentally ill and reactions to mental health facilities," Social Science and Medicine, 13D, 1979, p. 282.

interact and fuse to form the basis of collective action are very complex and not fully understood.

#### 2.4.1 Community Attitudes and Behaviour

This sequential process of attitude formation posited by Fishbein and Ajzen, and further developed by Dear and his colleagues, has come under criticism from behavioural researchers. Concerns largely revolve around the relationship between personal disposition (belief and attitudes) and overt behaviour. Reports of low or non-significant correlations between measures of attitude and measures of overt behaviour have emerged frequently since La Piere's classic study in 1934 (Dear & Taylor, 1982; Weigel, 1985). Field studies and data derived from experimental behavioural settings have provided numerous instances of attitude-behaviour inconsistency (Weigel, 1985); and such variances have been observed in studies of community attitudes towards the socially disadvantaged (Rothbart, 1973; Dear & Taylor, 1982).

In one case, a planned community facility was opposed even after neighbours had said they would accept it (Sigelman, 1976).

A lack of correspondence in the measurements has been shown by Fishbein and Ajzen (1975) to be the principal reason for the weak and inconsistent empirical findings in the attitude-behaviour link. Attitudes were found to be typically measured with

reference to general objects, whereas behaviour was measured in terms of specific actions.

In addition to methodological failings, the impact of attitudes on behaviour may be counteracted and obscured by a number of variables such as increased familiarity with the situation, the time interval between measurement of attitude and behaviour, and social norms regarding appropriate behaviour (Dear & Taylor, 1982; Weigel, 1985). With respect to the latter, Dear and Taylor (1982) note that the influence of social norms on verbal expressions of beliefs and attitudes is a difficulty less easily overcome.

The prevailing climate of opinion within society determines which attitudes are socially acceptable and which are not, and there is a strong tendency for questionnaire respondents to conform to the norm and to avoid expressing socially unacceptable opinions. (Dear & Taylor, 1982, p. 65)

The direction of this normative influence is presently away from restrictive views and toward more sympathetic attitudes.

Nonetheless, the foregoing evidence supports the existence of an attitude-behaviour relationship, and suggests that substantial correlations may be obtained where high quality attitude measures are employed (Weigel, 1985).

Thus, the application of attitude measures in the study of aggregate behaviour is justified. Moreover, when measures of attitude are averaged over a group to determine aggregate

behaviours, stronger relationships are observed than when the same measures are used in disaggregate analysis (Dear & Taylor, 1982).

#### 2.4.2 Empirical Research: Community Attitudes Toward Group Home Facilities and Their Clients

The most widely studied service-dependent group has been the mentally ill, probably because they were one of the first groups to be de-institutionalized (Dear & Taylor, 1982), are the most visible in the community, and are likely to constitute the largest number of socially disadvantaged persons.

In the absence of actual numbers suffering mental disorders (census data not yet available), "estimates suggest that 1 person out of 20 now living in a community will eventually be admitted to a mental hospital; . . . and that over 80% of the population at one time or another experience some degree of psychiatric impairment. (Smith, 1976a, p. 1)

Attitudes towards mental illness and the mentally ill have thus been the focus of extensive research since the 1940s (Taylor, et al., 1979; Rabkin et al., 1984). Apart from a few isolated studies (Orcutt & Cairl, 1976; Berry, et al., 1981; Mangum, 1985; Kappel, 1986), the question of community attitudes towards other stigmatized persons has received little research attention.

(a) Attitudes Toward the Mentally Ill and Mental Health  
Facilities

Attitudes towards the mentally ill (and presumably towards other stigmatized persons) are regarded in the conceptual framework (Figure 2.2) as the personal characteristics most directly related to reactions to community health facilities and other human service facilities, such as group homes.

The literature describing studies of public attitudes toward the mentally ill is substantial, and comprehensive reviews of the work conducted in the last two decades have been provided by Johannsen (1969), Rabkin (1972), Rabkin (1974), and Segal (1978). Early studies tended to concentrate on professional rather than public attitudes, but a few recent studies have explicitly dealt with public reactions to the mentally ill in a community context (Dear, Taylor & Hall, 1980; Boeckh, 1980; Smith & Hanham, 1981; Dear & Taylor, 1982; Rabkin, et al., 1984). However, the majority of these studies have focused on the relationship between the community context and those holding more negative attitudes towards the mentally ill.

These various studies of public attitudes toward the mentally ill have been conducted in a diverse number of ways. But since the methodologies employed (such as data collection methods, sample design, analytical procedures, and approaches to interpretation of results) differ from study to study, comparing

the results is fraught with difficulties (Rabkin et al., 1984). Despite the disparities in the conclusions obtained, some general inferences emerge from a review of the research conducted over the past 25 years. People now are better informed about mental illness (Rabkin, 1975), and there is widespread recognition of the medical model concept of mental illness--"an illness like any other." There has been a trend towards greater acceptance in principle of the ex-mental patient, but a large social distance is maintained where close interpersonal relationships are involved (Rabkin, 1975).

People know they should regard mental illness as an illness like any other, but their feelings are not regularly shaped by their cognitive awareness.  
(Rabkin, 1975, p. 452)

An implication of this view is that in practice social rejection of mental patients has accelerated in recent years, largely because the advent of community-based mental care on a major scale, as a result of de-institutionalization programs, has increased the likelihood of contact between de-institutionalized patients and the general public (Rabkin, 1975; Dear & Taylor, 1982). There is evidence of substantial resistance to the influx of large numbers of de-institutionalized persons into residential neighbourhoods. However, there are few documented cases in the existing literature

Because it is so difficult to gather hard data describing such opposition. (Smith, 1981, p. 3)

and in most cases the only available evidence comes from newspaper reports of angry neighbourhood meetings.

As previously noted, an overconcentration of community care facilities in an area could engender neighbourhood friction, and a reversal of the trend towards sympathetic and tolerant attitudes, via a hardening of prejudicial attitudes. This could have serious repercussions for the movement towards a more humane and less restrictive living environment for the developmentally, emotionally, or socially disadvantaged, for as Rabkin argues:

If the force of public attitudes is not taken into account the eventual outcome may be exacerbation of public fears accompanied by a retreat to custodial care and removal from the community. (Rabkin, 1977, pp. 1 and 2)

Hence, the identification and understanding of public attitudes towards the mentally ill and other service-dependent populations has taken on a new significance (Taylor, Dear & Hall, 1979), and the conclusion that the public today are more favourably disposed toward the mentally handicapped than twenty years ago has yet to be confirmed.

(a.1) Variable of geographic proximity. As a consequence of the policy of de-institutionalization, the variable of geographic proximity to mental health facilities, as a determinant of attitudes about psychiatric patients, has in recent years

become a central issue in the assessment of community attitude (Rabkin, 1984). Despite this the literature on this aspect is meagre (Lawton et al., 1979; Rabkin et al., 1984).

While much has been written on the qualitative case study level about the adjustment problem of patients in communities, very little empirical research on the adjustment problems of the community has been done. (Lawton et al., 1979, p. 35)

The literature is not only small but also inconclusive as to how members of the public are affected by residential proximity to psychiatric facilities. Smith (1981) and Rabkin et al., (1984) found that respondents' geographic proximity to psychiatric facilities was not related to attitudes about community services for the mentally ill.

The effect of distance is either small or . . . acts as surrogate for other variables. (Smith, 1981, p. 5).

In contrast, in the work of Boeckh (1980) greater distance from mental health facilities was indeed correlated with greater attitudinal tolerance--a clear distance decay effect in resident attitudes. The most negative responses occurred within one block of a facility location; beyond six blocks there was a more tolerant attitude.

Although this finding was not supported by Rabkin (1984) and Smith (1981), it was consistent with the results obtained from the Rothbart (1973) study investigating the role of proximity in the

formation of social attitudes and moral judgments. Attitudes toward a prison reform program and a proposed public housing project were sampled from groups living at various distances from the project in Salem and Eugene, Oregon, respectively. Both surveys showed favourable attitudes tending to increase with distance.

It should be noted, however, that in the Rabkin study the researcher deliberately selected only those areas with a single facility for psychiatric clients, not areas with multiple facilities, which are far more common. In contrast, the Boeckh study was a cross-sectional study in which sampling units (census enumeration areas) were selected on the basis of the presence or absence of small-scale, community-based psychiatric facilities (out-patient units, group homes, and social-therapeutic (drop-in) centres) at two levels of residential location--city and suburb. The sampling frame for those "areas with facilities" comprised Census Enumeration Areas containing one or more neighbourhood-based mental health facilities, and survey responses for all sampling units were concerned primarily with non-user reactions to primarily hypothetical sitings.

On the other hand, the Smith study was concerned with resident attitudes towards a highly visible mental health hospital, and for comparative purposes a similar neighbourhood of the same socio-economic status was selected as the control neighbourhood. It is interesting to note that since the

interviewers were women, only women were surveyed. However, it is not known whether the hospital comprised the only human service facility within the sampling frame.

It is also noteworthy that not one of these surveys employed a "before and after" research design, and no attempt was made to obtain reactions of residents immediately prior to, during, or after the opening of a facility. The discrepancies in the survey results obtained could be attributed to: (1) the diverse methodologies employed; (2) the presence of confounding variables such as age, socio-economic status of respondents, and the existence of other public facilities in the immediate vicinity; and, (3) (in the Smith study): (a) the presence of neighbourhood respondents possibly deriving their livelihood from the mental hospital; and, (b) the dominance of female survey respondents (who have been found to have more positive attitudes than males) (Gottwald, 1970; Lawton et al., 1979), possibly biasing the research results.

However, the findings obtained from the Smith (1981) and Rabkin (1984) studies lead to the conclusion that the effect of distance from community psychiatric facilities on attitudes about them is inconsequential. If this view is in fact supported by other similar studies examining the effect of proximity on attitudes, then these results would appear to support the strategy of scattered, rather than clustered, facility sites, which may be more easily integrated into the community (Rabkin et al., 1984).

Rabkin et al. (1984) note that this hypothesis may easily be tested by replicating this avenue of enquiry in areas with concentrated psychiatric, and presumably other residential care facilities, to serve as a comparison group.

The Toronto-based study of Boeckh (1980), however, did consider neighbourhood saturation as a variable affecting resident response to community care mental health facilities. Although the results of the survey were not found to be statistically significant with respect to saturated (defined as the presence of more than one facility in the census enumeration area) and non-saturated areas, Dear and Taylor point out "that the pattern of results in the raw data is sufficiently suggestive to warrant further investigation of the topic" (Dear & Taylor, 1982, p. 129).

(a.2) Facility Awareness. Both Rabkin et al. (1984) and Boeckh (1980) found a relatively low level of awareness of psychiatric facilities in the respondents' neighbourhoods. In the former study, more than 75 per cent of the respondents who lived on the same block as a facility were unaware of its presence and any program serving mental health patients in the neighbourhood. In the latter, Boeckh (1980) found that only 36 per cent of those respondents selected (because they lived within one-quarter of a mile from an existing facility) were actually aware of its existence.

Dear et al. (1980) in commenting on the Boeckh (1980) study conclude that the non-combative, non-aware characteristics of the sample population is probably typical of the population at large. They add that any externality-induced opposition "is probably limited to a vociferous minority whose views may not be representative of the wider community . . . ." and that:

Even though mental health facilities are noxious, their spatial impact is locally highly confined, and there seems little doubt that they are also endowed with a positive association of social worth or merit. (Dear et al., 1980, p. 352)

Commenting on this observed relationship, Rabkin et al. tentatively conclude:

That community services do not necessarily constitute a recognized community burden or detract from the quality of life of the neighbours to any substantial degree. (Rabkin et al., 1984, p. 311)

These findings of Boeckh and Rabkin are consistent with other studies of this nature, such as Heinemann et al. (1974); Lawton et al., (1979); Berry et al., (1981) and Kappel (1986). In all these studies a distance decay effect in resident (facility) awareness was observed.

(a.3) Social characteristics of the neighbourhood. The effects of the general social milieu of a neighbourhood on beliefs about the mentally ill and mental health facilities can be inferred from the work of Trute and Segal (1976). Their studies

focused on the social integration of mental health facilities in residential communities and identified factors associated with successful integration. Facilities with highest levels of integration were in neighbourhoods of low social cohesion. They were characterized by a low proportion of married couples and high rates of single parent families, never married, and divorced individuals; a low proportion of middle-aged individuals; a high proportion of older persons and people with low incomes; and a low proportion of homeowners, suggestive of transiency. In contrast, social integration was low in highly cohesive neighbourhoods, characteristic of suburban areas with a predominance of nuclear families and homogeneous in terms of race, class, and educational background.

Boeckh (1980), Dear et al. (1982) reported similar findings in their 1978 Toronto-based study. Although no strong profiles either of accepting or of rejecting neighbourhoods emerged, there were some consistencies in the pattern of relationships which formed the basis for identifying preliminary profiles. The researchers tentatively concluded that "Accepting" neighbourhoods are those in which residents have few children, are well educated, and predominantly English speaking; where the population is both relatively transient and density relatively high; and where there is a mixture of land uses--the very kind of transitional urban neighbourhood where many community-based residential care

facilities (including group homes) are now located (O'Connor, 1976).

It is noteworthy that this profile closely resembles the physical and social structure of the inner city neighbourhood of North Park, the study area under investigation in this thesis (Chapter III).

"Rejecting" neighbourhoods tend to be those in which there are younger children and non-English-speaking groups represented; where the population has been relatively stable over the past five years and population density is low, and where the land use is predominantly single-family residential.

It is noteworthy the majority of these studies are macro-scale surveys in which community profiles, identifying accepting and rejecting neighbourhoods, have been developed through the analysis of census data. However, such aggregated data do not adequately describe the community. This more readily available objective information about the physical and social context of the residential care setting may provide very little information about the actual attitudes and feelings of affected community residents, and the impact of the facility on the quality of resident life.

(a.4) Familiarity and public attitude toward the mentally ill. The majority of studies indicate that personal acquaintance with mentally ill people reduces attitudinal social distance (Altrocchi & Eisdorfer, 1961; Freeman, 1961; Phillips, 1964; Kish & Stage, 1973; Trute & Loewen, 1978). In the latter study by

Trute and Loewen (1978), it was found that the more extensive the personal experience with individuals who required psychiatric hospital care, the more favourable the response in accepting them in social activities. It should be noted that unlike the earlier studies, the Trute and Loewen study was a test of neighbourhood reaction to mental patients residing in community-based residential care housing facilities in the city of Winnipeg. Prior to this study, past studies have used, for instance, relatives of patients (Phillips, 1964) and volunteers in hospital and recreation programs (Kish & Stage, 1973).

(b) Community Attitudes Towards Other Stigmatized Subgroups.

Despite the array of empirical research of community attitudes, it is still unclear whether negative attitudes towards mental health facilities and their clientele are specifically directed towards the developmentally disabled, or are held with respect to other service dependent clients. The literature on this point is meagre. Rabkin and associates (1984) addressed this question in a recent study conducted in New York City and found that:

The people who complained about the proximity of a psychiatric facility were also displeased to have other social service facilities in the area. (Rabkin et al., 1984, p. 311)

Rabkin concludes from this observation that this possibly may be attributed to a non-specific "irritability" factor rather than a particular aversion to the mentally ill.

Few studies have focused specifically on the issue of neighbourhood acceptance of community-based residential care facilities for service-dependent populations, other than for the mentally ill and retarded. The studies of Berry et al. (1981), (Soloman (1983), the Canadian Training Institute (Kappel, 1986), Mangum (1985) and Hall and Joseph (1988) are exceptions.

The study by Hall and Joseph (1988) used an ecological approach in the identification of correlates of group home concentration for three user groups in Metropolitan Toronto, Ontario. Three types of facilities were examined: Children's Services (homes for disturbed teenagers, homes for mentally retarded children, and foster homes), Adult Services (homes for both the developmentally and physically disabled), and Psychiatric Services (homes for discharged psychiatric patients). Analysis was conducted at the neighbourhood level.

From the patterns observed, the researchers conclude that the location process underlying facility distribution derives more from the resistance characteristics of neighbourhoods than from their suitability as host environments (for their therapeutic and well-being properties).

The Kitchener-Waterloo, Ontario, study conducted by Berry et al. (1981) constituted an exploratory investigation of resident

acceptance of group homes (client group not specific) in 16 neighbourhoods accommodating group homes. The majority (54 per cent) of residents living within 400 feet of a group home (one block) were found to be unaware of its existence. Acceptance of people with physical and mental handicaps was high, 89 per cent and 80 per cent respectively. However, acceptance of group homes for individuals with emotional/behavioural problems, juvenile delinquents, alcoholics, and offenders were found to be considerably less--49 per cent, 32.4 per cent, 26.4 per cent, and 24.1 per cent respectively.

Respondents who tended to accept special populations were under 40 years of age, were satisfied with their neighbourhood, knew less than half of their neighbours, and lived in rental accommodation. People were found to be more accepting of group homes with clients who stay one or two years or more, rather than six months or less. Some of these characteristics, such as renters and low proportion of middle-aged individuals, were identified as being positive variables contributing to neighbourhood "acceptance" of the socially disadvantaged in both the Trute and Segal (1976) and the Dear et al. (1982) studies. However, with respect to neighbourhood satisfaction, this finding conflicted with the results of the Warner (1978) study. His research found that those people with a feeling of pride (satisfaction) for their neighbourhood were more likely to resist the establishment of group homes for special populations.

The Mangum (1985) study focused on one of the least objectionable disadvantaged subgroups--the low income elderly (Soloman, 1983). Those who reacted negatively towards social housing for the elderly in Tampa, Florida tended to be more satisfied with their own homes, to have lived longer in them, and to be less satisfied with their neighbourhoods.

This demonstrated negativeness towards apartment facilities for seniors further supports the conclusion reached by Moreau et al. (1980) that

Community receptivity regarding residential alternatives is more enthusiastic from a distance than from next door. (Moreau et al., 1980, p. 98)

In contrast, the Canadian Training Institute (Kappel, 1986) investigated the impact of correctional group homes on community attitudes and perceptions, the rate of criminal occurrences, and real estate transactions in the cities of Toronto, Ottawa, and London. The research (a cross-sectional study) conducted in 1983 was the first of its type in Canada. Those residents who were aware were found to be more tolerant than those who were not, in terms of property values, crime rate, and the preferred locations for group homes. They were less tolerant in terms of the effects on residential character and child safety. Attitudes were found to vary little among the neighbourhoods (both experimental and control), and the researchers concluded that:

attitudes are more a function of general public awareness than direct experience. (Kappel, 1986., p. 25)

Lastly, the Soloman (1983) study assessed community attitudes of Ohio residents towards the hypothetical development of group home facilities for troubled adolescents in relation to other disability groups. Residents were found to express a relatively high degree of opposition towards troubled adolescents (51 per cent), and only two other categories, alcoholics and drug addicts, prompted a greater degree of opposition. Only 16 per cent were favourably disposed to having such a residential care facility locate in their neighbourhood.

## 2.5 Theory of Attitude Change

Attitude change has long been a prominent research topic in social psychology (Norman, 1975). Implicit in most of this research appears to be the assumption that an individual's attitudes are significant determinants of his or her subsequent behaviour. In addition to attitude, behaviour is a function of many factors such as various normative and situational pressures, and these are found to influence an individual's tendency to behave in accordance with one's attitudes (Norman, 1975).

Attitude theorists have demonstrated that attitude is made up of two major components, affective and cognitive. The

affective component refers to the individual's general level of positive or negative feeling concerning the action or behaviour. The cognitive component consists of bits of knowledge or opinions or beliefs about one's self, about one's behaviour, and about one's surroundings in the environment (Kiesler et al., 1969). Rosenberg (1968) posits the notion that attitudinal stability and resistance to persuasion attempts exists where there is a consistency between the affective and cognitive components of the attitude held. According to attitude theorists, attitude change usually occurs when there exists an attitude-discrepant behaviour (but with some discrepancy between the behaviour and the original attitude existing for change to occur) (Weigel, 1985). These change effects can readily be explained by Festinger's theory of cognitive dissonance (1957) and Bem's self-perception theory (1967).

Dissonance theory as advanced by Festinger (1957), in general, concerns the relationship between various cognitions. Cognitive dissonance exists where two or more cognitive elements (for example, an attitude and a knowledge of one's behaviour) are experienced as logically inconsistent. This inconsistency is presumed to produce discomfort or tension that the individual is motivated to reduce by either attitude change or some other means of dissonance reduction (Elkin et al., 1986).

In the context of attitude change towards stigmatized population groups, cognitive-dissonance theory postulates that the

greater the dissonance between an individual's continued opposition behaviourally and attitudinally, the greater is the probability of accepting that population.

On the other hand the self-perception theory propounded by Bem (1967) concerns the passive inference of attitudinal disposition from behaviour. According to Bem:

Individuals come to "know" their own attitudes, emotions and other internal states, partially by inferring them from observations of their own overt behaviour and/or the circumstances in which this behaviour occurs. (Bem, 1972, p. 2)

Thus a new attitude emerges if an individual performs a behaviour which is more extreme than is implied by his or her attitude, but it is not necessary for the behaviour to be attitude discrepant. A wide latitude of acceptance will increase the likelihood of a self-perception process occurring (Fazio et al., 1977).

Fazio et al. (1977) see these two theories not as competing formulations but as complementary ones, each theory being applicable only to its own special domain. Although the underlying processes posited by each theory differ, the predictions drawn from each are similar. Both these theories imply that if an individual freely chooses to perform a behaviour which is discrepant with his or her attitude, the individual in question tends later to realign his or her attitude toward that behaviour.

Figure 2.3 models the path of the traditional attitude change conceptualization process, which is based on persistence of changes observed in laboratory studies and in short-term field experiments. It shows the interplay among situational, behavioural, and dispositional influences on attitude change, but the process is tentative and warrants more supportive data (Weigel, 1985).

### 2.5.1 Empirical Evidence

A major proportion of the experimental work on attitude change has been conceived within the confines of the consistency assumption that people strive to maintain a constant relationship among certain elements of their cognitive world (Kiesler et al., 1969). Much of it has been carried out in laboratory settings which are not representative of real world situations (Elkin et al., 1985; Kiesler et al., 1969). There is some consensus among attitude theorists that more field research on attitude change is needed, and in particular, it should be conducted:

In situations that approximate the more steady flow of everyday interplay between attitudes, behaviour, and physiology. (Elkin et al., 1985, p. 64)

Kiesler et al., (1969) offer some reasons for the paucity of experimental field research. To begin with, the great predictive power of dissonance theory in the laboratory disappears in the

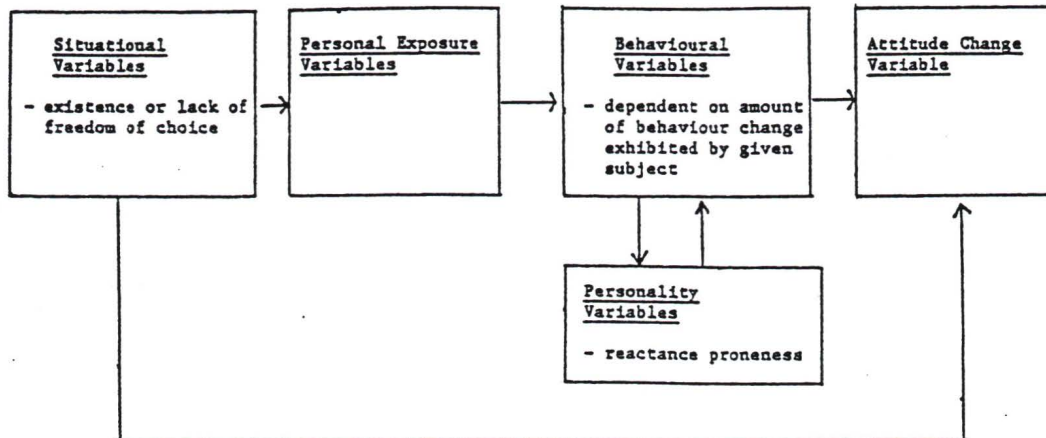


Figure 2.3. Path of traditional attitude change conceptualization.

Source: Adapted from Figure 3.1 in Weigel, R. "Ecological Attitudes and Actions" (p. 83) in Gray, D. B. (Ed.) (1985). Ecological Beliefs and Behaviours. CT: Greenwood Press.

natural setting, partly owing to (1) the lack of information on the normative use of various dissonance--reducing alternatives in real-life situations, and (2) the ecological generality of results obtained in the laboratory (Kiesler, et al., 1969). What field studies do exist are found to differ from laboratory studies on substantive as well as methodological grounds (Hovland, 1959).

#### 2.5.2 Attitude Change Toward Community-Based Residential Care Facilities and Their Clients

In the light of the foregoing explication of our knowledge of attitude change, it is not surprising that there exists a paucity of research conducted on attitude change towards community-based residential care facilities for service dependent clients. Aside from the problems encountered by attitude theorists, research in other disciplines could possibly be hampered by the requirement for longitudinal research designs to facilitate before and after comparisons.

However, one such study conducted by Orcutt and Cairl (1976) investigated community attitudes toward a controversial alcohol treatment facility. Since a before and after research design could not be used, attitudes were polled in two separate neighbourhoods, one of which was adjacent to the facility. The researchers reported that people living in the neighbourhood housing the facility were slightly more positive about the

facility than those in the control neighbourhood. They concluded that the increased tolerance may have resulted from resignation, as the neighbours gradually learned to accept the facility. "An informed public" was another possible explanation offered for the more positive attitudes expressed. After the local opposition initially surfaced, administrators went out into the neighbourhood to try to dispel public fears. They explained the goals of the centre and answered questions about both the clients and, most importantly, the security aspects of the facility. The benign acceptance of the facility is likely a behavioural consequence of "cognitive dissonance."

Similar conclusions have been reached in studies of other controversial programs and facilities (Hyman & Sheatsley, 1964; Colombotas, 1969; Lawton & Hoffman, 1984; Mangum, 1985).

In the Mangum (1985) study it was determined that there was a change in resident attitudes towards a facility for the elderly, once it had been in operation for about a year. The survey results showed that there was a very substantial increase in residents' positive reactions towards the social housing complex. The researchers caution that such evidence was based on a small number of cases, but that it was consistent with the findings of the Lawton and Hoffman study (1984) which found that neighbourhood reactions to housing for the elderly generally become more positive with the passage of time.

In general, however, evidence of subsequent acceptance of community-based residential facilities (after the fact) comes largely from anecdotal accounts, newspaper reports of the experiences of community facilities, and surveys of the views of group home operators. Most of the evidence indicates that opposition tends to dissipate once the facility has become established in a community (Mamula & Newman, 1973; O'Connor, 1976). In a nation-wide U.S. survey, conducted by Gail O'Connor in 1975, it was found that in regard to 89 per cent of the facilities, community opposition had decreased primarily as a result of the good behaviour of the sheltered care residents and, secondly, to notable efforts made by the facility staff.

Although these findings suggest that residents of neighbourhoods can become accustomed to community care facilities, it is not at all clear whether benign resident acceptance leads to social integration of the developmentally disabled with their neighbours. It is also unclear whether contact with mentally retarded persons improves attitudes, and increases the probability of positive behaviour toward them.

In a Canadian study of foster homes (Murphy, Rennee, & Luchine, 1972), it was reported that there was often no interaction between group home clients and other individuals or facilities in the community. A study in the United States also found that children in foster home placements were far removed from the social life of the community (Browder, Ellis, & Neal,

1974). It is likely that staff consciousness and sensitivity to the reaction of neighbours actually attenuates resident-community social interactions.

In conclusion, most evidence suggests that it is quality rather than quantity of contact that is most instrumental in changing negative attitudes (English, 1971; Gottlieb & Corman, 1975).

## 2.6 Summary

In the investigation of community response to group home facilities and their clients, public facility location theory and the theories of attitude formation and change have been drawn upon to explain such behavioural responses. The literature indicates that knowledge regarding resident reaction to community-based residential care facilities and their clientele is limited, and research efforts in the field suffer from the dual constraints of lack of replication and lack of generalizability. The review also indicates that very little is known about the Canadian experience, particularly that which is current, relevant and Canadian-based. Thus in the face of increasing community tensions in British Columbia and elsewhere, (a consequence of expanding community care systems), a greater research emphasis needs to be placed on addressing the locational aspects of community-based residential care. Without a doubt, public attitudes towards the mentally ill

and to other stigmatized persons, and neighbourhood reaction to these special residential facilities, are complex social responses that may require innovative approaches to create amenable solutions.

## Endnotes

<sup>1</sup>Throughout this and other chapters in this thesis, the terms "community-based residential care facilities" and "group homes" have been used interchangeably.

## CHAPTER III

## THE ISSUE AND THE NEIGHBOURHOOD SETTING

## 3.1 Introduction

This chapter examines the controversy surrounding the siting of the Kiwanis Youth Shelter, a temporary hostel for "youth in need," and the neighbourhood context in which it is set. The initial section focuses on the historical events leading to the shelter's establishment. This is followed by a sociophysical profile of the neighbourhood.

## 3.2 History of the Controversial

Emergency Shelter Siting at

2117 Vancouver Street, City of Victoria.

The establishment of the 10-bed transient shelter for troubled adolescents (a facility operated by Victoria Cool-Aid Society, with funding from the province), in the inner city Victoria neighbourhood of North Park in April 1987, was realized after a lengthy dispute over its siting. The proposal for this emergency shelter was conceived by both the Kiwanis Club of Victoria and the Victoria Cool-Aid Society in November 1985. But the intense opposition and concern among some of the residents living in close proximity to the proposed location prevented its

immediate establishment. It was not until almost ten months after the initial proposal that the rezoning providing for its legal establishment was finalized. Table 3.1 summarizes the sequence of events surrounding the controversy, and the more significant happenings are discussed in some detail in the following paragraphs.

Shortly after the posting of the rezoning notice in December 1985, the City of Victoria Council received, in January 1986, a petition of objection with 64 signatures (representing 48 households), comprising primarily apartment residents. At the same time four letters of objection (three of them from apartment owners) were also submitted to council. They expressed concern about the likelihood of increased vandalism, night time disturbances, and other forms of neighbourhood degradation, as well as the presence of existing social service facilities in the immediate area (See 3.3.2.)

These "declared objectors" resided in close proximity to the shelter, Blocks A1 and A2 on Map 3.1. According to Jane Dewing, Executive Director of the Victoria Cool-Aid Society, there were two principal organizers of this petition: a property owner residing within a block of the property; and a non-resident owner of a major complex sited at the rear of the property. From conversations with area residents,<sup>1</sup> it appears that canvassing for the petition was not systematic but quite haphazard. A number of residents living in the major apartment complex informed the

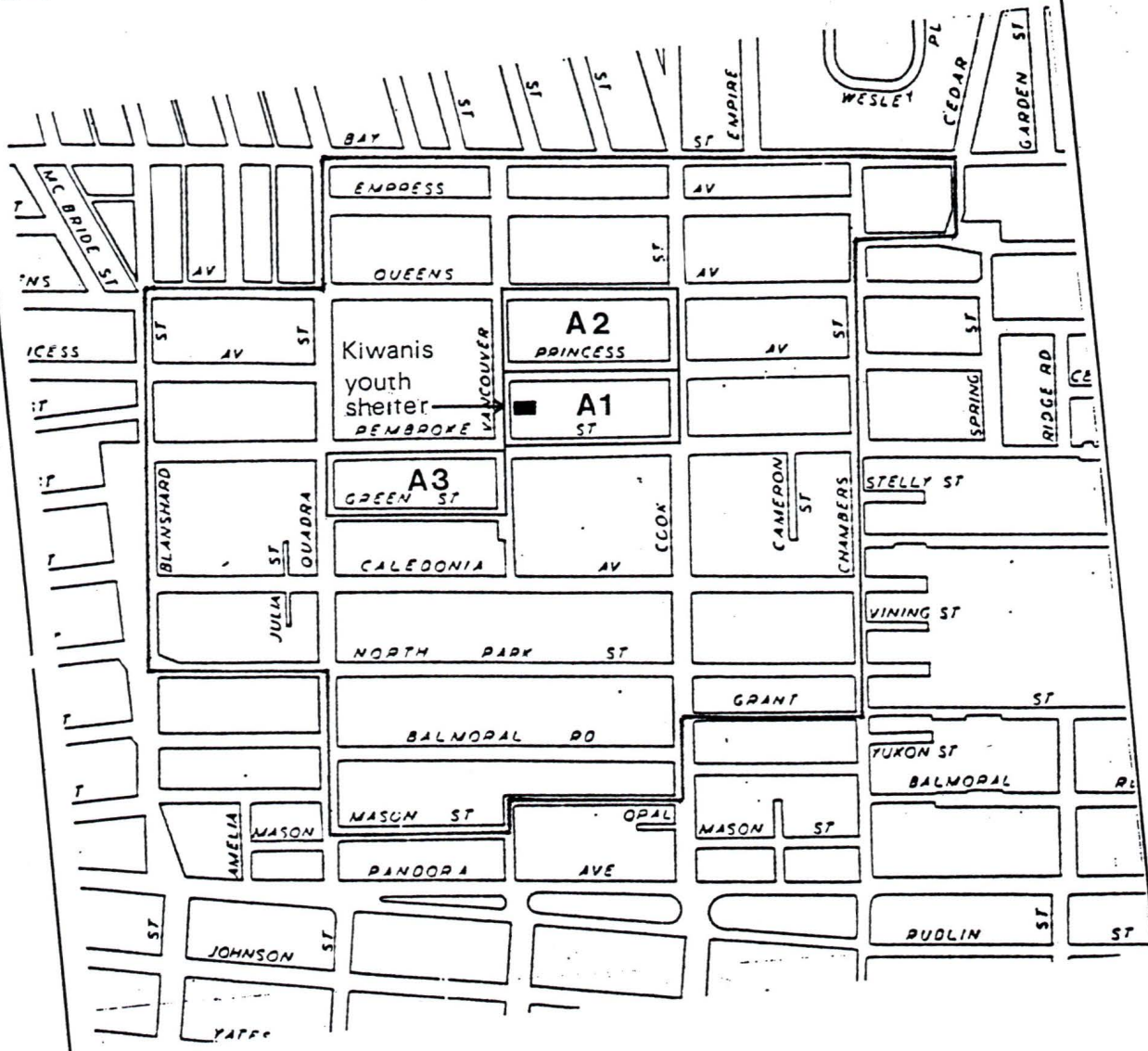
Table 3.1

Locational Conflict of Emergency Shelter Siting  
at 2117 Vancouver Street, City of Victoria  
Chronology of Events

---

Sept/85	"Heritage Registry" house bought by Kiwanis Service Club.
Nov/85	Application made to City of Victoria Planning Department to rezone property to provide for supervised transient (3 days maximum) accommodation for maximum of 10 homeless street youths, aged 13 years to 18 years. Property did not meet Zoning By-law site area requirements of R-3 Zone, Multiple Family District. Proposal: a cooperative venture of the Kiwanis Service Club, Victoria Cool-Aid Society and Ministry of Social Services and Housing.
Dec/17/85	Notice posting of the property for public meeting.
Jan/86	A petition of objection containing 64 signatures, and 4 letters of objection submitted to City of Victoria Council.
Jan/21/86	Preliminary Hearing. Advisory Planning Committee approved application subject to general upgrading of landscaping, and 24 hours supervision of the facility.
Jan/30/86	City of Victoria Council gave conditional approval to the application.
Feb/86	Action Team formed at the Mayor of Victoria's request to diffuse public opposition.
Feb/86	Letter from Victoria Cool-Aid Society (outlining the nature of the proposal and the manner in which the shelter would be operated) sent to residents in Blocks A1 and A2 on Map 3.1 (the blocks housing the declared petition objectors). Letter sent at the request of the Deputy City Planning Director.
Mar/4	Unstructured Public Information "Open House"
Mar/11/86	sessions, jointly conducted by team of representatives from Kiwanis Club of Victoria and Victoria Cool-Aid Society to give verbal response to concerns of neighbourhood residents.
Spring/86	In lieu of Community Care Facility License, Land Use Contract (covenant not registered), entered into between Kiwanis Club and Cool-Aid, and the City of Victoria, relating to maximum occupation and supervision of the shelter.
Jul/8/86	Restrictive Covenant (R.6 1144) registered against title to land relating to maximum accommodation of land (Section 215, Land Title Act). Indenture made between Kiwanis Club of Victoria and Corporation of the City of Victoria.
Aug/28/86	Public Hearing on the proposal. Rezoning Bylaw (No. 423) to rezone property to R1-YH Zone, Single Family Youth Hostel District, carried by City of Victoria Council.
Sep/86- Mar/87	Property renovations performed by Kiwanis Club of Victoria.
Apr/3/87	Open House. Kiwanis Youth Shelter formally opened by Mayor of Victoria, with the mandate of providing temporary shelter to "youth in need."
<u>Source:</u>	Documentation, City of Victoria Planning Department, and information obtained from Ms. Jane Dewing, Executive Director, Victoria Cool-Aid Society.

Map 3.1 Kiwanis Youth Shelter and Study Impact Area



SCALE.

1 inch = 775 feet

1 : 872



author (at the time of the field survey) that they were totally unaware of the petition's existence. Each expressed surprise on learning that it had originated in their own apartment block. In addition, there appears to have been a third petition, which was aborted. This fact was derived from a subsequent conversation (at the time of the field survey) with a resident living more than two blocks from the shelter. She informed the author that she refused to sign the petition, but later found out that one of her elderly relatives and a friend had added their names to it. A subsequent check for their names on the submitted petition revealed nothing.

At a preliminary hearing in January 1986, six or seven residents spoke against the proposal. They were mostly parents of children (Jane Dewing, personal communication).

Residents perceived they lived in a rotten neighbourhood, and the group home would add to the rottenness and compound the problem.  
(Jane Dewing interview, April 10th, 1987)

She went on to say that:

Given this perception, the tactic of Cool-Aid is to use this reaction to improve neighbourhood conditions. The current problems of the neighbourhood become our problems. With the type of membership we have in our two groups (Kiwaniis and Cool-Aid)--people with clout, such as the Police Commissioner--we shall be able to improve the situation and turn a negative situation into a positive one.  
(Jane Dewing interview, April 10th, 1987)

Subsequent to the Planning Advisory meeting, an Action Team was formed in February 1986, at Mayor Gretchin Brewin's request, to both defuse public opposition and prepare for the public hearing. It comprised six members from the community at large, and each had some expertise with street youth.

Later that month a letter from Cool-Aid was sent to affected residents, namely those residing in Blocks A1 and A2 (Map 3.1) at the request of Mr. Peter Crisp, the then Deputy City Planning Director. The letter indicated (1) the nature of the proposal and its operation--24-hour supervision, voluntary admittance of youth in need, and short stay of clients to assess their needs and make appropriate referrals; and (2) the holding of two open house sessions in March 1986, in which residents of the neighbourhood would have the opportunity to address their concerns in person to a team of representatives from the two societies. Ms. Dewing informed the author that no responses to the letter were forthcoming, despite such feedback being sought in the letter.

At the first open house session only one concerned resident appeared; five or six affected neighbours came to the second meeting. According to Ms. Dewing, four of these were not supportive of the proposal. One of the objectors was very obnoxious and threatening, but most were reasonable, willing to listen, and engaged in open dialogue. She felt that, despite the small turnout, the sessions had been fruitful, for a number of

fears and apprehensions raised by these concerned residents had, to a certain degree, been allayed.

However, prior to the public hearing later that summer, Mr. Doug Koch (Deputy Planning Director, City of Victoria), in an informal conversation with the author, expressed serious reservations about the outcome of the hearing. Based on past experiences, he felt that the rezoning would be denied, as usually occurs with most "controversial" siting applications.

On August 28 1986, there was a formal public hearing of the proposal. No further letters of objection were received, and no neighbourhood delegation was present at the hearing. Nine persons spoke in favour of the application, seven of them affiliated to social service agencies and deeply involved in the plight of street youth. Three spoke against the rezoning; two of them were property owners and the other a member of the Board of Deacons of the Chinese Church. They feared the shelter would increase crime and rowdiness in an area they said already had more than its fair share of problems.

It was also indicated at this meeting that a member of the Mayor's Task Force on Street Youths had conducted a survey of houses in the Vancouver Street area, including the apartment complexes, and reported that only two neighbours were opposed to the rezoning of the property. The rezoning of the property, from R-3, Multiple Family District to R1-YH Zone, Single Family Youth Hostel District, was subsequently carried.

3.2.1 Kiwanis Youth Shelter:  
Neighbourhood Accountability

According to Ms. Dewing, it was intended to have the property licensed as a community care facility under the Community Care Facility Act, 1979, because it was widely thought, at that time, that a provincially licensed facility would be exempt from municipal edicts. However, the strict regulations of the Act regarding the building's interior physical layout made it impractical for the Kiwanis Club of Victoria to try and make the house conform to the Act's physical requirements. Hence, the agency was granted exemption from the regulations by the Capital Regional District.

In lieu of a Community Care Facility license, the Kiwanis Club and the Victoria Cool-Aid Society entered into a covenant with the City of Victoria as a form of Land Use Contract regarding supervision and maximum number of youths to be housed in the building (Jane Dewing, personal communication). It is noteworthy that in the opinion of the City Solicitor, the condition regarding 24 hours supervision by 2 qualified staff members could not be made a restrictive Land Titles covenant registered against the property. Furthermore, according to the City Solicitor, neither condition could form part of the zoning by-law (Michael Ellis, Chairman, Youth Service Committee, Kiwanis Club of Victoria,

personal communication, November 28, 1988). In addition to a land use contract, a restrictive covenant (R. 1144) was registered against the title of land in July 1986, limiting the accommodation to not more than 10 youths. Although such actions were undertaken ostensibly to speed up the rezoning process (Michael Ellis, personal communication, and item C., Restrictive Covenant R. 61144), the covenant is a type of performance instrument serving to safeguard the interests of neighbourhood residents.

Another form of neighbourhood accountability involved the establishment of an advisory group to monitor shelter operations. In a local newspaper editorial (Times-Colonist, February 9, 1986) it was indicated that:

. . . the facility will be accountable to residents of the area through an advisory group enabling neighbourhood participation.

In response to this statement of intent, Ms. Dewing indicated to the author that an Advisory Group comprising the Kiwanis Club of Victoria, Victoria Cool-Aid Society and the Ministry of Social Services and Housing had been set up to monitor the operations of the shelter. However, it was felt at the time of the creation of the group that there was no need for neighbourhood representation. She also indicated that a review of the situation would take place once the shelter had been in operation in excess of twelve months, at which time the ultimate fate of the shelter would be decided. A follow-up enquiry revealed that the shelter has been afforded

some degree of permanency, but that as of April 1989, there is no neighbourhood representation on the Advisory Group.

### 3.2.2 A profile of the Kiwanis

#### Youth Shelter: Its Function and Activities

The Kiwanis Youth Shelter is a three-day "emergency resource for young people for whom there is no other immediate facility or service available." With this all-encompassing mandate, the shelter provides temporary housing for not only street kids, but also for a wide variety of youths from different family backgrounds (John Hayasha, Assistant Shelter Manager, personal communication). They come to the shelter seeking a safe, supportive environment and resolution of their crisis situations. During those three days, the staff at the shelter work with provincial social workers to assess the child's position and find the best future placement. For those children not already in Ministry care, this may entail reunification with their families or foster parents (the ideal situation), or placement with relatives, in a foster home or in a Ministry receiving home. All troubled teenagers are given options, and each fully participates in the decision-making process (John Hayasha, personal communication).

During the first twelve months of operation (April 6, 1987 to March 31, 1988), 217 troubled teenagers were handled by the shelter. Of these, 132 made repeat visits to the shelter, and one youth made use of the facility seven times. A total of 1,514 bed-nights were recorded, and four nights was the average length of stay. Of the 217 youths, 96 were in Ministry care (such as wards of the court), and there was a 50-50 split with regard to males and females. According to Ms. Dewing, only a few "hard core" street kids have made use of the shelter. Since March 1988 there has been a substantial increase in usage of the shelter, and Ms. Dewing anticipates the number of shelter intakes to be significantly higher for the second year of operation.

Notwithstanding this high turnover rate,

. . . it is the smoothest running place I have ever worked in. (John Hayasha)

### 3.2.3. Neighbourhood Activities Related to the Shelter Siting

Prior to the conducting of the field survey, October 1987 to March 1988 (described in Chapter IV), a survey of the residential status of "declared petition objectors" was undertaken. It was found that during the 12-month lag between the onset of the proposal and controversy, and the opening of the facility in April 1987, 24 of the "declared petitioners" had moved, 15 of them to

unknown destinations. The Greater Victoria Directory for 1986, and the 1987 Victoria and Area Telephone Directory were used in the derivation of these data. As of January 1987, 38 "declared objectors" were still resident in the neighbourhood.

It is noteworthy that two of these objectors (representing one household) were not residents of the neighbourhood at the time of the circulation of the petition. The couple became residents of the neighbourhood in 1987 and has since moved to another city neighbourhood. A check of the Victoria and Area telephone directories for the years 1985 to 1989 inclusive has revealed that this couple have been on the move every year. Except for this latter couple (the female member of which was subsequently interviewed by the author), it is not known for what reason the others had moved from the neighbourhood. As described in the following section, this level of transiency is not atypical of the resident mobility of the neighbourhood as a whole.

In the course of conversations with area residents,<sup>2</sup> it was indicated to the author that certain properties in the neighbourhood had changed hands as a probable consequence of the facility siting. An investigation of these properties was conducted.

One of the properties referred to was a small apartment complex located at the rear of the subject property. All three owners of the property signed the petition, and likely anticipating a deterioration in neighbourhood conditions as a

result of the establishment of the shelter, sold the property in September 1986, six months prior to the opening of the shelter.

The other property was a rundown single family house located within one block of the shelter. It was renovated as an investment property. The owner sold the property in February 1987, two months prior to the shelter opening. Ms. Dewing was informed that the sale had occurred because of the Kiwanis youth shelter.

It is noteworthy that both properties resold in 1988, in September and February respectively. The selling price of the apartment complex over the purchase price increased by 15 per cent, and the detached house witnessed a 47 per cent increase (sales data: Assessment Authority of B.C.). 1988 was a year of rising property values. Nonetheless, it would seem that the shelter had little or no effect on the then current market prices.

### 3.3 Sociophysical Neighbourhood Profile

#### 3.3.1 Kiwanis Youth Shelter:

##### Property Characteristics

The emergency shelter for troubled adolescents is a two and one-half storey "Heritage Registry" house constructed c. 1910 on a lot, 60.00 feet by 92.00 feet. It faces a close boarded fence at

Central Park soccerfield, apartment complexes to the south and east, and a duplex to the north.

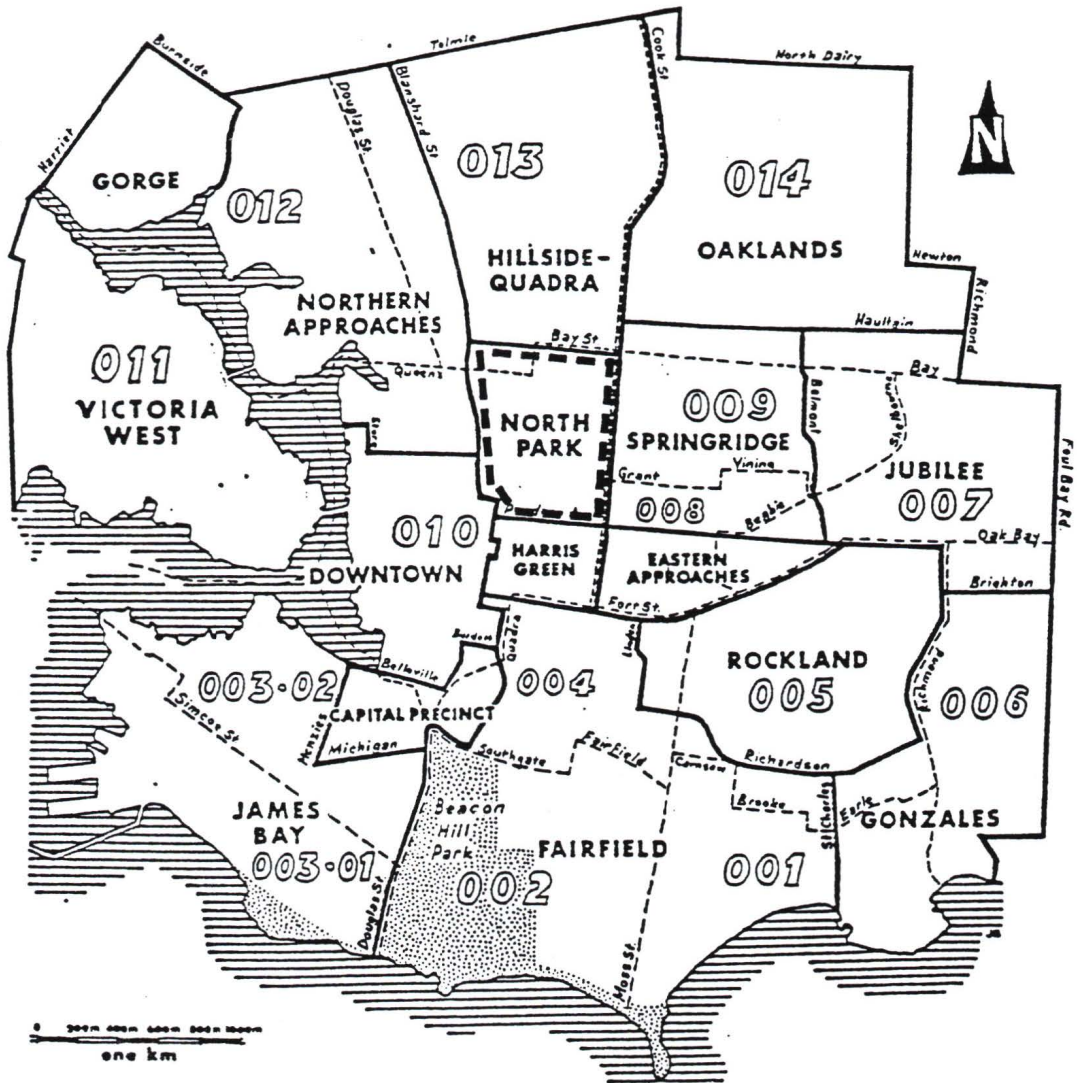
### 3.3.2 Physical Characteristics of the Neighbourhood

The shelter is located in North Park, an inner city neighbourhood of Victoria (Map 3.2) which is diverse, transitional and non-cohesive in nature. It is an area of extreme diversity of land use, including single family housing, medium to high density rental apartments, major recreational facilities, commerce, industry, commuter parking and churches (City of Victoria Planning Department, North Park, Victoria, 1981; Social and Economic Data, Victoria, 1984).

In addition, there existed at the time of the field survey, a certain concentration of residential care facilities for youths, all located within two blocks of the shelter. They comprised two Receiving Homes operated by the Ministry of Social Services and Housing (one sited at the corner of Vancouver Street and Empress Street, and the other located on Princess Street), and a Youth Detention Centre situated on Pembroke Street, and operated by the B.C. Corrections Branch. All are shown on Map 3.3, a land use map depicting notable physical features of the neighbourhood.

With this wide variety of non-cohesive land uses, it essentially has become a neighbourhood without a physical identity. This assessment of the neighbourhood became apparent

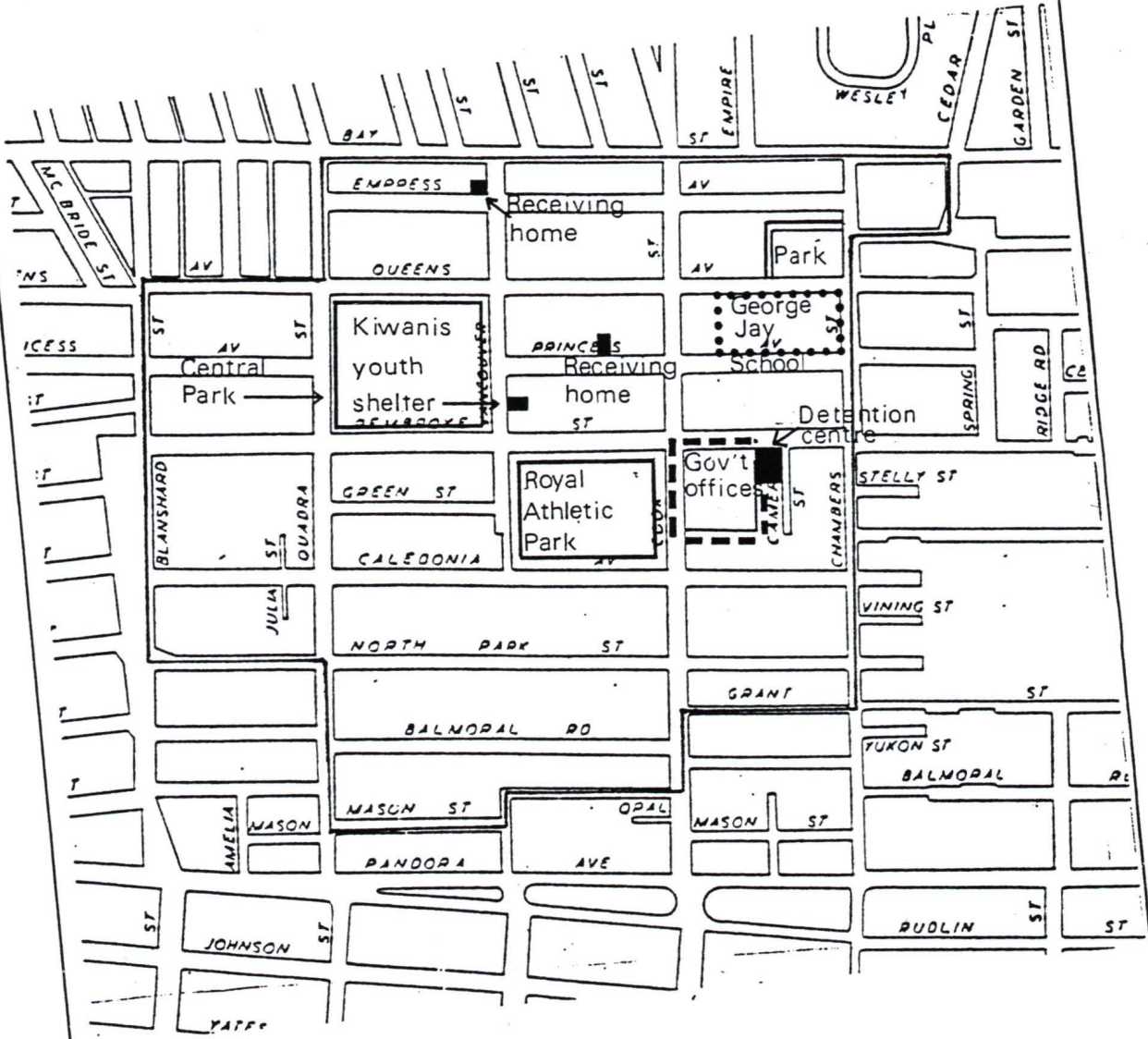
MAP 3.2 CITY OF VICTORIA. NEIGHBOURHOOD SETTING OF NORTH PARK







**GORGE** Neighbourhoods **001** CensusTracts

SOURCE: CITY OF VICTORIA PLANNING DEPARTMENT ; STATISTICS CANADA

Map 3.3 Selected Neighbourhood Features



-  Human Service Facilities
-  School
-  Park
-  Offices

when not one of the respondents<sup>1</sup> interviewed could name the neighbourhood in which they lived.<sup>2</sup> Most gave the name of the street on which they lived; others used Crystal Pool and Central Park to identify the neighbourhood; while others considered it a part of Fernwood, which is a distinctive subunit of Springridge, the neighbourhood to the east.

One long time resident evaluated the neighbourhood thus:

' . . . it is a mish mash of a nothing neighbourhood. It is rootless, without a focus, without a heart and without an identity. I stopped considering it a residential neighbourhood a long time ago. . . . it is a funny area . . . it conjures up in the mind a "Vic West" . . . despite this . . . I guess I am somewhat attached, but I don't seem to have anything to be attached to.'

(Respondent #77, 37-year resident of the neighbourhood)

### 3.3.3 Socio-Economic Profile of the Neighbourhood Residents

The socio-economic characteristics of the neighbourhood residents described below comprise the dominant demographic features of the population, and the figures are based on the 1981 Census. This was the latest census for which published statistics were available at the neighbourhood level at the time of the research.

Of the 2,550 residents, the majority (21 per cent) were in the age bracket 25 to 34 years. A significant number (17 per

cent) comprised senior citizens. Of the 1,320 households, single person households predominated (48 per cent). Forty-one per cent of the population 15 years and over had attained a level of schooling beyond grade 8 but not in excess of high school completion (grades 12 or 13).

The neighbourhood was and still is predominantly English speaking (78 per cent), but a significant proportion is of Chinese origin. In the absence of published Census figures, a recent survey by the author revealed that over 13 per cent of the households are of Chinese origin (see Chapter IV, Section 4.3.4.[b]).

With respect to tenure, 79 per cent rented their dwelling unit, and 80 per cent of these renters were housed in multi-family apartment complexes of five stories or less. Thirty per cent of residents had occupied their dwelling units for under one year, and 28 per cent from one to two years. Since the previous census in 1976, 77 per cent of residents had moved into the neighbourhood.

Of the 590 families residing in the neighbourhood, 45 per cent comprised husband-wife families with no children at home. The average income of private households in 1981 was \$14,295. At the time of the census, 64 per cent of residents 15 years of age and over were in the labour force. Of these, 8 per cent were, at that time, unemployed.

## Endnotes

<sup>1</sup>The residents surveyed, and personnel from government and non-government agencies involved with street youth and other socially disadvantaged persons are detailed in Chapter IV.

<sup>2</sup>A profile of survey respondents is presented in Appendix F. In keeping with the overriding concern for respondent anonymity, all identifiable characteristics have been removed.

## CHAPTER IV

### RESEARCH DESIGN

#### 4.1 Introduction

This chapter together with Chapters V and VI focuses on neighbourhood response to the Kiwanis Youth Shelter, specifically non-user resident attitudes and perceptions of the facility and its clients both before and after its opening. The chapter first addresses the steps undertaken in the thesis research. This is followed by a respecification of the study's objectives and a statement of the hypotheses guiding the empirical analysis. The balance of the chapter is devoted to a discussion of the questionnaire survey. In particular, it addresses the modifications that had to be made to the direction and course of the survey design and evaluation owing to the initial approach being a strictly quantitative one, which was soon revealed to be not wholly appropriate.

#### 4.2 Steps in the Research Project

The research was conducted between March 1986 and March 1988. Two data collection phases and an associated literature review were involved. The steps are outlined in Figure 4.1 and the research procedure was composed of four major stages.

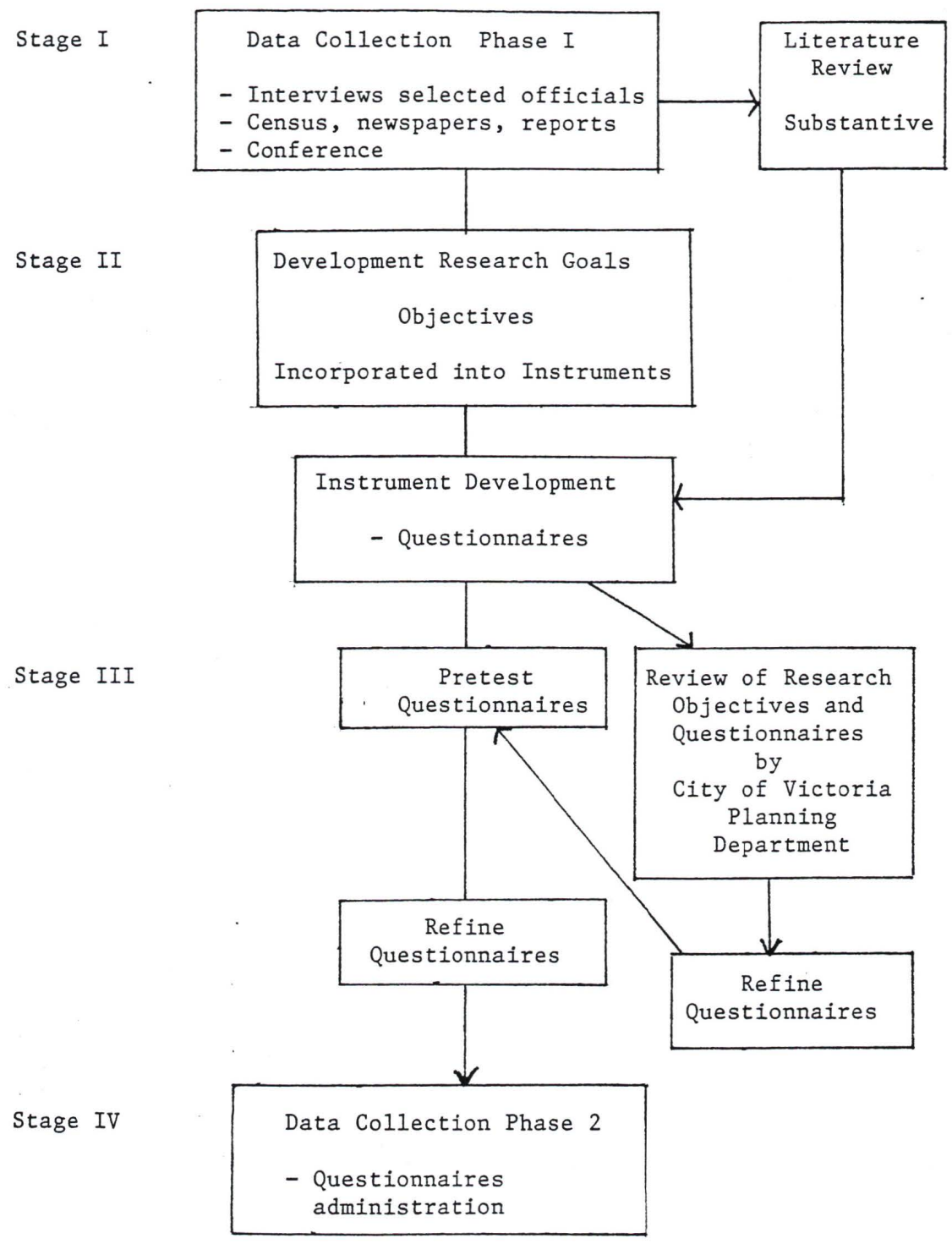


Figure 4.1. Steps Undertaken in the Thesis Research

#### 4.2.1 Stage 1

The initial stage of the research (data collection phase I) involved the determination of the current status and issues surrounding community-based residential care in Greater Victoria. This was obtained from (1) interviews with government personnel, and non-profit agencies involved with the siting and operation of group homes or other community care facilities for service dependent populations; (2) content analysis of local news media reports--daily, weekly, and periodical newspapers--, documentation of the City of Victoria Planning Department, census reports, and other published reports of government or quasi-government agencies.

##### 4.2.1a Primary Data Collection Phase I

Sixteen interviews were conducted and a list of officials conferred with is presented in Appendix A.

##### The Interview

The interviews conducted with these selected officials were partially structured. The strategy adopted was the interview guide approach (Patton, 1980), for it not only facilitated the

exploration of the issues surrounding community-based residential care and the spontaneous emergence of individual perspectives and experiences, but also kept the interaction highly focused. Specific questions asked were not always identical but some common themes were evident.

Initially each individual interviewed was questioned regarding the availability of data pertinent to this thesis. In the determination of the status of the group home issue in Greater Victoria data included: (1) numbers of socially disadvantaged persons by category and manner in which clients are housed; (2) numbers and types of group home facilities, and present and projected demand for facilities; (3) public reaction to facility sitings.

As regards the establishment and operation of the youth shelter, such items included: (1) a list of declared petition objectors; (2) individual letters of objection sent to City Hall; (3) letters sent to area residents informing them of the intended use of the property. Background data were also elicited on both the reason for the shelter and the events leading to its establishment and the nature of each subject's involvement in those events.

The goals of the research were discussed with each interviewee and feedback obtained. Through these interviews, the rationale for the thesis was further justified.

#### 4.2.1b Secondary Data Collection Phase I

A content analysis of the local newspapers was undertaken. The Times-Colonist (daily), Monday Magazine (weekly) and the Victoria Star (weekly), comprised the major newspapers reviewed. Between February 1986 and March 1988, twenty-five articles specifically on street youths were published. Newspaper coverage revolved around four major themes: (1) The Kiwanis Youth Shelter; (2) the Provincial Conference on Street Youths, in September 1987; (3) the life of homeless youths on the street; (4) the Victoria Association for Street Kids' activities and rehabilitation programs.

The City of Victoria Planning department land use and related reports, and the 1981 Census of Canada provided data on the characteristics of the North Park neighbourhood. Specific data on Victoria street youths were obtained from two reports published by the Community Council of Greater Victoria: Away from Home, September 1987, a pilot study of homeless street youths, and Street Youth: A Report on Their Perspective, August 1986.

Simultaneously with this data collection phase of the research, a review of related literature was undertaken to place the present project in context. This review examined the theories and concepts underlying community attitude and change in attitude towards group home facilities and their service dependent clients (Chapter II).

#### 4.2.2 Stage 2

Stage 2 of the research involved the determination of the study goals and objectives (detailed in Sections 1.2 and 4.3) which were incorporated into the questionnaires developed for data collection phase 2. The questionnaires, comprising four different versions, were constructed to obtain both "declared petition objector," and "non-objector" attitudes to the emergency shelter pre- and post-establishment (section 4.3.2).

#### 4.2.3 Stage 3

A pretest of the major questionnaire, the micro interview schedule, was carried out in a neighbourhood in Langford, an unorganized territory in Greater Victoria, where a group home for youths on probation was opened on Westwind Drive in September 1986 (Section 4.3.2.c).

#### 4.2.4 Stage 4

The final stage 4, data collection phase 2, involved the distribution of the questionnaires. These were administered to approximately one quarter of the target population of the study area (n=122). The survey sample was randomly selected, and

included both declared objectors and non-objectors, and was stratified according to length of residency in the neighbourhood (section 4.3.1). The questionnaires were administered over a six-month period from October 1987 to March 1988. This resident perspective facilitated an assessment of the facility's physical and social integration into the neighbourhood.

#### 4.3 Research Objectives and Hypotheses

The theoretical foundations underlying this research (detailed in Chapter 2) lead directly to two major empirical objectives.

1. To determine the nature and level of resident awareness, on the part of both declared objectors and non-objectors to the Emergency Shelter for Youths both before and after the establishment of the facility, and to assess the representativeness of the views expressed by the declared petition objectors.

2. To explain the attitudinal responses of "aware" residents with respect to the emergency shelter concept.

With regard to the objective #1, which largely derives from public facility location theory and the theory of attitude change, the following four hypotheses, based on the findings of recent empirical studies, have been identified for inquiry.

(a) Awareness of the emergency shelter decreases with geographic distance.

(b) Resident (those that are aware) acceptance of the concept of the emergency shelter for youths increases with geographic distance.

As a consequence of (b),

(c) Attitudes towards troubled adolescents will be related to proximity.

(d) Attitudes towards the concept of the emergency shelter will change for the better once the facility is established.

As regards hypothesis (a), Berry et al. (1981) found that residents living within one block (400 feet) of a group home facility were more aware of its existence than those residing at some distance from it. With respect to the second hypothesis (b), although empirical evidence is inconclusive (as discussed in Chapter 2, Section 2.4.2. a.1; Rabkin and associates, 1984; Smith, 1981; Boeckh, 1980), the finding of Boeckh (1980) "that there exists a clear distance decay effect in resident attitudes" at present remains the dominant assumption. Hypothesis (c) is a logical outcome of hypothesis (b). As regards attitude change, hypothesis (d), there is some scant evidence (Orcutt & Cairl, 1976) to show that once a perceived "noxious" group home facility is established attitudes amongst those closely impacted soften with the passage of time (a probable behavioural consequence of "cognitive dissonance" as discussed in Chapter 2, Section 2.5).

With respect to research objective #2, influences on attitudinal response to the emergency shelter concept, there is generally a paucity of empirical data for the explicit formulation of suppositions.

In the light of the complexity of community-based residential care, and the relative dearth of information, the objectives of this thesis are modest and direct.

#### 4.4 Design of the Questionnaire Survey

##### 4.4.1 Sample Design

##### 4.4.1a Survey Sample

Two target populations were selected for interviewing: (1) the self-selected group comprising declared petition objectors, including those remaining in the area since the establishment of the emergency shelter in April 1987, and those who had left during the course of the controversy and whose whereabouts are known; and (2) other residents of private households that had been living in the neighbourhood for more than 2 years (that is, living in the neighbourhood at the time of the unfolding of the controversy in 1986). The British Columbia Directories, Greater Victoria City Directory for 1986 and the

telephone directories dated January 1987 and January 1988 were used in the determination of this stratified subpopulation.

The Greater Victoria City Directory, however, does not have a complete list of residences. A profile of North Park residents undertaken by the author in 1987 using the 1986 Greater Victoria City Directory found that approximately 15 per cent of households in 1986 were identified as "no returns." This represented households that could not be contacted by the field researcher or households that wished to remain anonymous. Nonetheless, despite this shortcoming, the Directory remained and still remains the best data source available.

Similarly, the stratified sample obtained in this manner omitted households without telephones which, in 1986, in this neighbourhood, accounted for between 19 and 20 per cent of the total households. Since this is a highly transient neighbourhood, most of these unincluded households without telephones could be presumed to be transient, with only a very small proportion representing households that wished to remain anonymous. Since the method of initial contact with respondents was by way of telephone, households with telephones comprised a survey prerequisite. Thus the target population available for sampling was thought to include, at a minimum, approximately 65 per cent of the total population of the area.

#### 4.4.1b Definition of the Impact Areas

Previous empirical research on group homes for the mentally ill has shown that since these residential care facilities are small in scale they would not affect more remote properties (Breslow, 1976). Either a 1,500 foot or 400 meter radius has been used to define the impact area (Berry et al., 1981; Kappel, 1986). No scientific reasons have been given for this criterion. In this study, the smallest possible geographic areas for which statistics are available, namely, the Enumeration Areas defined by Statistics Canada for census purposes, were chosen to define the impact area. This definition was not more precise than those used by other researchers but it facilitated the making of comparisons with the Census data. Hence, the "outer" impact area as defined in Map 4.1 comprised four enumeration areas (Nos. 113, 114, 121 and 108), contiguous to the subject facility but excluding the "core" area, a three block "backyard area." This "core" area, Blocks A1, A2 and A3 on Map 4.1, was defined as a separate impact area for it likely represented the immediate area affected by the facility. Except for Block A3, it was largely the place of residence of the declared petition objectors (see Chapter III).

At the beginning of the field research it was assumed that all residents within a block of the subject property and with two or more years neighbourhood tenancy were aware of the facility's impending establishment. The author was informed that all

residents of households within blocks A1 and A2 on Map 4.1 were made aware of the proposed change of use of the property providing for an emergency shelter for street kids through a letter from the Victoria Cool-Aid Society (Chapter III). However, it was not known at the time how the residents were canvassed for the subsequent petition, and whether such canvassing extended to Block A3.

Map 4.1 Kiwanis Youth Shelter and Study Impact Area



NOTATION



CORE IMPACT AREA



OUTER IMPACT AREA



CENSUS ENUMERATION AREA

#### 4.4.2 Questionnaire Design

The three block "core area" representing the area expected to be directly impacted by the emergency shelter for youths was subjected to a fairly in-depth, micro-study approach. Residents, including both non-objectors and declared objectors, were approached by telephone for a personal in-home interview. A questionnaire on neighbourhood satisfaction (see Appendix B) was used to collect data on both living conditions (quality of life) and perceptions of, and response to, the shelter for youths both before and after its establishment in the community.

##### 4.4.2a Basic Questionnaire

In common with many questionnaire surveys (Dear & Taylor, 1978; Berry et al., 1981; Kappel, 1986), the questionnaire for the in-home interview had a specific "funnel" structure proceeding from general to specific questions (Dear & Taylor, 1982; Patton, 1980; Babbie, 1983). The purpose of this "funnel" approach was to introduce, in the early part of the questionnaire, general non-controversial contextual questions requiring minimal recall and interpretation, and serving to place the more specific later questions in a clearer perspective. Moreover, this approach to the line of questioning was adopted to obviate the tendency of

respondents to conform to the social norm, and to avoid expressing socially unacceptable opinions (see Chapter II, Section 2.4.1).

The basic questionnaire comprised a series of questions requiring short answers and minimum recall, and Likert-type scaled attitude questions. This latter approach to questioning is a frequently used format in contemporary survey questionnaires (Smith, 1981; Babbie, 1983), because the unambiguous ordinality of response categories resolves the dilemma of ambivalent answers of respondents (Babbie, 1983). In this research, attitude statements were constructed on various aspects of neighbourhood living. Interviewees were asked to indicate their degree of agreement or disagreement with each item along a five-point labelled scale, the standard Likert format (Smith, 1981).

The questionnaire was divided into four parts comprising: (A) Attachment to Neighbourhood; (B) Neighbourhood Satisfaction; (C) The Emergency Shelter Controversy; and (D) Respondents' Demographics. It was introduced to respondents as seeking information on "your feelings regarding living in the neighbourhood."

The questions posed in Sections A and B were fundamentally derived from previous empirical research on non-user attitudes towards the socially disadvantaged, including Berry et al. (1981) and Kappel (1986). Section C, in contrast, focused on the specific issue. The questions asked elicited respondents' attitudes towards the facility, pre- and post-establishment. In

addition a series of Likert-type statements sought attitudes towards the concerns raised by the "declared petition objectors." These fears revolved around the tangible aspects of neighbourhood degradation. The final section, Section D, requested various demographic and personal characteristics of the respondents for comparative purposes and to test against census data as to representativeness.

Three separate versions of this basic questionnaire were created: slightly different forms for the declared objectors who have remained in the neighbourhood, and for the non-objectors (Appendices B and C respectively); and a shortened and modified version for the declared objectors who had moved from the neighbourhood before the facility opened or shortly thereafter (Appendix D). With respect to the latter, the modifications involved the omission of Section C comprising the series of questions on current facility awareness and attitudes towards it, and rewording of questions in Section A to elicit reasons for the move from the neighbourhood.

The questionnaire was designed for 20-30 minute interviews, but as each respondent was encouraged to express his or her feelings about living in the neighbourhood, and make subjective judgments about the relevance, importance and desirability of the various descriptions of neighbourhood conditions, the interviews invariably lasted on average over one hour. In instances where interviewee responses were vague or non-neutral (particularly with

respect to Likert attitude questions), the respondent was probed for further explication or clarification to deepen the response to the question, and thereby increase the richness of the data obtained.

The merging of the objective data and respondents' subjective judgments thus facilitated a more comprehensive depth of perception of the quality of life of area residents, and a more meaningful social impact assessment of the facility introduction. However, the standardized format, while allowing for increased comparability of resident responses and reduced interviewer effect and bias, was somewhat mechanistic and impersonal, and in some instances constrained the naturalness of respondents' answers. Flexibility and individualization of the more conversational interview guide approach adopted in the telephone interview (described in the following paragraphs) were sacrificed for ease of data aggregation, comparability and analysis.

#### 4.4.2b Telephone Questionnaire and Interviews

In contrast, residents of the "outer" impact area were initially approached by a brief telephone interview to ascertain their awareness of the facility and their attitudes towards it. A short telephone questionnaire (Appendix E), designed for a five to ten minute interview, was used to collect the data. It contained two fundamental questions: (1) a series of short inquiries

regarding facility awareness at the time of the proposal (including the medium by which the respondent became aware), and attitudes held at that time; and (2) awareness of and attitudes towards the established facility.

The short telephone questionnaire, with basically yes/no responses, addressed the spatial and temporal components of facility awareness (research objective #1), but not the factors influencing the attitudes held of "aware" respondents (research objective #2). Such influences may be either (1) neighbourhood-associated such as fear for personal safety, or (2) personal, such as abstract prejudices. Hence in-home and lengthy telephone interviews were not restricted to "core area" residents as had been planned. All "facility aware" respondents, as well as those that were "not aware" but with whom rapport with the author was quickly established, were engaged in more in-depth telephone conversations of 20-30 minute duration and longer. In some instances, such verbal exchanges led to "qualitative" in-home interviews.

These telephone interviews were semi-structured, utilizing a combination of qualitative interview approaches. A standardized interview format was adopted in the early part of the interview in the determination of facility awareness, and "before" and "after" attitudes towards it. But in instances where rapport was established with the respondent, the interview became more informal, conversational and interactive.

This regularized format was replaced by an informal "interview guide approach" with the line of inquiry based on the longer questionnaire on neighbourhood satisfaction (Appendix B) employed in the in-home interviews. Simple, straightforward, open-ended questions relating to attachment to the neighbourhood and assets and problems of neighbourhood living were asked. Likert-scaled attitude questions featured in the more detailed questionnaire were obviously omitted, but most of the other questions were addressed either explicitly or in an indirect manner. Except for the level of education attained, and present occupation, most of the personal characteristics of the respondents were also indirectly obtained from the conversations held. In addition to the eliciting of factual data on prevailing neighbourhood conditions, each respondent was encouraged to express, in his or her own terms, the feelings and attitudes held with respect to his or her living environment.

While the systematic questioning of respondents facilitated ease of data organization and analysis, the spontaneous questions and conversational style approach allowed the ready emergence of individual perspectives and experiences. Furthermore, in order that a holistic picture of the quality of resident living from the participants' perspectives could be obtained, wherever possible one or more obliging respondents were sought on each block throughout the entire study area for longer in-home interviews (see 4.4.3 for further details of this procedure).

#### 4.4.2c Pretesting of the Questionnaire

The micro interview schedule and the brief telephone questionnaire, as described in the preceding section, were the end result of a careful field pretesting in a neighbourhood in Langford where a group home for youths on probation was recently opened on Westwind Drive in September 1986. Volunteer residents of this neighbourhood as well as obliging neighbours and friends of the author (n=10) assisted in this pilot test to both (1) determine whether the questions asked would provide the kinds of data necessary to serve the study objectives; and (2) to ensure appropriate phrasing, sequencing of questions and clarity of instructions. Confusing or ambiguous questions were to be identified, as well as the time taken to complete the interview.

One major revision resulted from the pretest. A hypothetical question pertaining to perceptions and attitudes towards socially disadvantaged persons was deleted as it was thought that respondents might be inclined to provide answers conforming to the social norm. This was replaced by a series of short questions relating to the awareness of other group homes in the neighbourhood and the characteristics of their programmes and clientele. A personal characteristics question relating to family composition of the respondent was added as it was felt that those

with children at home might well have different attitudes to those without, or having no children at all.

#### 4.4.3 Sample Selection and Evaluation of Data Collection Phase 2

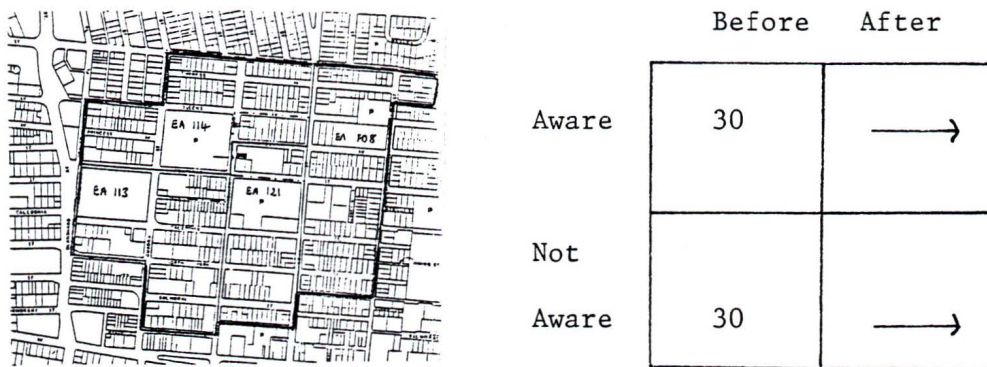
##### 4.4.3a Sample selection

The original intent of this research was to conduct the study on the basis of statistical probability, involving random sampling and other probability techniques designed to ensure the sample's representativeness of the larger population. However, it quickly became apparent that using quantitative methods alone would not achieve the study objectives and that an integrated quantitative/qualitative approach was imperative.

Multipertionalism is a highly acceptable strategy, and widely advocated by many researchers as the preferable mode of inquiry, particularly in the undertaking of research in the social sciences and humanities (Reichart & Cook, 1979; Patton, 1980; Bogdan & Taylor, 1984; Olsen, Canan & Hennessy, 1985; Porteous, 1989). It not only provides for more methodological rigour and heterogeneity, by correcting for the inevitable biases present in each method, but also facilitates a depth of perception that neither could provide alone.

In addressing research objective #1, pertaining to the spatial and temporal components of facility awareness, a random

sample of residents in the "outer" area was to be approached for a short telephone interview of awareness of the facility both at the proposal stage and six months or more after its establishment in the neighbourhood. A resident sample size of 30 respondents in each of two groupings, namely residents (aware): both "before" and "after" and residents (not-aware) prior to the opening but aware thereafter, was felt to provide a sample of sufficient size to allow for simple descriptive statistical analysis. Figure 4.2 is a graphic representation of the procedure contemplated.



Study impact area

Figure 4.2. Procedure originally contemplated.

However, during the course of the execution of the field survey, severe random sampling biases were encountered using quantitative methods alone. The majority of the stable population, (2 1/2 year tenancy or more), was found to be concentrated in large senior citizen complexes that are not only

security controlled but also offer self-contained living environments for residents. There was, therefore, a tendency to solicit the views of these residents. However, in conversations with respondents of these complexes, it was found that very few residents "got out and about" in the neighbourhood to be aware of any activities and development. Hence, after one hundred telephone calls had been placed, the "purposeful" sampling approach was adopted to correct for this bias.

This procedure, sometimes called "subject selection" or "theoretical" sampling, is a research approach developed by Glaser and Strauss (1967). Researchers define their samples on an ongoing basis as the study progresses, and consciously select additional cases to be studied according to the potential for developing new insights or expanding and refining those already gained. The "theoretical" saturation point is reached when additional observations do not yield additional insights.

In this study, the respondents selected for contact were those that were thought to be more aware of neighbourhood activities and developments. A conscious effort was therefore made to solicit the views of single family property owners and renters, and tenants of smaller apartment complexes in every block and on every street frontage throughout the outer impact area. This was not always possible for the following reasons: no "stable" populations in parts of the study area; no householder available for contact; or uncooperative residents.

Similar problems of random sample biases and the attainment of a statistical valid sample for quantitative analyses were encountered in the "core" impact area, which because of its proximity to the subject facility was subjected to more in-depth study. At the time of the field survey in October 1987, the stratified target population of households, including the "declared objector" population, amounted to 72 which represented a little over a quarter of the total number of households in the impact area. Of the 38 declared petition objectors residing in the area as of January 1987, only 29 objectors, representing 20 households, were available for contacting for personal in-home interviews by the time of the field survey.

During 1986 4 petition objectors (representing 3 households) moved from the neighbourhood to a known location in the city and during 1986-87 a further 8 "objectors" (7 households) moved: 2 households to Vancouver; 2 to unknown destinations; and 3 to local known destinations. Thus a forever declining target population of "petition objectors" became a major problem in this research.

At the time of the field survey, the author intended to seek the cooperation of a random resident sample equal to the number of cooperative declared objectors, so that comparisons could be made between these two subpopulations as to the representativeness of the "declared objectors'" views. However, with such a small target population, now reduced to 52 households (excluding the declared objectors), a random sampling procedure made little

sense, and all households were contacted for either a personal (in-home) or telephone interview.

#### 4.4.3b Sample Evaluation

Data collection, Phase 2, commenced in October 1987 and was completed in March 1988. Owing to relatively high refusal rates for in-home interviews (26%) and a shrinking target population owing to the transient population, the attainment of a statistical sample for quantitative analysis as originally envisioned was not quite achieved despite the adoption of a theoretical sampling approach. The time constraints and resources available to the author were added impediments.

The final survey sample totalled 126 respondents (including 4 declared objectors "movers") representing approximately 24 per cent of the target population. Ninety (71%) of these respondents engaged in "qualitative" interviews with the author by way of in-depth telephone conversations or in-home interviews. The responses of recipients of the short telephone inquiry on facility awareness were mapped only. The breakdown of survey responses by interview strategy and impact area is presented in Table 4.1.

Of the 72 telephone calls placed in the core area, 23 households (32%) responded to the request for a comprehensive interview (39% response rate for declared objectors and 61% for non-objectors). With respect to the declared petition objectors

Table 4.1  
 Profile of Field Survey Resident Response  
 by Study Impact Area  
 October 1987 - March 1988

Area	Total Private Households	Target Population at Time of Field Survey 1987/88	Telephone Calls Placed	Households Unavailable	Refusals	Brief Telephone Survey Call Mapped Only	Long Telephone Interview	In-home Interview
Outer	1040	414	224	96	32	33	57	6
Core	280	72	72	27	8	3	8	6
					11 d.o.			9 d.o.
<b>Total</b>	<b>1320</b>	<b>506</b>	<b>296</b>	<b>123 (41%)*</b>	<b>51 (18%)</b>	<b>36 (12%)</b>	<b>65 (22%)</b>	<b>21 (7%)</b>

Notation: d.o.: declared petition objectors  
 \*: response rate % of telephone calls placed

who have since left the neighbourhood, of the 8 households with whereabouts known, successful contact was made with only four. Two of these opted for a mail questionnaire because of inconvenience of personal interviewing.

Of the 224 telephone calls placed in the outer impact area, 63 households (28%) responded to an in-depth telephone or in-home interview while a further 33 households (15%) responded to a short telephone inquiry. The remainder was either not available (42.8%) or refused to participate in the survey (14.3%).

Although these response rates are disappointing they are not out of line with other studies of this nature. For instance, the Kappel study (1986), the most recent published study of which the author is aware, which was conducted in 1983 on neighbourhood response to correctional group homes in various cities in Ontario, experienced an overall telephone survey participation response rate of 29.6 per cent and a refusal rate of 25.2 per cent. An earlier study by Dear et al. (1982), carried out in 1978 on attitudes towards mental health facilities in Metro Toronto, had an overall 52.1 per cent response rate,<sup>1</sup> but a lower response rate was encountered in neighbourhoods of the inner city with low to middle-income households. It is noteworthy that a characteristic feature of the study neighbourhood is a significant number of low income households on social assistance.

#### 4.4.4 Sample Characteristics and Representativeness

The socio-economic characteristics of the survey sample, based on census variables, are presented in Table 4.2. The vital statistics of the recipients of the short telephone questionnaire are excluded owing to paucity of data. The personal characteristics of in-home interviewees are tabulated separately as more detailed background data were provided by these respondents. This table also features the demographics of the general population from which the survey sample was drawn. These statistics are based on the 1981 Census.

Except for age and length of occupancy, the demographics of the general population, 20 years of age and over, is unstratified. Length of occupancy, however, was a key variable in this research, because it was basic to the execution of a "before" and "after" assessment of resident attitudes towards the shelter (research objective #1).

##### 4.4.4a Representativeness of Survey Sample

The survey sample is fairly representative of the general population in the following categories: three of the six age categories, 35 years to 64 years inclusive; length of occupancy; labour force activity; and grades 9 to 13 education levels and college education. However, this sample is over representative in

Table 4.2

## North Park Study Area

## Socio-Economic Profile of Survey Sample and General Population

Based on Census Variables and by Percentage of Total

March 1988

Census Variables	General Population 1981 Census EAs 108,113 114, 121 N=1950	Combined Interview Strategies In-depth Telephone & In-Home n=90	In-Home Interviews n=21
Sex M	46 %	23 %	12 %
F	54	77	88
<u>Age Grouping</u>			
20-24	20	1	0
25-34	27	24	40
35-44	10	14	20
45-54	10	10	12
55-64	11	11	12
65+	22	40	16
Families with no children at home	45		68
Families with children at home	55		32
Single person households	48		54
Mother tongue--English	78	98	96
<u>Tenure</u>			
Owner occupied	18	38	28
Renter occupied dwellings	82	62	72
<u>Length of Occupancy</u>			
3-5 years	48	48	68
6-10 years	25	20	16
10 years +	27	32	16
<u>Labour Force Activity</u>			
Population 15 years +			
Employed	59		58
Not in labour force	35		42
<u>Highest Level of Schooling</u>			
Population 15 years +			
Under Grade 9	21		7
9-13	41		35
Trade College	24		26
Some University	9		20
University Degree	5		12

the following areas: sex; the 65 and over age category; family composition; mother tongue; tenure; and post-secondary education. These variances and similarities in sample representativeness are discussed below.

The high female response rate (77% sample; 54% Census) is a characteristic feature of most social surveys (Berry et al., 1981). The fact that more females cooperated in the survey may likely be influenced by the sex of the interviewer (the author).

It was observed during the course of the field survey that elderly people comprised a large segment of the "stable" population, that is, length of occupancy in excess of 5 years. This may account for the proportionally higher number of senior citizens cooperating in the survey (sample 40%; Census 22%).

The theoretical sampling approach adopted in the field research (section 4.4.3 [a]) may be partially responsible for the disproportionately higher number of homeowners in the survey sample (sample 38%; Census 18%); homeowners were felt to have more at stake. However, this bias may also be accounted for by the fact that this neighbourhood is highly transient. Figures from the 1981 Census indicate a high degree of resident mobility (see Chapter III). At the time of the Census survey, there were more than three times as many movers compared with non-movers (77% movers, 23% non-movers, population 5 years and over). It is highly likely that such transients lived in rental accommodation.

The high response rate from English-speaking Canadians (sample 98%; Census 78%) may be attributed to the high refusal rate among ethnic Chinese to participate in the survey.<sup>2</sup> In the absence of published Statistics Canada Census figures, residents of Chinese origin were found to make up 13.4 per cent of the stable population in the neighbourhood. This is an estimate, a figure derived from an abstraction of households with Chinese sounding names taken from the Greater Victoria City Directory. It is speculated that this reaction may in part be attributed to a different cultural background and social habits.

Data on the last two variables, family composition and educational background, were provided by in-home interviewees only. They represent a very small sample of the general population, approximately 1 per cent. Some biases are inevitable when small numbers are involved.

In-home interviewees were fairly well educated. The majority (58%) had some form of post-secondary education, which was well above the neighbourhood norm of thirty-eight percent. However, interviewees with grades 9 to 13 levels of education approximated the general population (35% sample; 41% Census). Given this response, there exists the possibility that persons with under Grade 9 standard of education may have been intimidated by the telephone request for personal interviews.

With respect to family composition, there was a higher response rate from respondents with no children at home (sample 68%; Census 45%).

In contrast, the sample was well represented with respect to length of occupancy, the key research variable. In all length of occupancy categories there existed good representations, particularly with respect to: 3-5 years occupancy, sample 48 per cent, census 48 per cent; and 6-10 years occupancy, sample 20 per cent, census 25 per cent.

There was also a good survey match in the middle age brackets, 35 years to 64 years inclusive; overall sample 35 per cent, census 31 per cent. It was only at either ends of the age groupings that differences were noted. Young people are generally more mobile than their counterparts, and are invariably less interested and attached to their neighbourhood. Hence, an underrepresentation of the younger age categories is not seen to significantly affect the validity of the overall survey findings.

Data on labour force activity as well as educational background were provided by in-home interviewees only. However, despite the small numbers involved, the sample was well representative of the general population in both the labour force activity and the middle education levels (grades 9 to 13 inclusive, and college education). With respect to the latter, it was only at the extreme ends of the educational breakdown that there were notable differences in sample representation. Educated

people are usually more cognizant of neighbourhood changes and happenings. Thus the underrepresentation of the sample in the under grade 9 level of schooling is not seen to seriously jeopardize the overall validity of the survey results.

Overall, despite these inherent sample and general population biases, the sample population was fairly representative of the general population. It is rare that a sample population, whose participation in a survey is voluntary, is wholly representative of the general population from which it is drawn.

#### 4.4.5 Data Analysis

Simple descriptive statistical analysis comprised the mode of analysis and reporting of the quantitative data. The rich qualitative data arising from the open-ended questionnaire items and primarily comprising quotations--respondents' thoughts and insights verbally communicated to the author--were organized, classified and edited according to the major themes established in the longer questionnaire on neighbourhood satisfaction. The analysis of the study findings largely involved the comparing and contrasting of this qualitative/quantitative data across the various subpopulations.

## Endnotes

<sup>1</sup>This observed trend in survey participation by the general public may well reflect a more cautious society that is distrustful of perceived outsider intrusion. The amount of telephone soliciting for various commercial products, and financial support for charities, has in recent years escalated. This possibly may be a contributory factor.

<sup>2</sup>They were responsible for 37 per cent of the total (including declared objectors) survey refusals.

CHAPTER V  
NEIGHBOURHOOD PERSPECTIVE OF THE CONCEPT OF  
THE EMERGENCY SHELTER FOR YOUTHS

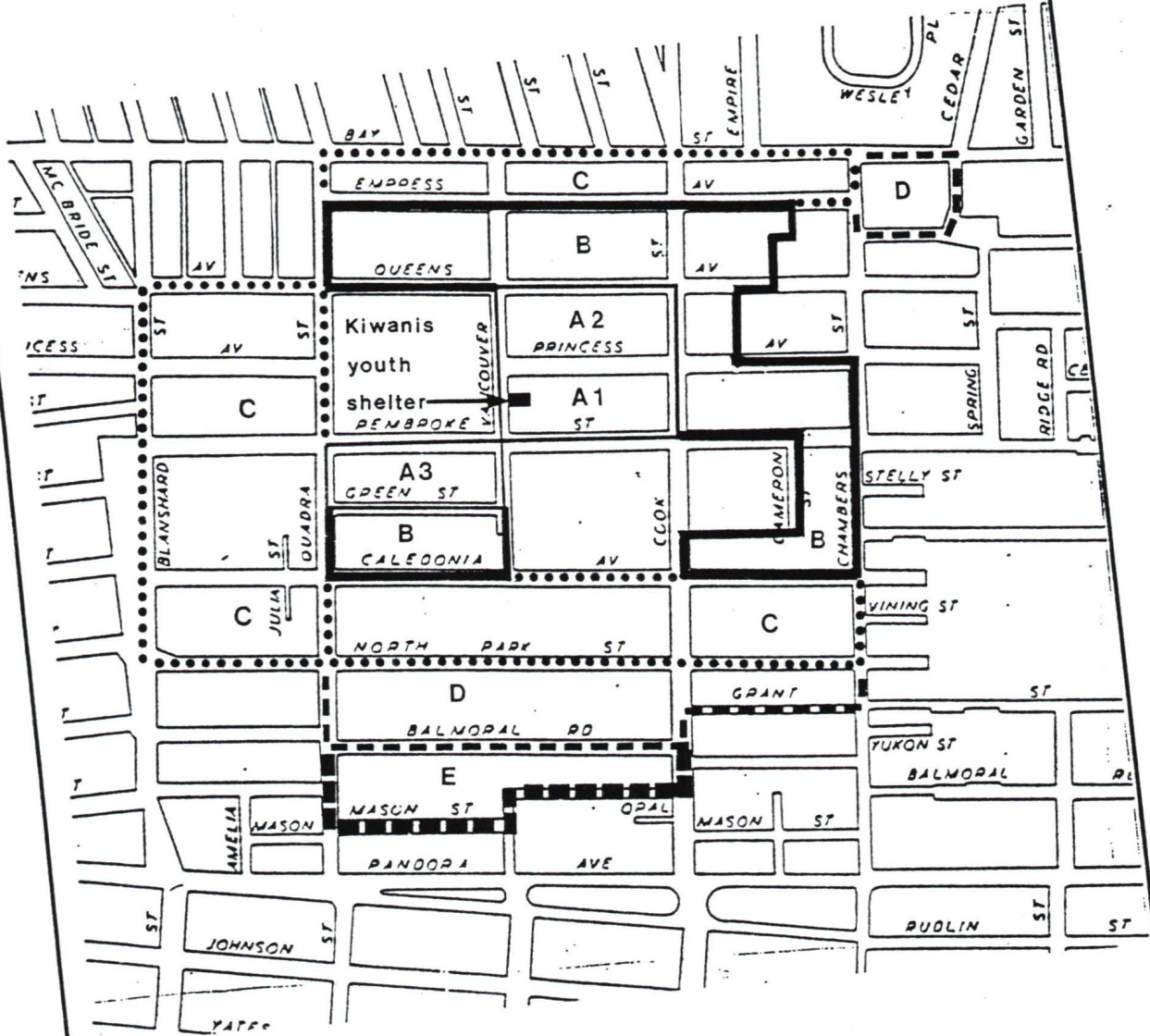
5.1 Introduction

This chapter presents the results of the empirical analysis of community response to the concept of the Kiwanis Youth Shelter, and a discussion of these findings in the context of the major research objective #1, and its attending hypotheses. The initial section addresses the spatial dimensions of this neighbourhood response. This is followed by an examination of resident attitudes towards the concept of the emergency shelter both before and after its establishment.

5.2 Spatial Pattern of Awareness and  
Attitude Towards the Concept of the  
Emergency Shelter for Youths

In order to address research objective #1 and hypotheses 1a, 1b and 1c posed in Chapter 4, section 4.3, resident response was fractioned into geographic distance zones from the source. These geographic zones (Map 5.1) are largely defined by city blocks, on average 600 feet by 250 feet in size. Zone A represents the

# MAP 5.1 GEOGRAPHIC ZONES



- Zone A
- Zone B
- ..... Zone C
- - - Zone D
- - - Zone E

immediate core impact area, and Zones B to E inclusive represent increasingly distant zones of the "outer" impact area.

#### 5.2.1 Proximity and Awareness

HYPOTHESIS (1a):

AWARENESS OF THE EMERGENCY SHELTER  
DECREASES WITH GEOGRAPHIC DISTANCE.

Of the 126 area residents interviewed through in-home interviews or telephone calls, more than half of the respondents were totally unaware of this facility; 68 residents were never aware compared to 58 with some level of awareness (see 5.2.2) This latter figure includes the "declared petition objectors." Table 5.1 summarizes the "non-objector" resident response by the two impact areas. Table 5.2 charts all responses, by both declared objectors and non-objectors, by geographic zone, and Map 5.2 maps the distribution of resident responses.

Awareness of the street shelter was found to decline significantly beyond two city blocks of the subject property as shown in Table 5.2 and Map 5.2. Fifteen per cent of residents in Zone C were found to have some facility awareness compared to 72 per cent and 64 per cent respectively in Zones A and B. However, a slight rise in facility awareness was observed in Zones D and E, 33 per cent and 30 per cent respectively.

Table 5.1

Profile of Neighbourhood Facility Awareness  
by Study Impact Area  
Field Survey of "Non-Objector"\* Resident Response,  
October 1987 - March 1988  
n=117

Impact Area	Facility Unaware-ness "Before" and "After"	Facility Awareness "Before" and "After"	Awareness of Proposal but not Aware Now	Aware-ness of Facility Exis-tence Now But Not Before	Total No. House-holds
"Core" Area	7	4	3	2	16
"Outer" Area	63	22	14	2	101
Total	68	26	17	4	117

\* At the time of survey 20 "declared objector" households were still in existence in the Study Area of which 19 were located in the "Core" Impact Area.

Table 5.2

## Proximity and Facility Awareness by Zone

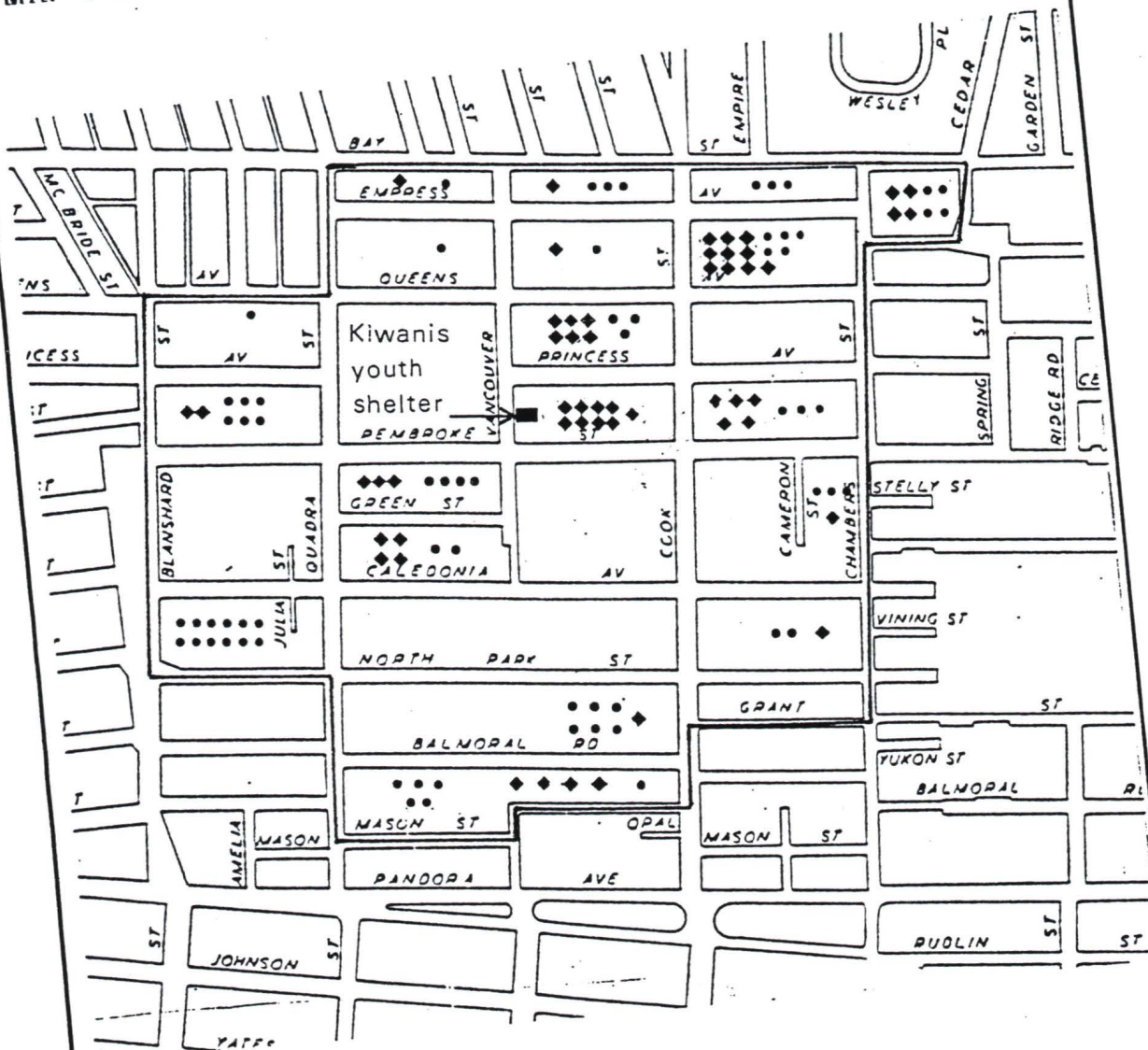
## Field Survey Resident Response

October 1987 - March 1988

n=126

Zone	Aware	Never Aware
A (1 block)	18	7
B (2 blocks)	27	15
C (3 blocks)	5	29
D (4 blocks)	5	10
E (5 blocks)	3	7
Total	58	68

# MAP 5.2 PROXIMITY AND AWARENESS



◆ AWARE

● NEVER AWARE

INCLUDES DECLARED PETITION OBJECTORS

MARCH 1988

Apart from distance from source, the sizeable tract of parkland abutting the subject property, comprising Central Park to the West and Royal Athletic Park to the South (Map 3.3) likely acts as a physical and psychological barrier to resident awareness.

Beyond Zone C, the fluctuation occurring in Zones D and E is due to sampling biases. Owing to the theoretical sampling approach adopted, interviews were highly concentrated around the source in Zones A, B, and C--namely within three blocks of the subject property. The very small sample of residents interviewed in Zones D and E would thus account for these anomalies.

Within Zone A, the core impact area, a significant number of "non-objector" residents were found to be totally unaware of the facility;--7 out of 16 households surveyed. These 16 households represented 31 per cent of the target population of the core area. This relatively high level of facility unawareness was unexpected, for it was assumed at the beginning of the field research that all residents within a block of the subject property and with two or more years neighbourhood tenancy was aware of the facility's impending establishment. Moreover, although it was not known at the time how the residents for the petition were canvassed, the author was informed by the Executive Director of the Victoria Cool-Aid Society that all residents within Blocks A1 and A2 on Map 5.1 were made aware of the proposal through an agency letter (Chapter III). The survey has since shown that only those interviewed within Block A1, the block containing the subject

property, were all the residents interviewed aware of the facility.

Despite the existence of certain anomalies, the survey findings support HYPOTHESIS 1(a):

THAT AWARENESS OF THE EMERGENCY SHELTER  
DECREASES WITH GEOGRAPHIC DISTANCE.

### 5.2.2 Proximity and Nature of Facility Awareness

Of the 58 "aware" respondents, 17 residents were only aware of the proposal to establish the shelter, but not aware of its implementation, and 7 interviewees were only aware of the established facility. This relatively high number of residents who were only aware of the proposal may be attributed to the lengthy time span from the onset of the controversy in January 1986 to the facility's establishment in April 1987--a period of 16 months. During that period of time the issue had likely become obscured in people's minds.

Sixty-five per cent of respondents who were aware of the proposal only, were found to be residing in Zone B, a distance of approximately two blocks from the subject property (Table 5.3, Map 5.3). Residents living in this zone are not within sight of the property. Moreover, the large physical expanses of both Central and Royal Athletic parks act as visual as well as mental barriers. In addition, Vancouver Street is not a through right-of-way from

Table 5.3

## Proximity and Level of Facility Awareness\* by Zone

## Field Survey Resident Response

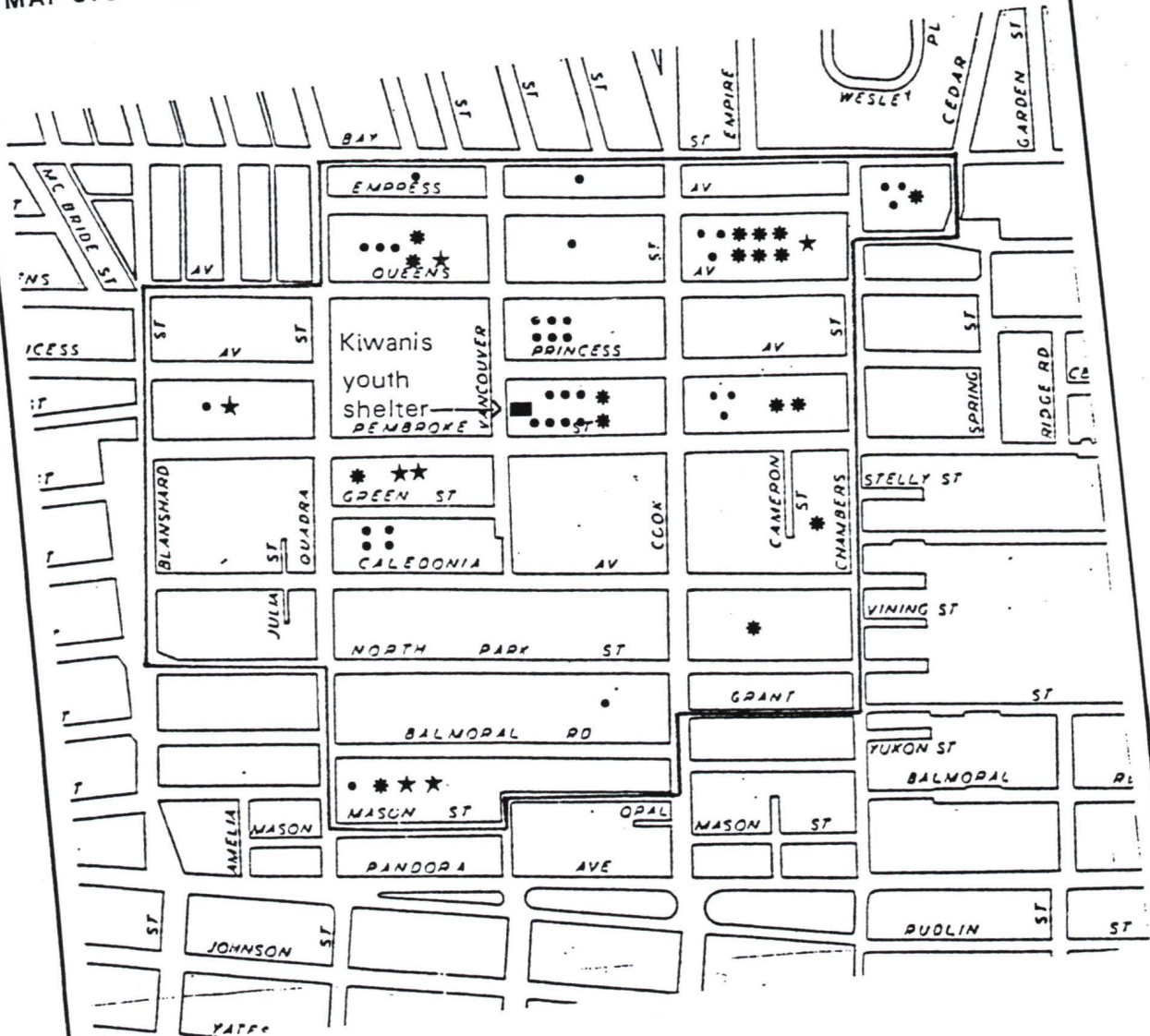
October 1987 - March 1988

n=58

Zone	Fully Aware	Aware Not Aware	Not Aware/ Aware
A (1 block)	13	3	2
B (2 blocks)	14	11	2
C (3 blocks)	3	1	1
D (4 blocks)	3	1	0
E (5 blocks)	1	1	2
Total	34 (59%)	17 (29%)	7 (12%)

\* Excludes "Never Aware" respondents

# MAP 5.3 PROXIMITY & CATEGORY OF POSITIVE FACILITY AWARENESS



- AWARE / AWARE
  - \* AWARE / NOT AWARE
  - ★ NOT AWARE / AWARE
- INCLUDES "DECLARED PETITION OBJECTORS."
- MARCH 1988

Bay Street to Pandora Street. It is blocked off at Green Street, just to the south of the subject property. Hence visual awareness of the facility is virtually limited to "foot" traffic. No other anomalies were observed.

5.2.3 Proximity and Attitude Towards the  
Concept of Emergency Shelter

HYPOTHESIS (1b):

RESIDENT ACCEPTANCE OF THE CONCEPT OF THE  
EMERGENCY SHELTER FOR YOUTHS INCREASES  
WITH GEOGRAPHIC DISTANCE.

Of the 68 residents who expressed opinions about the facility, 79 per cent were found to be supportive of the emergency shelter concept (Table 5.4 and Map 5.4). These figures include the post-implementation attitudes of declared petition objectors, (6 months or more after the facility's establishment), and the attitudes of all non-objectors (those aware and not aware of the shelter). A high degree of support was found to emanate directly from the source outward. In Zone A, 85 per cent of respondents were supportive, and in Zone B, 84 per cent of interviewees expressed positive attitudes. This support in Zone A included eight of the nine "declared objectors." A complete change of attitude in these respondents was observed. These eight former

Table 5.4

## Proximity and Facility Attitude by Zone

Field Survey Resident\* Response

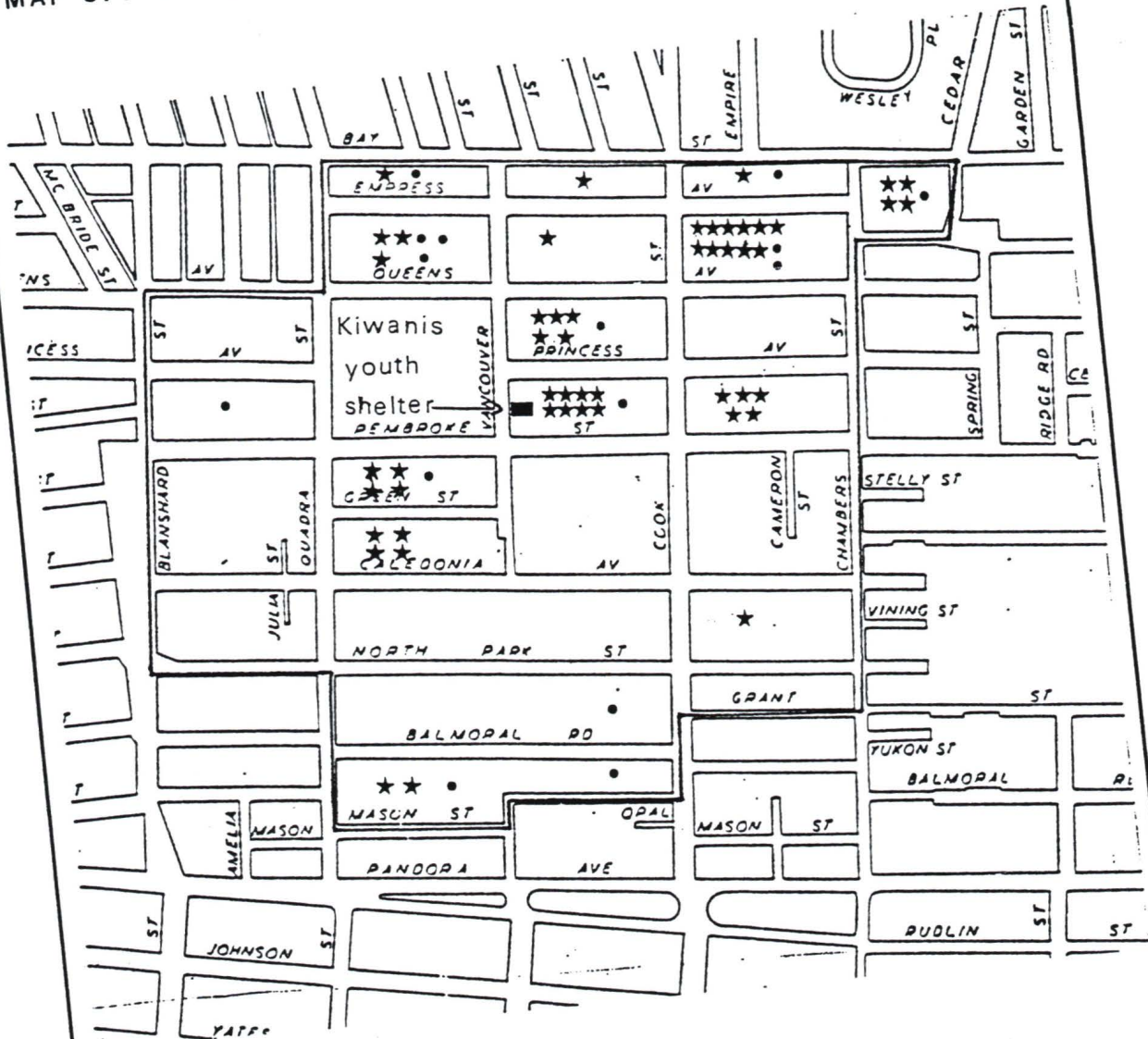
October 1987 - March 1988

n=68

Zone	Positive Attitude	Negative Attitude
A (1 block)	17	3
B (2 blocks)	27	5
C (3 blocks)	4	3
D (4 blocks)	4	1
E (5 blocks)	2	2
Total	54 (79%)	14 (21%)

\* Includes all respondents who expressed an attitude.

# MAP 5.4 PROXIMITY AND ATTITUDE



★ POSITIVE ATTITUDE

● NEGATIVE ATTITUDE

INCLUDES 'DECLARED PETITION OBJECTORS

MARCH 1988

objectors expressed post-implementation attitudes which were highly positive towards the shelter and its clients (see 5.3).

Since awareness of the facility was found to decline significantly beyond Zone B, the numbers involved in each subsequent zone are too small to meaningfully comment upon. However, taken as a whole, in Zones C to E inclusive, 63 per cent of respondents expressed positive attitudes. This shows a small drop in facility support at a distance of more than two blocks from the subject property.

Overall, these survey findings do not support

HYPOTHESIS 1(b) that:

RESIDENT ACCEPTANCE INCREASES WITH  
GEOGRAPHIC DISTANCE.

No distance decay effect in positive attitudes expressed was observed.

The various dimensions of volunteered respondent comments with respect to proximity to the shelter are discussed in the following section.

5.2.4 Proximity and Attitude Towards  
Troubled Adolescents

HYPOTHESIS (1c):

ATTITUDE TOWARDS TROUBLED ADOLESCENTS WILL  
BE RELATED TO PROXIMITY.

As a consequence of the foregoing supposition, it follows that attitudes towards the concept of the emergency shelter will also reflect attitudes towards the clients of the facility, street kids and troubled adolescents (hypothesis 1[c]). Thus with respect to proximity and attitude towards troubled adolescents, the survey findings revealed no distance decay effect in negative attitudes expressed. On the contrary, positive attitudes emanated directly from the source outwards.

The statements of the 61 respondents who volunteered comments were content-analyzed, categorized into 7 basic attitude themes and analyzed with respect to distance from shelter (Table 5.5).

5.2.4a Unfavourable Attitudes

Three themes unfavourable towards the facility clients were observed. Most frequently attitudes were found to centre on prejudices against those people who are different from the mainstream of society. Negativism of this nature has often been

Table 5.5

Themes and Frequencies of Respondent\*1 Comments by  
Favourable-Unfavourable Evaluation of the Shelter Concept  
and Proximity to Shelter

Field Survey Resident Response

October 1987 - March 1988

n=68

Attitude Theme	Favour- able	Zones:		Un- favour- able	Zones:	
		A&B	C,D,E		A&B	C,D,E
Proximity "Not-in-my-backyard"	5	4	1	6	2	4
Image of street kids	10	9	1	5	5	0
Utilitarian Function	36	29	7	0	0	0
Scepticism or lack of Understanding of Treatability	0	0	0	3	3	0
Overt Behaviour of Shelter Street Kids	14	14	0	0	0	0
Operational Aspects of Street Kids	13	13	0	0	0	0
Impartiality-Neutrality	13	11	2	0	0	0
Total *2	91	80	11	14	10	4

\*1 includes declared petition objectors as well as non-objectors.

\*2 Total number of attitudes expressed is larger than the number of respondents (68) because some respondents made comments on more than one theme.

labelled the NIMBY ("not-in-my-backyard") response. Negative attitudes were also found to be associated with perceptions of misbehaviour by facility clients. Fears not only for personal safety, but also for the safety and values of children, were the overriding concerns. The third unfavourable response centred on generalized scepticism about the likelihood of the curability of street youths and troubled adolescents.

Of these three types of negative responses, two-thirds (66%) of those respondents who expressed NIMBY opinions (the dominant negative attitude voiced) lived at a distance of more than 2 blocks from the shelter (Block C and beyond). In contrast, all respondents in the other two categories were observed to live within close proximity to the shelter (Blocks A and B).

The following quotations are typical of the respective views expressed in each of these unfavourable theme categories in descending order of dominance.

(a) "NIMBY" response:

'something should be done about the street kid problem, but I would not like it (the facility) next door to me. I don't feel there is a need for a facility like this. Parents should be more responsive.'  
(Respondent #38)

(b) Negative image of street kids:

'The group home will only add to the problem of youths in the neighbourhood.'  
(Respondent #9)

(c) Sceptical attitude:

'Don't know whether it will do any good in the long run, as kids run away from foster homes.'

(Respondent #11)

As for a solution to the problem, the majority of these respondents felt that:

'The shelter should be out of town--away from the elderly . . . not the same environment as they are used to. In that way with unfamiliar surroundings, they won't get the chance to do any harm.'

(Respondent #1)

#### 5.2.4b Favourable Attitudes

Six themes favourable towards the clients of the facility were observed. The affirmative opinions expressed were associated with the following themes: (1) proximity, "why not in my backyard"--the opposite of NIMBY; (2) street kid image; (3) overt behaviour of shelter clients; (4) operational aspects of the facility; (5) the facility's utility--its fulfilling of a need; (6) impartiality--"siting not bothering me" type of attitude.

The majority (87%) of interviewees expressing favourable opinions about the shelter was observed to live within close proximity to the facility, that is, within Blocks A and B. As expected all respondents who voiced views on both the overt behaviour of the shelter care clients, and the operational aspects

of the facility, lived within sight of the Kiwanis Shelter. Nine out of 10 interviewees (90%) who expressed opinions associated with a sympathetic attitude towards the street kid dilemma, also lived within close proximity to the shelter. With respect to the remaining positive themes, no dominant patterns were observed.

The following quotations are typical of the respective views expressed in each of these positive theme categories in descending order of dominance.

(a) Utilitarian Function--pragmatic viewpoint:

'There is a need for a facility like this--kids need shelter, a place to sleep.' (Respondent #77)

(b) Overt behaviour of shelter street kids:

'I walk by there every day, and kids are behaving themselves. It is like a home like anywhere else.'  
(Respondent #28)

(c) Operational aspects of the emergency shelter:

'acceptability is dependent on the quality of operation, the security aspects. If badly run nobody wants it. As long as it is well run, then fine by me.'  
(Respondent #4)

(d) Impartiality--neutrality:

'Never really gave it much thought, but I am not concerned about its location on Vancouver Street. As long as they don't bother me, I am not bothered by them.'  
(Respondent #7)

(e) Favourable image of street kids:

'Some people are prejudiced and never change opinions. I see street kids as victims of broken homes, and in need of guidance. Street kids must be full of fear, . . . their whole life depends on the system. They are homeless, adrift, victims of unfortunate circumstances, victims of broken homes. The sad part is they belong to somebody . . . come from a home somewhere.'

(Respondent #80)

(f) Proximity--why not-in-my-backyard?

'Have to have somewhere to go and why not in my backyard? . . . would not mind them living next door to me.'

(Respondent #76)

### 5.3 Attitude Change Towards the Concept of the Emergency Shelter

HYPOTHESIS (1d):

ATTITUDES TOWARDS THE CONCEPT OF THE  
EMERGENCY SHELTER WILL CHANGE FOR THE  
BETTER ONCE THE FACILITY IS ESTABLISHED.

(a) Attitude of "Declared Petition Objectors:"

Of the 20 declared petition households existing in the study area at the time of the field survey, in-depth conversations were held with 9 household members. Through these interviews, it was found that initially there was a lot of uncertainty about the proposal to establish an emergency shelter for street kids.

Residents expressed similar fears to those raised on the petition of objection, namely--safety, increased crime, increased night-time disturbances and neighbourhood degradation.

However, it is noteworthy that in the early stages of facility establishment (pre-implementation) not all of these interviewees felt that the siting of the shelter in their neighbourhood would have a negative impact on the quality of living. Two of the subjects admitted to signing the petition to please the landlord.

'Because the landlord was against it, I went along with it so as not to upset him.'

(Respondent #73)

Yet another resident was more concerned about the lack of open communication between the facility operators and area residents than about the proposal itself.

'There was very little public information at the beginning, and I was concerned about the qualifications of the people running the shelter. I was initially concerned that without trained personnel, the group home might turn into a drop-in centre. However, once I found out about the programme, I was more at ease about it.'

(Respondent #66)

Information on the youth shelter was subsequently provided by Cool-Aid at two open house sessions held Spring 1987 (prior to formal public hearing on the rezoning in August 1987) (Chapter III).

Another resident was concerned about the shelter's close proximity to downtown.

'Because of its closeness to downtown, I feared that kids would gravitate towards it. Having street kids who may have been involved in drugs in the facility may attract kids who are hanging out in Central Park.'

(Respondent #68)

This resident was also concerned about the concentration of group home facilities for children with problems in the neighbourhood.

She adds:

'I feel the neighbourhood may become the focus of more and more homes for troubled children.'

She, however, was one of the few residents interviewed who was aware of one of the two provincial group homes (located within two blocks of the shelter), and the Youth Detention Centre operated by the B.C. Corrections Branch--(see Chapter VI--Influences on Attitude: Situational).

When questioned about reactions to the established facility, eight of the nine objectors expressed a change in attitude towards it. The Likert-style attitude question on facility siting (question #19, Appendix B) measured respondents' acceptability. To the statement "I find the siting of the group home on Vancouver St. unacceptable," two respondents strongly disagreed; four disagreed; two were uncertain; and one respondent strongly agreed.

Table 5.6 features the post-implementation attitudes (based on attitude themes previously developed) of the "declared petition objectors."

The two residents who expressed uncertainty indicated to the author, however, cautious acceptance of the facility:

'So far the emergency shelter has had no effect whatever on the neighbourhood, but it is too soon to make a judgement about it. I would like to see it in operation longer.'

(Respondent #68)

'Although I support the place . . . the group home operators are doing what they said they would do--it is too early to tell whether it is an okay operation. But so far so good. Kiwanis and Cool-Aid have shown a good effort. They have improved the physical appearance of the building, and have a tight control on street kids.'

(Respondent #72)

The one interviewee with a very negative attitude towards the facility was also negative about the Princess St. group home, operated by Social Services and Housing.

'The Kiwanis shelter and Princess St. Group Home are undesirable features in the neighbourhood.'

(Respondent #67)

Although she did not indicate in what way they were undesirable features, she went on to say

'but the success (of the group home) is dependent on who is running the home.'

Table 5.6

Themes and Frequencies of Post-Implementation Attitudes of  
 "Declared Petition Objectors" by  
 Favourable-Unfavourable Evaluation of the Shelter Concept  
 Field Survey Resident Response  
 October 1987 - March 1988

n=9

Attitude Theme	Positive/ Favourable	Negative/ Unfavourable
Proximity "Not-in-my-backyard"	0	0
Image of street kids	1	1
Utilitarian Function	1	0
Scepticism or lack of Understanding of Treatability	0	1
Overt Behaviour of Shelter Street Kids	4	0
Operational Aspects of Street Kids	4	0
Impartiality-Neutrality	2	0
Total *	12	2

\* Total number of attitudes expressed is larger than the number of respondents (9) because some respondents made comments on more than one theme.

With respect to the Kiwanis Youth Shelter, she added

'All street kids are potential criminals. I am told there is one success out of every 40.'

The respondent failed to elaborate on the source of this statistic. Rapport with this respondent was difficult to establish. However, it quickly became evident to the author that she had a negative, if not bitter, attitude towards group homes and youth in general. Of all the interviews conducted, her response was the strongest negative attitude voiced.

All other interviewees found the facility quite acceptable. The following quotations are some of the views that were expressed.

'It is very acceptable. It is managed and operated quite well. It does not affect the community negatively or myself. They keep a low profile, and it is in scale with the community.' (Respondent #66)

'Kids have to go somewhere.'  
(Respondent #74)

'Very acceptable; clients give no cause for concern.'  
(Respondent #69)

'Fine, no problem, hardly see anybody there.'  
(Respondent #70)

'No problem to the neighbourhood; never hear any loud noises--never hear a thing.'  
(Respondent #71)

'As long as they don't bother me, I am not against it. The (group home) residents don't interfere with anyone, and they are under constant supervision.'  
(Respondent #73)

The existence of twenty-four hour supervision was a positive factor of "facility acceptability" repeatedly expressed by many respondents. One respondent made the point that every neighbourhood throughout the city should have an emergency shelter for youths.

'I feel that all neighbourhoods should have a safe place for the community. More facilities are needed like this in the city, provided there is quality staffing and support for the community.'  
(Respondent #66)

Finally one interviewee who signed the petition under duress felt that those who oppose it must be childless.

'Those who oppose it must have no children of their own or grandchildren of their own . . . . It is sad to see homeless kids at the gate, especially girls aged 12 and 13.'

(Respondent #73)

(b) Attitude of the "Declared Objector"--Movers (non-resident)

The one petition objector who cited the shelter as being the cause of her move had an attitude associated with a negative image of street kids themselves; perceptions of misbehaviour which she envisioned would have a bad influence on her 10-year-old daughter.

However, this client refused to be interviewed; hence, the following remarks constitute an excerpt from a letter she sent to the City of Victoria Council in January 1986.

'I had hoped to remain at this address indefinitely. If this house is turned into a youth centre I will probably be forced to move. This prospect makes me sad . . . . My most pressing objection to the youth centre is the threat of excessive noise and activity. Two adults on staff in no way guarantees order at all times, and the noise potential boggles the imagination . . . . I suggest that if any of those kids are borderline cases, teetering between cooperation and rebellion, being next to Central Park will assure their involvement in the street scene.'

(Respondent #86)

Central Park was viewed by her to be 'very seamy . . . has unsavoury characters . . . full of negative influences.'

Of the remaining 27 households that had moved from the neighbourhood prior to the field survey, with the exception of three, it was not known for what reasons they had moved. Through a mail questionnaire (at the request of two of three respondents) and a telephone interview, it was ascertained that all three had moved prior to the facility's establishment, and for personal reasons.

(c) Attitude change of "Non-Petition Objectors."

Only one "non-objector" expressed a change of attitude, from negative to positive, once the facility had become established.

This was not surprising since there existed a two-year time span from the onset of the proposal and controversy, to the conducting of the field survey. The following quotation is the view expressed by this resident.

'I read about it [the proposal] in the newspaper and I automatically assumed it [the facility] would not be a desirable [feature] in the neighbourhood. But then I did not think any more about it . . . . I don't associate the problems we are having with teenagers in the neighbourhood with group home residents and for that reason I am now positive about it. Besides nothing has happened because of its physical presence. It is not a big conscious thing.'

(Respondent #81)

### 5.3.1 Influences on Change of Attitude Towards the Concept of the Emergency Shelter

The fears and concerns of anticipated neighbourhood deterioration as a result of the shelter siting were posed to in-home interviewees, both declared petition objectors and non-objectors (Question #20, Appendices B and C). Respondents were asked to rate each perceived impact of the shelter, and to indicate when the deteriorating condition became evident.

Table 5.7 is a summary of the responses given to the deteriorating conditions cited. Except for night time disturbances and vandalism, the patterns of response were similar. However, with respect to these exceptions where differences were

Table 5.7

Environmental Impacts of the Shelter Siting  
 (Based on Conditions cited on Petition of Objection)  
 by Agreement-Disagreement with Stated Negative Conditions  
 Field Survey Resident Response  
 October 1987 - March 1988

Deteriorating Condition	Declared Petition Objectors n=7		Non-Objectors n=12	
	Agreement	Dis- agreement	Agreement	Dis- agreement
Deterioration in neighbourhood safety	1	6	1	11
Increase in night-time disturbances	4	3	2	10
Increase in vandalism and/or break-ins	3	4	1	11
Deterioration in overall neighbourhood living conditions	0	7	1	11

observed, not one of the interviewees attributed the respective increases to the shelter siting.

' \_\_\_\_\_ no more than fringe urban areas deteriorate  
over time . . . . '

(Respondent #77)

Thus from the foregoing evidence, it would appear that the negative impacts of the shelter siting, as expressed in the petition of objection, had not materialized. The Kiwanis Shelter was found to have no discernible effect on residents' opinions of neighbourhood change. Consequently, the fears and concerns of impending neighbourhood degradation as a result of the shelter siting were found to be groundless. It is speculated that these post-implementation neighbourhood conditions may have been responsible for a change in attitude of the declared petition objectors towards the emergency shelter concept.

Hence HYPOTHESIS (1d):

ATTITUDES TOWARDS THE CONCEPT OF THE  
EMERGENCY SHELTER WILL CHANGE FOR THE  
BETTER ONCE THE FACILITY IS ESTABLISHED

is supported.

#### 5.4 Summary

In this chapter a neighbourhood perspective of the emergency shelter for youths has been described. The results obtained from resident interviewees clearly show that the negative impacts of the shelter siting, as expressed in the petition of objection, have not materialized. While maintaining a low profile, shelter clients have not interacted with residents of the neighbourhood and thereby become socially integrated into the community. However, the high degree of resident support pre- and post-establishment would seem to signify that the facility itself has successfully blended into the physical fabric of the neighbourhood.

The "declared petition objectors" were found to be a minority group of residents whose pre-implementation views were not entirely representative of "facility aware" residents. After the shelter's establishment in the neighbourhood for a period of six months or more, a positive change of attitude was observed in the comments expressed by eight of the nine petition objectors interviewed.

## CHAPTER VI

INFLUENCES ON RESIDENT ATTITUDES TOWARDS THE  
CONCEPT OF THE EMERGENCY SHELTER

## 6.1 Introduction

In addressing Research Objective #2 (an explanation of the attitudinal response of the neighbourhood residents regarding the shelter concept; Chapters I and IV) this chapter examines the demographic, dispositional and sociophysical situational influences on attitude. The neighbourhood response to the shelter concept may be as much influenced by demographic and personality factors as by the character of the environment itself.

The findings presented in this chapter should, however, be treated as tentative, given the small number of subjects interviewed.

## 6.2 Demographic Influences on Facility Awareness

Of the 86 neighbourhood residents who engaged in lengthy interviews with the author, 62 per cent were found to have some awareness of the facility. Table 6.1 depicts the personal characteristics of these respondents related to awareness.

Table 6.1

Personal Characteristics of Respondents (based  
on Census Variables), and Facility Awareness

Field Survey Resident Response

October 1987 - March 1988

n = 86

Census Variables	Aware	Never Aware
Male	12 (67%)	7 (33%)
Female	42 (62%)	26 (38%)
Age:		
20-24	1 (100%)	0 (0%)
25-34	10 (83%)	42 (17%)
35-44	6 (55%)	5 (45%)
45-54	5 (42%)	7 (58%)
55-64	8 (89%)	1 (11%)
65+	24 (55%)	17 (45%)
Mother Tongue: English	52 (62%)	31 (38%)
Non-English	2 (66%)	1 (34%)
Tenure: owner-occupier	24 (75%)	8 (25%)
renter	30 (56%)	24 (44%)
Length of neighbourhood occupancy:		
3-5 years	25 (64%)	14 (36%)
6-10 years	8 (50%)	8 (50%)
11+	21 (68%)	10 (32%)
Total	54 (62%) aware	32 (38%) never aware

The dominant patterns observed are as follows: young people aged 25-34 years, middle-aged residents (aged 55-64 years), owner-occupiers, and those residing in the neighbourhood 11 years or more, were found to be the most aware group of their respective categories.

### 6.3 Demographic Influences on Attitude Towards the Concept of the Emergency Shelter

Of the 54 "facility aware" respondents, only 7 interviewees (13 per cent) expressed negative opinions about the shelter concept. Table 6.2 features the personal characteristics of "aware" respondents related to the unfavourable and favourable views expressed about the concept.

With the exception of respondents aged 45-64 years, no dominant patterns were discerned. This age grouping was observed to hold more negative opinions than respondents in the other age groupings.

Marginal differences with respect to attitudes were observed in the following categories. Males had slightly more positive views than females, 92 per cent compared to 86 per cent, respectively. Renters, as a group, had the least number of unfavourable opinions (7%) compared to homeowners (20%). Respondents resident in the neighbourhood for a period in excess of 11 years had as a group the least proportion of negative

Table 6.2

Personal Characteristics of "Aware" Respondents  
(based on Census Variables) and Post Implementation  
Attitudes Towards Shelter Concept  
Field Survey Resident Response  
October 1987 - March 1988

n = 54

Census Variables	Negative Attitudes		Positive/ Neutral Attitudes	
Male	2	(15%)	11	(85%)
Female	5	(12%)	36	(88%)
Age Grouping:				
20-24	0		5	(100%)
25-34	0		8	(100%)
35-44	0		3	(100%)
45-54	2	(33%)	4	(67%)
55-64	3	(33%)	6	(67%)
65+	2	(9%)	21	(91%)
Mother Tongue English	6	(12%)	46	(88%)
Mother Tongue Non-English	1	(50%)	1	(50%)
Tenure:				
Owner-occupier	5	(20%)	20	(80%)
Renter	2	(7%)	27	(93%)
Length of neighbourhood occupancy:				
3-5 years	3	(12%)	22	(88%)
6-10 years	2	(20%)	8	(80%)
11 years +	2	(11%)	17	(89%)
Total	7	(13%)	47	(87%)

opinions about the shelter concept, 11 per cent, compared to 12 per cent (3-5 year category) and 20 per cent (6-10 year period).

As a group, senior citizens were observed to have the most positive attitudes: 58 per cent, compared to 42 per cent non-seniors. (Table 6.3)

The attitudes of the "never aware" were not sought, because it was assumed by the very act of being unaware, the facility's presence in the neighbourhood had no impact on the quality of living of those residents. However, on learning about the facility's existence through this research, 14 respondents (representing 21% of the "never aware" respondents) voluntarily expressed opinions. Table 6.4 summarizes these responses. Half of these respondents were found to be highly supportive of the shelter concept, while 28 per cent voiced negative views. Once again, senior citizens, as a group, had the most positive attitudes; 67 per cent, compared to non-seniors, 45 per cent.

Table 6.3

Profile of Attitudes Towards the Shelter Concept  
of "Facility Aware" Respondents  
by Age of Respondent  
Field Survey Resident Response  
October 1987 - March 1988  
n = 54

Respon- dents	Positive and Supportive	Impartial-- Benign Accept- ability	No Opinion	Negative	Total
Senior Citizens* 65 yrs +	14 (58%)	5 (21%)	2 (8%)	3 (13%)	23 (100%)
Non- Seniors Age: 20-64	13 (43%)	8 (27%)	5 (17%)	4 (13%)	30 (100%)
Total	27	13	7	7	54

\* Since the elderly comprised the majority of respondents interviewed, a separate response category was considered warranted.

Table 6.4

Profile of Attitudes Towards the Shelter Concept  
of "Never Aware" Respondents  
(Who Expressed an Opinion at the Interview)  
by Age of Respondent  
Field Survey Resident Response  
October 1987 - March 1988

n = 14

Respondents	Positive and Supportive	Impartial-- Benign Acceptability	Negative	Total
Senior Citizens* 65 yrs +	2 (67%)	0	1 (33%)	3 (100%)
Non- Seniors Age: 20-64	5 (45%)	3 (27%)	3 (27%)	11 (100%)
Total	7	3	4	14

#### 6.4 Dispositional Personality Influences on Attitudes Towards the Shelter Concept

As noted in Chapter II, previous research on attitudes towards one disadvantaged client group, the mentally ill, has demonstrated that the higher the level of direct exposure to the developmentally disabled, the less rejecting the attitude.

Telephone respondents, as well as in-home interviewees, freely volunteered comments on familiarity with the socially disadvantaged.<sup>1</sup> Since these were voluntary responses, no attempt was made to assess the quality or intensity of past experience. Measurement was thus restricted to the type of exposure and the frequency of response.

Of the 57 respondents (never aware and aware) who expressed positive attitudes towards the emergency shelter concept, 19 interviewees (33%) were found to have some degree of exposure towards a disadvantaged member of society. In comparison, of the 11 respondents who expressed unfavourable opinions, 3 had had an unpleasant experience with a stigmatized person.

A variety of exposures and experiences were given, including employment related to the disadvantaged, voluntary work, friend or relative disadvantaged, and respondent disadvantaged.

These observations suggest that familiarity has some influence on attitude.

## 6.5 Sociophysical Situational Influences on Attitudes Towards the Shelter Concept

One of the important ways in which people experience their neighbourhoods and react to their immediate surroundings is in terms of their evaluations of them (Winkel, 1981). Thus the analysis conducted explored the relationship of favourable/unfavourable attitudes expressed by respondents with two indices of the sociophysical environment, namely: (1) neighbourhood satisfaction, and (2) social heterogeneity. These indices were intuitively felt to not only have an effect on the quality of neighbourhood living, either collectively or singularly, but also to possibly have an influence on attitudes towards the shelter concept.

Table 6.5 provides a summary of the results of this analysis. The observations on the dominant patterns and relationships that emerged from the data are discussed in general terms only.

Table 6.5

Sociophysical Situational Characteristic  
by Unfavourable-Favourable Evaluation  
of the Shelter Concept  
Field Survey Resident Response  
October 1987 - March 1988  
n=68

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Geo-Social Setting	Favourable Shelter Attitudes Expressed		Unfavourable Shelter Attitudes Expressed	
	n = 57		n = 11	
	Satis- faction	Dissatis- faction	Satis- faction	Dissatis- faction
Satisfaction with neighbour- hood	49	8	3	8

---

6.5.1 Satisfaction with Neighbourhood Living and  
Attitude Towards the Shelter Concept

Satisfaction with neighbourhood living conditions was found to be strongly associated with the direction of the attitude expressed. Approximately 86 per cent of those respondents who voiced favourable attitudes were found to be satisfied with neighbourhood living. Similarly, 73 per cent of those interviewees who had unfavourable attitudes expressed dissatisfaction with prevailing conditions.

Residents based their feelings of satisfaction on the physical aspects of the neighbourhood. Satisfaction or dissatisfaction with prevailing living conditions was largely influenced by the level of respondents' evaluation of their neighbourhood problems. In instances where these problems were spatially intense, or respondents had been the victims of an unhappy event such as vandalism, the dominant response was one of dissatisfaction. Such dissatisfaction was observed to have a positive correlation with negative attitudes expressed. In contrast, low perceptions of neighbourhood problems were associated with neighbourhood satisfaction and positive attitudes towards the shelter for youths concept.

6.5.2 Neighbourhood Social Heterogeneity and  
Attitude towards Shelter Concept

The sociopsychological environment of the neighbourhood, as indicated by the aggregate of individual characteristics, may exert an influence on respondent attitudes toward the shelter concept. The literature indicates that the degree of similarity or dissimilarity of residents of a neighbourhood has been found to have an effect on residents' tolerance toward social and physical diversity in the environment (Chapter II). As noted earlier, North Park is a heterogeneous neighbourhood by race and income, and a number of respondents who volunteered comments on the social make-up were quite aware of its heterogeneity:

'It is a multi-racial neighbourhood with a lot of residents on income assistance.'

(Respondent #85)

'. . . good mix of neighbours.'

(Respondent #72)

'. . . diversity of people . . . all kinds of people. I enjoy a stimulating environment because it is so different. It is that slice of society I enjoy meeting and interacting with.'

(Respondent #66)

The question of neighbourhood tolerance towards this diverse mix of people was posed to in-home interviewees (Question 10d, Appendices B and C). Of the 19 respondents, 17 felt the

neighbourhood to be tolerant of all types of people. Except for one respondent, all expressed positive attitudes towards the shelter concept. As one respondent aptly summed up the situation:

'There was a mild reaction to the group home, but, on the whole, this neighbourhood is quite tolerant of all types of people.' (Respondent #77)

These findings suggest that the heterogeneous composition of the neighbourhood may have fostered a climate of tolerance towards all types of people, including troubled adolescents and other stigmatized subgroups.

#### 6.6 Residential Care Facility Concentration and Attitude

The negative effects of group home concentration in neighbourhoods have frequently been emphasized in the literature (Chapter II). Since there existed a certain concentration of residential care facilities in close proximity to the subject shelter (Chapter III), the effect of facility concentration on attitude was explored.

A question seeking awareness of other group home facilities in the neighbourhood by type (client group) and location was posed to in-home interviewees only (Question #17, Appendices B and C). Of the 19 respondents, 3 made reference to the Princess Street Receiving Home operated by the Ministry of Social Services and

Housing, and 2 cited the Juvenile Detention Centre (not a group home, but a special type of residential care facility). Three interviewees named facilities outside the neighbourhood, such as Street Link in Fernwood, operated by the Victoria Cool-Aid Society. It is noteworthy that not one respondent was aware of the Vancouver Street Receiving Home, another Ministry facility which has been in existence for quite a number of years.

This response clearly indicates a very low level of awareness of other community care facilities and human services in the neighbourhood. It may be concluded that facility density had no effect on attitude.

#### 6.7 Influences of Sociophysical Neighbourhood Elements on Attitude Towards the Shelter Concept

Through analysis of interviews, a number of neighbourhood elements were found to have some influence on attitude. This concluding section examines the more prominent sociophysical elements.

With respect to favourable attitudes expressed, the following features were discerned: (1) The presence of the Juvenile Detention Centre serving as a role model for special residential care facilities, and (2) visibility of homeless street people and kids in the neighbourhood.

' . . . since the Detention Centre is operating well, I assumed the Kiwanis Home would be no problem.'  
(Respondent #21)

This view was typical of those of four respondents who favourably commented on the operational aspects of the detention centre. All four lived within sight of the facility.

Visibility of homeless street people and kids in the neighbourhood was found to have an effect on a number of residents.

' . . . it is disturbing to see street people sleeping on the park benches. There are a lot of street people, homeless, out there . . . there is a need for a shelter like this.'  
(Respondent #66)

With regard to unfavourable attitudes (as indicated earlier), dissatisfaction with overall neighbourhood living conditions, based on a high perception of neighbourhood problems, was found to be the dominant explanatory variable. A variety of circumstances was seen to contribute to this negative evaluation of the neighbourhood. Problem areas cited included: (1) the prevalence of cheap rental housing with unscreened tenants and absentee landlords; (2) Central Park, the locus of "wild youths," drug pushers and transients; and (3) direct unpleasant experiences with youths in the neighbourhood, largely centring on break-ins and vandalism.

One respondent, noting the prevalence of cheap rental housing in the neighbourhood, mistook one of these properties for a group home. This information was obtained second hand from her landlord who considered the subject property to be a group home because it housed "wild" tenants.

With respect to the perceived negative aspects of Central Park, the focus of much discontent, several respondents commented on the prevalence of rowdy youths in the park. The introduction of the shelter for youths would:

'Only add to the problems experienced with youths in the neighbourhood.'  
(Respondent #9--a typical opinion expressed)

Furthermore, one respondent felt that the shelter was attracting youths from the park.

'I see youths walking towards the group home; it is acting as a magnet, attracting the youths from the park . . . that home is lowering the quality of the neighbourhood.'  
(Respondent #25)

## 6.8 Summary

In this chapter, neighbourhood and non-neighbourhood influences on respondent attitudes towards the concept of the emergency shelter for youths were explored. The overall results, although very tentative, suggest that a combination of community, individual and dispositional characteristics are important in influencing attitude.

## Endnotes

<sup>1</sup>The term "socially disadvantaged" refers to individuals who from society's perspective would be considered stigmatized. They include mental patients, ex-offenders undergoing rehabilitation, addicts who are receiving medical treatment, the developmentally disabled, street people, street kids, and troubled adolescents. However, it excludes the elderly and ethnic minorities. This excepted group of people are also considered disadvantaged compared with the mainstream of society but are not so unfavourably viewed as the former category of people (Chapter II).

CHAPTER VII  
IMPLICATIONS

7.1 Introduction

This thesis has examined but one small yet significant segment of the community residential care issue, namely, resident reaction to a controversial specialized community care facility siting. By investigating the attitudes of affected neighbourhood residents, the impact of this facility was determined. The preceding chapters, V and VI, report an evaluation of the emergency shelter from the perspective of neighbourhood residents. This concluding chapter discusses the implications of the neighbourhood response in the context of previous related empirical research. This is followed by a set of recommendations both specific to the shelter and to the siting of community-based residential care facilities in general. The balance of the chapter is devoted to a discussion of both the problems and limitations of this investigation, and the possible direction and form of future research.

## 7.2 Neighbourhood Perspective of Emergency Shelter for Youths

### 7.2.1 Interpretation of Survey Results in the Context of Previous Empirical Studies

This research is a case study of the impact of an emergency shelter for youths on a neighbourhood. Since a micro study approach was adopted, the influencing variables under consideration were extensive. The inclusion of non-census demographic characteristics, and situational variables related to the sociophysical context of the residential care setting, makes this one of the few studies that has gone beyond the customary utilization of census data in the research evaluation. It is also one of the few studies that (1) has adopted an integrated, quantitative/qualitative analytic approach; and (2) has utilized a "before" and "after" research design to determine attitude change. Furthermore, it is the only known study that has specifically focused on neighbourhood attitudes towards a residential care facility for troubled adolescents. Given the nature of the research and the scope of the analysis, therefore, the interpretation of the survey results in the context of previous research is necessarily somewhat limited.

### 7.2.2 Spatial Dimensions of the Neighbourhood Response

#### (a) Proximity and Awareness

The North Park study finding that awareness of the shelter significantly drops off beyond two blocks of the subject property is largely consistent with other studies of this nature (Berry et al., 1981; Dear & Taylor, 1982). However, unlike these studies, the majority of survey respondents (67%) living within two blocks of the shelter were aware of the shelter's existence. This compares with awareness levels of only 36 per cent in the Boeckh study (1980), 25 per cent or less in the research by Rabkin (1984) and 46 per cent in the Berry study (1981). The high profile neighbourhood entry of the Kiwanis Youth Shelter would likely account for the differences observed.

#### (b) Proximity and Attitude

The author's finding that positive resident attitudes were highest closest to the facility, declining outwards, is contrary to the survey results of both Boeckh (1980) and Rothbart (1973). The empirical findings of Boeckh and Rothbart supported the distance decay hypothesis "that resident acceptance increases with geographic distance." The North Park research findings, however,

add weight to the research conclusions reached by Smith (1981) and Rabkin et al. (1984).

In this study, as a likely result of the shelter's high profile entry into the neighbourhood, the majority of respondents (79 per cent approximately) were found to be fully cognizant of the specific function of the shelter. The dominance of pragmatic views expressed (40 per cent), suggests that, unlike other quasi-public facilities, the Kiwanis Shelter has generated positive spillover effects. By this demonstrated strength of support for the facility, one may conclude that the shelter has been endowed with a positive association of social worth or merit. It is thus speculated that awareness of the facility's specific function may have given rise to these positive externalities.

(c) Proximity and Attitude Towards Troubled Adolescents

Since attitudes towards the shelter concept also reflect attitudes towards the facility's clients, it follows that proximity and attitude towards troubled adolescents and street kids are strongly related. However, the spatial dimensions of the neighbourhood response towards this client group are peculiar to this study. The surveys undertaken by Berry, Hutt and Brown (1981) and Soloman (1983) were fundamentally concerned with hypothetical developments of group facilities for troubled adolescents in relation to other disability groups. Thus with

respect to attitudes in general, the low acceptance rates of group home facilities for juvenile delinquents, 32 per cent and 16 per cent in the Berry Hutt and Brown, and Soloman studies respectively, prominently contrast with the demonstrated strong support for the emergency shelter and its clients (79 per cent) in this study. As noted this discrepancy may be attributed to the fact that Berry and Solomon examined for the most part hypothetical situations.

In addition, in this study it is noteworthy that the "never aware" group of respondents who volunteered comments about the shelter had as a group the least number of favourable attitudes. This finding is supported by Kappel (1986) who found that those aware of a group home in their neighbourhood appear to have more positive attitudes about its potential impact on the neighbourhood than those not aware. Taken together, these results would appear to contradict the prevailing assumption that attitudes about community care residences that are actually in existence are often more negative than are attitudes about hypothetical programs (Heal et al., 1978; Kastner, et al., 1979).

Despite the fact that there have been numerous studies measuring the attitude of the general public towards a stigmatized subgroup (notably the mentally disabled), there have been very few studies that have examined the various dimensions of the attitudes expressed. Most studies have exclusively used social distance scales as the instrument of measurement (Aviram & Segal, 1973).

The research by Johnson and Beditz (1981) is the only known study that has evaluated the attitudes voluntarily expressed by survey respondents.

In this study six favourable themes were found: proximity, image, utilitarian function, overt resident behaviour, facility operation, and impartiality-neutrality. Contrary to expectations, the dominant attitude expressed was the pragmatic viewpoint associated with the facility's utilitarian function--that is, its fulfilling of a need. In contrast, the literature points to attitudes centring on impartiality to be the most prevalent.

Unfavourable responses were classified into three themes: street kid image, proximity, and generalized scepticism about the curability of street kids. Attitudes associated with the street kid image were observed to be the dominant remarks expressed. The "not-in-my-back-yard" (NIMBY) attitude was not unexpected, for this type of negative response is frequently cited in the literature. It is also noteworthy that of all opinions expressed, the majority of respondents voicing NIMBY type views were observed to live at a distance of more than two blocks from the shelter.

7.2.3 Attitude Change Towards the Emergency  
Shelter Concept

(a) Attitude Change

In this study a change of attitude was observed in the comments expressed by eight of the nine declared petition objectors, and although exploratory, this finding is consistent with the research results of Orcutt and Cairl (1976), Lawton and Hoffman (1984), and Mangum (1985).

With respect to the finding that post implementation attitudes (71 per cent) were highly positive, this again was a result exclusive to this survey. Inferences from the literature indicate that benign neighbourhood acceptance and tolerance arise from residents' ultimate resignation towards the facility.

The pre-implementation attitudes of the declared petition objectors were found to be not entirely representative of "facility aware" residents. This finding was not unexpected, for, although much evidence is anecdotal, derived from informed opinions, or from newspaper accounts, it supports the prevailing assumption that opposition "is probably limited to a vociferous minority whose views may not be representative of the wider community" (Dear et al., 1980, p. 352).

(b) Neighbourhood Influences on Change of Attitude

The North Park study finding that the negative impacts of the shelter siting, as expressed in the Petition of Objection, had not materialized, may have contributed to the change of attitude observed. It is, however, unlikely that this is the sole influencing variable on change of attitude.

With respect to empirical survey comparisons, there is no known research that has specifically examined the effect of post (residential care) facility implementation neighbourhood conditions on attitude. Inferences from the literature indicate that once a controversial semi-public facility has become established in a neighbourhood, it can become an asset to the community (Lawton & Hoffman, 1984). In the study by Lawton and Hoffman, perception of neighbourhood changes noted by residents were not ascribed to the presence of the project (a senior citizen housing development). This finding accords with the results of this study.

With respect to influences of neighbourhood conditions on resident attitude, the North Park results are consistent with the conclusions reached by Dear and Taylor (1982) and Kappel (1986). In the latter study Kappel found the presence of a correctional group home in a neighbourhood to have no influence on the crime rate, nor a negative effect on property values.

7.2.4 Influences on Resident Awareness  
and Attitude Towards the Concept  
of Emergency Shelter

The majority of studies investigating influences on attitude have been macro scale surveys embodying aggregate data based largely on census variables. Socio-economic demographics have been correlated with attitude. The profile of a typical "Accepting Neighbourhood" by Boeckh (1980) and Dear et al. (1982) closely resembles the sociophysical structure of North Park, the subject neighbourhood. It has many of the features of a traditional inner city urban neighbourhood.

(a) Demographic Influences on Facility Awareness

The dominant characteristics of "facility aware" residents were as follows: young people (25-34 years) and middle-aged residents (55-64 years), owner occupiers, many having resided in the neighbourhood 11 years or more. However, no comparisons can be made since no previous empirical studies have presented a profile of the characteristic features of "aware" respondents.

(b) Demographic Influences on Attitude Towards the Concept

The North Park study revealed for the most part only marginal differences with regard to demographic influences on resident attitude. As a group, senior citizens were observed to have the most positive attitudes. Slightly more negative views have been found to be held by female than male respondents. Renters as a group were found to have the least number of unfavourable opinions, and respondents resident in the neighbourhood for a period in excess of 11 years had as a group the least proportion of negative attitudes.

The finding that North Park senior citizens were the most supportive group of residents is at odds with the conclusions drawn by Berry et al. (1981) "that the level of acceptance of special populations decreases as the respondents' age increases" (Berry et al., 1981, p. 33). However, in the study by Trute and Segal (1976), social integration of mental health facilities was found to be highest in neighbourhoods characterized by a high proportion of elderly people (a characteristic feature of a neighbourhood exhibiting low social cohesion).

The survey result that respondents who rent their dwelling units were found to be more accepting of the Kiwanis Youth Shelter supports the findings of Trute and Segal (1976), Berry et al. (1981), and Dear et al. (1982). However, in this research, tenure was found to have only a minor impact on attitude.

The finding that residents who had lived in the neighbourhood for a period in excess of 11 years, were the most supportive group contradicts the survey results of the Mangum (1985) study. These researchers found that those who reacted negatively towards community care facilities (for senior citizens) tended to have lived longer in their own residences. However, in this study the attitudes of transients, those resident of the neighbourhood for approximately 2 1/2 years and under were not solicited. The elimination of this population grouping was a fundamental research prerequisite. Hence the survey results are not readily comparable with other studies in this respect.

Other researchers (Lawton et al., 1979; Gottwald, 1970) have found that females have as a group more positive attitudes than males. However, in this research the discrepancy is so small that sex of respondents is seen to be inconsequential.

(c) Dispositional (Personality) Influences on Attitude

In this study, a fairly strong relationship was found between the degree of familiarity with the socially disadvantaged and attitude towards the shelter. Barring unpleasant personal experiences, the attitudes of those with prior experience of the disadvantaged were found to be most favourable. This finding is consistent with the study inferences made by Trute and Loewen (1978) and other researchers, that personal acquaintance with

mentally ill people (and presumably other stigmatized persons) reduces attitudinal social distance.

(d) Situational (Context) Influences

In this research attitudes towards troubled adolescents were found to be as much influenced by personality factors as by the sociophysical characteristics of the environment. As indicated earlier, few studies focusing on community attitude have gone beyond the customary investigation of the influences of socio-economic census variables on attitude. A discussion of the observed influences of certain situational variables on attitude, in the context of the limited empirical evidence, is presented below.

Favourable attitudes were found to be strongly correlated with the following variables: (1) satisfaction with overall neighbourhood living conditions arising from low evaluation of neighbourhood problems; and (2) neighbourhood heterogeneity fostering a climate of tolerance.

Neighbourhood Satisfaction:

The strong relationship between neighbourhood satisfaction and positive attitudes is consistent with the findings of Berry et

al. (1981) and Mangum (1985). These results were, however, contrary to the findings of Warner (1978). His research found that those people with a feeling of pride in their neighbourhood were more likely to resist the establishment of community care residential facilities. It would appear that other factors, such as the social mix of the neighbourhood, may be responsible for the differences observed.

#### Neighbourhood Heterogeneity:

The finding that the heterogenous social mix fosters a climate of tolerance is consistent with the survey results of the macro scale studies of Trute and Segal (1976), Dear and Taylor (1982), and Hall and Joseph (1988).

#### (e) Influences of Sociophysical Neighbourhood Elements

#### The Visible Homeless and Density of Community Care Facilities:

In addition to these fairly strong relationships, weak associations were observed with respect to the visible homeless, and the satisfactory performance of other community care facilities operating in the neighbourhood. The visibility of homeless street people and kids in the neighbourhood is, however,

specific to this neighbourhood, and attitudes of sympathy for the plight of the homeless were observed.

With respect to influences of a concentration of community-based residential care facilities on attitude, there is a paucity of empirical evidence. The aspect of community care facility density has been addressed by previous researchers. But many aspects of compatibility are hard to measure quantitatively, and there is as yet no substantial empirical data to support these concepts.

In this research an attempt was made to examine the influences of a concentration of residential care facilities in the neighbourhood on attitude. But the low level of awareness of community care facilities, other than the Kiwanis Shelter, precluded the full realization of this objective. However, this low degree of awareness of the existence of other neighbourhood-based human service facilities is consistent with the findings of Boeckh (1980), Rabkin et al. (1984) and Berry, Hutt and Brown (1981) (see 7.2.2a). Nonetheless it would appear that from the few who made comments regarding the presence of such facilities, the direction of attitude was found to be largely associated with the performance of the facility (particularly management practices of residential care service providers), but not with the aspect of density. In this survey, all but one respondent expressed favourable attitudes towards the facility concept.

### 7.2.5 Summary

To recapitulate, the initial opposition of a vocal minority of residents to the shelter siting was found to rapidly dissipate on the facility's establishment, transforming a "heated" issue into a non-issue. Indeed, the neighbourhood's silent majority was found to be highly supportive of the Emergency Shelter. Although these results may be highly specific to the North Park neighbourhood, a number of the survey findings coincide with and support some of the empirical results of previous related research. Thus, even though it may lack some general significance, this case study does document and reflect a local event, and permits the development of both specific and general recommendations, albeit tentative ones.

### 7.3 Implications for Policy

While it is acknowledged that policy making should not solely be based on the desires of residents, a knowledge of resident attitudes has become increasingly important in the process of formulating land use policies. The degree to which proposals will be accepted by local residents is an increasingly important concern in development planning.

In this research, in the siting of residential care facilities, management practices (security, supervision, and

accountability) and the scale of operation were seen to be the overriding concerns of residents. Thus, in the light of the research findings, the following recommendations are made with respect to both the shelter itself, and the siting of residential care facilities in general. The rationale for the suggestions advocated is also provided.

7.3.1 Recommendations with Respect to  
the Kiwanis Youth Shelter

The time is now ripe for:

- (a) NEIGHBOURHOOD REPRESENTATION ON THE  
SHELTER ADVISORY BOARD.

Such a step would accomplish the following:

- (1) Promote neighbourly relations, thereby facilitating full social and physical integration of the shelter in the community.
- (2) Afford residents some degree of input into the operational practices of the shelter.
- (3) Through "representative" feedback, better inform the general public about the shelter objectives and achievements.

7.3.2 Recommendations in the Wider Context  
of Community Residential Care

Recognizing the delicate matching of environmental resources with client need, residential care providers should be afforded the full range of choice of residential location for the optimum placement of persons in need of community-based care.

This may be achieved through:

- (a) "AS-OF-RIGHT-ZONING" WITHOUT DISTANCE-  
SPACING CONTROLS.

"AS-OF-RIGHT ZONING" would legally permit small-scale, residential care facilities in all residential districts without the need for site specific amendments.

This liberal "as-of-right zoning" strategy would achieve the following:

- (1) Bring about equity in facility location.
- (2) Facilitate access to a least-restrictive environment for all service dependent populations ("normalization" principle).
- (3) Engender the client's right to services in his/her own community, in compliance with section 15 of the Canadian Charter of Rights and Freedoms (Constitution Act, 1982) which guarantees the equal benefit and protection of the law.
- (4) Circumvent community opposition (notably at public hearings) which is costly (1) in terms of

the professional energies needed to combat it;  
(2) in the expense of relocating community residents to more receptive neighbourhoods; and  
(3) in jeopardizing the success of the re-integration of clients in the community.

However, at present, there is no justification for the implementation of distance-spacing controls between facilities, as has been put into effect in a number of jurisdictions in Greater Vancouver, and in other parts of Canada. Where in place, such planning controls appear to be arbitrary and not based on empirical evidence. Empirical research to date does not provide sufficient evidence to warrant such action, because:

- (1) A low level of resident awareness of group homes and other community care facilities in a neighbourhood has been observed in all studies assessing the community impact of residential care facilities.
- (2) As is indicated in the literature, it would be dysfunctional for homes for the mentally retarded, for instance, to cluster, because too many in an area would be contrary to the philosophy of "normalization."

(b) While operators retain discretion over locational choice, some measure of neighbourhood accountability is, however, warranted. This may be achieved through the:

ISSUANCE OF A MUNICIPAL OPERATIONAL  
LICENSE OR PERMIT, RENEWABLE ON A YEARLY  
BASIS, WITH CANCELLATION AT ANY TIME FOR

FAILURE TO MEET FACILITY COMMITMENTS AND  
OBLIGATIONS.

It should be noted that this permit would not be in lieu of a provincial license, such as, in the case of British Columbia, a community care license issued by the Ministry of Health. It is, however, a type of "performance" instrument, needed to safeguard the interests of residents of the "host" neighbourhood, and provide for neighbourhood accountability. Land use contracts, restrictive covenants and other forms of binding land use controls would be rendered unnecessary.

(c) Research has shown that it is vital that neighbours feel supportive towards community-based care. Thus open dialoguing, seeking resident input at every stage of facility establishment, is warranted.

This may be achieved through the following mechanism:

1. AN "INFORMAL" OPEN HOUSE WHERE THOSE INTERESTED COULD OBTAIN MORE DETAILED INFORMATION AND DISCUSS THEIR CONCERNS AND SUGGESTIONS ON A ONE-TO-ONE BASIS WITH COMMUNITY CARE STAFF AND OTHERS INVOLVED WITH THE PROJECT.

In this research, the holding of two open house sessions by both the Kiwanis and Cool-Aid staff was found to be a potentially effective communication strategy, for the following reasons:

- (a) it allowed the ordinary citizen to obtain understandable information and to express his/her views without being subjected to social pressure (e.g. traditional public meetings).
- (b) It enabled affected residents to obtain assurances of the safety of the facility's operation.

2. After facility establishment,

THE CONSTRUCTIVE ENGAGEMENT OF NEIGHBOURS SHOULD BE OBTAINED IN THE OPERATION OF THE COMMUNITY CARE FACILITY BY PARTICIPATION ON A GOVERNING BODY.

In addition to the reasons given in the context of the Kiwanis Shelter (7.3.1), the following reasons are offered in the wider context of community residential care.

- (a) In general, such action will improve neighbours' understanding, familiarity and awareness of the problems of human service delivery.
- (b) In the long run, constructive engagement of this kind has been shown to enhance neighbourhood acceptance of residential care facilities.

#### 7.4 Limitations of the Research and Future Research Considerations

Individual case studies such as this, no matter how suggestive, should be viewed with caution, as their findings cannot be generalized with any confidence to all urban locales. This micro study approach, utilizing quantitative and qualitative techniques, has yielded important insights into the nature and intensity of community reaction to a specific residential care facility for youths, but the stability of these findings should be demonstrated by replication.

However, in replicating this research, emphasis should also be placed on the following areas found worthy of more investigation, namely: (1) resident familiarity and depth of experience with socially disadvantaged person(s); (2) degree of resident awareness and attitude towards all human service facilities in the neighbourhood; and (3) where feasible, the attitudes of neighbourhood residents towards a residential care facility both pre- and post-establishment. These comprise unfulfilled explanatory areas of interest in this study.

A logical extension of this research would be the investigation of the social integration of sheltered care residents from the perspective of the client, as well as the community. In other words, it would be useful to investigate the client's experience of the expressed community response. This

would involve correlating the degree of client integration and participation in the community with the verbal and behavioural reaction of neighbourhood residents. This strategy would seek to address the following basic question:

Does a liberal, non-traditional (accepting) neighbourhood engender social integration of sheltered care residents?

There is no indication in the literature that such a two-way approach to the study of the community adjustment of sheltered care residents has been undertaken. Community reaction to group home sitings and surveys of the social integration of group home residents have been carried out as distinct, separate studies. A combined approach would be a very useful research project, providing meaningful feedback for residential care service providers, program planners, and decision makers.

## 7.5 Conclusion

The North Park neighbourhood has exhibited a high degree of tolerance and good will towards the shelter clients, but no community, no matter how supportive of residential care facilities, can continue to host large numbers of these facilities without exhausting its resources and tolerance. Given that the de-institutionalization movement is expected to continue in British Columbia and elsewhere, an area-wide, equitable system of

community care is needed to prevent inequitable distribution of community burdens among the more liberal jurisdictions. Within Greater Victoria, this would necessitate joint action planning, at the provincial and municipal levels, to bring about a fair-share allocation of residential care facilities throughout the region. However, for this goal to become a reality, the consensus and political will of all elected officials is required.

## BIBLIOGRAPHY

- Ajzen, I., & Fishbein, M. (1980). Understanding attitudes and predicting social behaviour. Englewood Cliffs, NJ: Prentice-Hall.
- Altrocchi, J., & Eisdorfer, C. (1961). Changes in attitude toward mental illness. Mental Hygiene, 45, 563-570.
- American Bar Association, Developmental Disabilities State Legislative Project. (1978). Zoning for community homes serving developmentally disabled persons. The Mental Disability Law Reporter, (May-June), 795-810.
- Anderson, R. (1976). American law of zoning: Vol. 1. Rochester, NY: Lawyer's Cooperative Publishing.
- Armstrong, B. (1976). Preparing the community for the patient's return. Hospital and Community Psychiatry, 27, 349-356.
- Austin, M., Smith, T., & Wolpert, J. (1970). The implementation of controversial facility complex programs. Geographical Analysis, 2, 315-329.
- Aviram, V., & Segal, S. (1973). Exclusion of the mentally ill: Reflection of an old problem in a new context. Archives of General Psychiatry, 29, 126-131.
- Away from home: A pilot study of homeless youth, Victoria, B.C. (1987). Victoria, BC: Community Council of Greater Victoria.
- Babbie, E. (1983). The practice of social research. Belmont, CA: Wadsworth.
- Baron, R. C. (1981). Changing public attitudes about the mentally ill in the community. Hospital and Community Psychiatry, 32(3), 173-178.
- Baron, R. C., & Piasecki, J. R. (1981). The community versus community care. In R. Budson (Ed.), New directions for mental health services: Issues in community residential care (No. 11). San Francisco: Jossey-Bass.
- Baron R. C., Rutman, I. D., Klaczynska, B. (Eds.). (1980). The community imperative proceedings of a national conference on overcoming public opposition to community care for the mentally ill. Philadelphia: Horizon House Institute for Research and Development.

- Bem, D. J. (1967). Self-perception: An alternative interpretation of cognitive dissonance phenomena. Psychological Review, 74, 183-200.
- Bem, D. J. (1972). Self-perception theory. In L. Berkowitz (Ed.), Advances in experimental psychology: Vol. 6. NY: Academic Press.
- Bernice, Jerry McGowan and the Corporation of the City of Prince George. Before the Honourable Mr. Justice Taggart, Court of Appeal No. CA007948, Vancouver Registry, 28 September 1988, Vancouver, B.C.
- Berry, J., Hutt, M., & Brown, L. (1981). Loving thy neighbour: A study of neighbourhood acceptance of group homes in Kitchener-Waterloo. Kitchener, Ontario: Social Planning Council of Kitchener/Waterloo.
- Boeckh, J. L. (1980). Neighbourhood response to community mental health facility locations. Unpublished M.A. thesis, Department of Geography, McMaster University, Hamilton, Ontario.
- Boeckh, J., Dear, M., & Taylor, S. M. (1980). Property values and mental health facilities. The Canadian Geographer, 24(3).
- Bogdan, R., & Taylor, S. L. (1984). Introduction to qualitative methods. NY: John Wiley.
- Bord, R. (1971). Rejection of the mentally ill--continuities and further developments. Social Problems, 18, 496.
- Brehm, J. W., (1966). A theory of psychological reactance. NY: Academic Press.
- Breslow, S. (1976). The effect of siting group homes on the surrounding environs, Princeton, NJ: Princeton University.
- Browder, J., Ellis, L., & Neal, J. (1974). Foster homes: Alternatives to institutions? Mental Retardation, 12(6), 33-36.
- Budson, R. D., (Ed.). (1981). Issues in community residential care. San Francisco: Jossey-Bass.
- Canadian Charter of Rights and Freedoms. Part 1. Constitution Act, 1982, Ottawa.

- City of Cleburne Texas et al. v. Cleburne Living Center et al.  
U.S. Supreme Court Reports, 1985, 473 US--, 87 L.Ed. 2d 313,  
105 Supreme Court.
- Colombotas, J. (1969). Physicians and medicine: A before and  
after study of the effect of legislation on attitudes.  
American Sociological Review, 34(3), 18-334.
- Crocetti, G., Spiro, H., & Siassi, I. (1974). Contemporary  
attitudes towards mental illness. Pittsburgh: University of  
Pittsburgh Press.
- Dahms, F. (1985). Siting group homes: The view from a member of  
the planning advisory committee. Canadian Institute of  
Planners Forum No. 2.
- Dear, M. J. (1974). A paradigm for public facility location  
theory. Antipode, 6, 46-50.
- Dear, M. J. (1976). Spatial externalities and locational  
conflict. In D. B. Massey & P. W. Batey (Eds.), Alternative  
framework for analysis (pp. 152-167). London: Pion.
- Dear, M. J. (1977). Impact of mental health facilities on  
property values. Community Mental Health Journal, 13, 150-  
157.
- Dear, M. (1978). Planning for mental health care: A  
reconsideration of public facility location theory.  
International Regional Science Review, 13(2).
- Dear, M. J., & Laws, G. (1986). Anatomy of a decision: Recent  
land use zoning appeals and their effect on group home  
location in Ontario. Canadian Journal of Community Mental  
Health, 5(1), 5-17.
- Dear, M. J., & Taylor, S. M. (1982). Not on our street:  
Community attitudes to mental health care. London: Pion.
- Dear, M. J., Taylor, S. M., & Hall, G. B. (1980). External  
effects of mental health facilities. Annals of the  
Association of American Geographers, 70, 342-352.
- Dear, M., Fincher, R., Currie, L. (1977). Measuring the external  
effects of public programs. Environment and Planning A, 9,  
137-147.
- Dear, M., & Wolch, J. (1987). Landscapes of despair: From  
deinstitutionalization to homelessness. Princeton, NJ:  
Princeton University Press.

- Elder, P. S., & Keeping, J. M. (1986). The Charter of Rights and community planning. Plan Canada, 26-28, November, 206-214.
- Elkin, R. A., & Leippe, M. C. (1986). Physiological arousal, dissonance and attitude change--evidence for a dissonance--arousal link and a "Don't remind me" effect. Journal of Personality and Social Psychology, 51(1), 55-65.
- English, R. W., (1971). Correlates of stigma towards physically disabled persons. Rehabilitation Research and Practice Review, 2(4), 1-18.
- Fazio, R. H., Zanna, M. P., Cooper, J. (1977). Dissonance and self-perception: An integrative view of each theory's proper domain of application. Journal of Experimental Psychology, 13, 464-479.
- Festinger, L. (1957). A theory of cognitive dissonance. Evanston, IL: Row, Peterson.
- Filstead, W. J. (1979). Qualitative methods: A needed perspective in evaluation research. In Reichart & Cook (Eds.), Qualitative and quantitative methods in evaluation research: Vol. I. Beverly Hills: Sage.
- Fishbein, M. (1967). Attitude and the prediction of behaviour. In M. Fishbein (Ed.), Readings in attitude theory and measurement. NY: Wiley.
- Fishbein, M., & Ajzen, I. (1975). Belief, attitude, intention and behavior: An introduction to theory and research. Reading, MA: Addison-Wesley.
- Freeman, H. E. (1961). Attitudes toward mental illness among relatives of former patients. American Sociological Review, 26, 59-66.
- Geney Association v. Department of Mental Hygiene, 446 New York Supplements, 2d 876 (Supreme Court 1981).
- Gladwin, T. N. (1980). Patterns of environmental conflict over industrial facilities in the United States, 1970-1978. Natural Resources Journal, 20, 243-274.
- Glaser, B., & Strauss, A. (1967). The discovery of grounded theory. Chicago: Aldine.
- Goodale, T., & Wickware, J. (1979). Group homes and property values in residential areas. Plan Canada, 19, 154-163.

- Gottlieb, J. (1975). Public, peer and professional attitudes toward mentally retarded persons. In M. J. Begab & S. A. Richardson (Eds.), The mentally retarded and society: A social science perspective. Baltimore: University Park Press.
- Gottlieb, J., & Corman, L. (1975). Public attitudes toward mentally retarded children. American Journal of Mental Deficiency, 80, 72-80.
- Gottwald, H. (1970). Public awareness about mental retardation. Arlington, VA: Council on Exceptional Children.
- Gray, D. B. (Ed.). (1985). Ecological beliefs and behaviours. C. T. Greenwood.
- Greenwald, A. G. (1968). On defining attitudes and attitude theory. In A. G. Greenwald, T. C. Brock & T. M. Ostrom (Eds.), Psychological foundations on attitudes. NY: Academic.
- Grodzins, M. (1958). The metropolitan area as a racial problem. Pittsburgh: University of Pittsburgh Press.
- Hall, G. B., & Joseph, A. E. (1988). Group home location and host neighbourhood attributes: An ecological analysis. The Professional Geographer, 40(3), 297-306.
- Hall, G. B., Nelson, G., & Smith-Fowler, H. (1987). Housing for the chronically mentally disabled: Part I--Conceptual framework and social context. Canadian Journal of Community Mental Health, 6, 65-78.
- Hall, G. B., & Taylor, S. M. (1983). A causal model of attitudes toward mental health facilities. Environment and Planning A, 525-542.
- Harvey, D. (1973). Social justice and the city. Baltimore: John Hopkins University Press.
- Heal, L. W., Sigelman, C. K., & Switzky, H. N. (1978). Research on community residential alternatives for the mentally retarded. In N. R. Ellis (Ed.), International review of research in mental retardation: Vol. 9. NY: Academic.
- Heinemann, S. H., Perlmutter, F., Yudin, L. W. (1974). The community mental health center and community awareness. Community Mental Health Journal, 20, 221-227.
- Hettinger, S. (1983). A place they call home: Planning for residential care facilities. NY: Westchester County Department of Planning.

- Hogan, R. (1986). Community opposition to group homes. Social Science Quarterly, 3, 442-449.
- Hopper, A., King, L., Lloyd, A, Mawson, M., & Symmons, G. (1985). Housing task force study. Saanich, BC: City of Saanich Planning Department.
- Hovland, C. J. (1959). Reconciling conflicting results derived from experimental and survey studies of attitude change. American Psychologist, 14, 8-17.
- Hyman, H. H., & Sheatsley, P. B. (1964). Attitudes toward desegregation. Scientific American, 211, 6.
- Interministerial Working Group on Group Homes. (1978). Location and distribution: Group home--Report of the interministerial working group. Government of Ontario. Toronto: Queen's Printer.
- Johannsen, N. J. (1969). Attitudes toward mental patients: A review of empirical research. Mental Hygiene, 53, 218-228.
- Johnson, P. J., Beditz, J. (1981). Community support systems: Scaling community acceptance. Community Mental Health Journal, 17(2), 153-160.
- Joseph, A. E., & Hall, G. B. (1985). The locational concentration of group homes in Toronto. Professional Geographer, 37(2).
- Kappel, B. (1986). Community impact study: The effect of locating correctional group homes in residential neighbourhoods. Downsview, Ontario: Canadian Training Institute.
- Kastner, L. S., Reppucci, N.D., & Pezzoli, J. I. (1979). Assessing community attitudes toward mentally retarded persons. American Journal of Mental Deficiency, 84, 137-144.
- Kiesler, C. A., Collins, B. E., & Miller, N. (1969). Attitude change: A critical analysis of theoretical approaches. NY: Wiley.
- Kiesler, C., McGuire, I., Mechanic, D., Mosher, L., Nelson, S., Newman, F., Rich, K., & Schulberg, H. (1983). Federal mental health policy making: An assessment of deinstitutionalization. American Psychologist, 38, 1292-1297.

- Kish, G. B., & Stage, T. (1973). College student mental hospital volunteers: Any benefits to the student or society? Journal of Community Psychology, 1, 13-15.
- Kressel, L. (1981). Exclusionary zoning: The unseen threat. In R. Budson (Ed.), New directions for mental health services: Issues in community residential care (No. 11). San Francisco: Jossey-Bass.
- Kruzich, J. M. (1985). Community integration of the mentally ill in residential facilities. American Journal of Community Psychology, 13(5), 553-564.
- Lake, R. W. (Ed.). (1987). Resolving locational conflict. NJ: Center for Urban Policy Research, Rutgers University.
- Lauber, D. (1985). Mainstreaming group homes. Planning, 51(12), 14-18, American Planning Association.
- Lauber, D., & Bangs, F. S. (1974). Zoning for family and group home facilities. Report No. 300. American Society of Planning Officials, Planning Advisory Service Chicago.
- Lawton, M. P., & Hoffman, C. (1984). Neighbourhood reactions to elderly housing. Journal of Housing for the Elderly, 2(2), 41-53.
- Lawton, M. P., Lipton, M. B., Shoemaker, L. H. (1979). A community view of mental health: A research summary. Currents, 13 35-39.
- Lemkau, P., & Crocetti, G. (1962). An urban population's opinion and knowledge about mental illness. American Journal of Psychiatry, 118, 692.
- Lofland, J., & Lofland, L. H. (1984). Analyzing social settings. Belmont, CA: Wadsworth.
- Lynch, Kevin. (1960). The image of the city. Cambridge, MA: MIT Press.
- Mamula, R. A., & Newman, N. (1973). Community placement of the mentally retarded: A handbook for community agencies and social practitioners. Springfield, IL: Thomas.
- Mangum, W. P. (1985). But not in my neighbourhood: Community resistance to housing for the elderly. Journal of Housing for the Elderly, 3(3/4), Fall-Winter, 101-119.

- Marshall, M. (1984). Zoning law for group homes and community residences. The Ontario Association for the Mentally Retarded. Toronto: Legal Publication Series.
- McAllister, D. M. (1976). Efficiency and equity in public facility location. Geographical Analysis, 8, 47-63.
- Moos, R., & Amnon, I. (1980). Determinants of the social environments of sheltered care settings. Journal of Health and Social Behaviour, 21, 88-98.
- Moreau, F. A., Novak, A. R., & Sigelman, C. K. (1980). Physical and social integration of developmentally disabled individuals into the community. In A. R. Novak and L. Heal (Eds.). Integration of developmentally disabled individuals into the community (pp. 91-103). Baltimore: Brooks.
- Morell, D. (1987). Siting and the politics of equity. In R. W. Lake (Ed.), Resolving locational conflict. NJ: Center for Urban Policy Research, Rutgers University.
- Mumphrey, A., Wolpert, J. (1973). Equity considerations and concessions in the siting of public facilities. Economic Geography, 94, 109-121.
- Murphy, H., Rennee, B., & Luchine, D. (1972). Foster homes: The new back wards? Canada's Mental Health, (Monograph Supplement No. 71).
- Nelson, E. (1939). Attitudes: Their nature and development. The Journal of General Psychology, 21, 367-399.
- Nelson, G., & Smith-Fowler, H. (1987). Housing for the chronically mentally ill: Part 2--Process and Outcome. Canadian Journal of Community Mental Health, 6, 79-81.
- Nirje, B. (1976). The normalization principle and its human management implications. In R. Kugel & Shearer, (Eds.), Changing patterns in residential services for the mentally retarded (rev. ed.). Washington: President's Committee on Mental Retardation.
- Norman, R. (1975). Affective-cognitive consistency: Attitudes, conformity, and behaviors. Journal of Personality and Social Psychology, 32, 83-91.
- Not in my neighbourhood. (1982). Urban Reader, 10(5), 5-8. Vancouver, BC: Social Planning Department, City of Vancouver, B.C.

- O'Connor, G. (1976). Home is a good place: A national perspective of community residential facilities for developmentally disabled persons (Monograph No. 2). Washington, DC: American Association on Mental Deficiency.
- Off the street. (1988). Provincial Conference on Street Youth, 1987. The Conference Report, Victoria Association for Street Kids, and B.C. Public Interest Research Group, Victoria, B.C., Canada.
- O'Hare, M. (1987). Improving the use of information in environmental decision making. In R. W. Lake, R. W. (Ed.), Resolving locational conflict. NJ: Center for Urban Policy Research, Rutgers University.
- Olsen, M. E., Canan, P., & Hennessy, M. (1985). A value-based community assessment process, integrating quality of life and social impact studies. Sociological Methods and Research, 13(3), 325-360.
- Orcutt, J. D., & Cairl, R. E. (1976). Neighbourhood reactions to a community-based treatment center for alcoholics. Journal of Studies on Alcohol, 37(5), 619-631.
- Patton, M. Q. (1980). Qualitative evaluation methods. Beverly Hills: Sage.
- Phillips, D. L. (1964). Rejection: A possible consequence of seeking help for mental disorders. American Sociological Review, 28, 963-972.
- Piasecki, J. R. (1975). Community response to residential services for the psycho-socially disabled: Preliminary results of a national survey. Paper presented at the first annual conference of the International Association of Psycho-Social Rehabilitation Services, Philadelphia.
- Porteous, J. D. (1989). Planned to death. Manchester: Manchester University Press.
- Rabkin, J. G. (1972). Opinions about mental illness: A review of the literature. Psychology Bulletin, 77, 153-171.
- Rabkin, J. G. (1974). Public attitudes toward mental illness: A review of the literature. Schizophrenia Bulletin 1, 9-33.
- Rabkin, J. G. (1975). The role of attitudes toward mental illness in evaluation of mental health programs. In M. Guttentag & E. L. Struening (Eds.), Handbook of evaluation research: Vol. 2. CA: Sage.

- Rabkin, J. G. (1977). Public attitudes about mental illness: Literature review and recommendations. Paper prepared for Task Panel on Public Attitudes and Use of Media for Promotion of Mental Health, President's Commission on Mental Health, Washington, DC.
- Rabkin, J. G., Muhlin, G., & Cohen, P. W. (1984). What the neighbours think: Community attitudes toward local psychiatric facilities. Community Mental Health Journal, 20, 304-312.
- Reichardt, C. S., Cook T. D. (Eds.). (1979). Qualitative and quantitative methods in evaluation research: Vol. I. Beverly Hills: Sage.
- Report of the task force on community-based residential centres. (1973). Ottawa: Information Canada.
- Roberts v. Selzak, 452 New York Supplements, 2d 113 (Supreme Court 1982).
- Rosenberg, M. J. (1968). Hedonism, in authenticity and other goals toward expansion of a consistency theory. In R. P. Abelson (Ed.), Theories of cognitive consistency: A sourcebook. Chicago: Rand McNally.
- Rothbart, M. (1973). Perceiving social injustice: Observations on the relationship between liberal attitudes and proximity to social problem. Journal of Applied Social Psychology, 3, 291-302.
- Segal, S. P. (1978). Attitudes toward the mentally ill: A review. Social Work, 17, 211-217.
- Segal, S., Aviram, U. (1978). The mentally ill in community-based sheltered care. NY: Wiley.
- Segal, S. P., Baumohl, J., & Moyles, E. W. (1980). Neighbourhood types and community reaction to the mentally ill: A paradox of intensity. Journal of Health and Social Behaviour, 21, 345-359.
- Seltzer, M. M. (1984). Correlates of community opposition to community residences for mentally retarded persons. American Journal of Mental Deficiency, 89(1), 1-8.
- Sigelman, C. K. (1976). A machiavelli for planners: Community attitudes and selection of a group home site. Mental Retardation, 14(1), 26-29.

- Sigelman, C., Spanhel, C., & Lorenzen, C. (1979). Community reaction to deinstitutionalization: Crime, property values and other bugbears. Journal of Rehabilitation, 52-54.
- Smith, C. J. (1976a). Geography and mental health. Resource Paper No. 76-4. Washington, DC: Association of American Geographers.
- Smith, C. J. (1976b). Residential neighbourhoods as humane environments. Environment and Planning A, 8, 311-326.
- Smith C. J. (1976c). Distance and the location of community mental health facilities: A divergent viewpoint. Economic Geography, 52, 181-191.
- Smith, C. J. (1981). Residential proximity and community acceptance of the mentally ill. Journal of Operational Psychiatry, 12, 2-12.
- Smith, C. J., & Hanham, R. Q. (1981). Proximity and the formation of public attitudes towards mental illness. Environment and Planning A, 147-165.
- Smith, H. W. (1981). Strategies of social research. NJ: Prentice-Hall.
- Solomon, P. (1983). Analyzing opposition to community residential facilities for troubled adolescents. Child Welfare, 62(4), July/August.
- Steinman, L. D. (1987). The effect of land-use restrictions on the establishment of community residences for the disabled: A national study. The Urban Lawyer, 19(1), Winter.
- Stickney, P. (1976). Strategies for gaining community acceptance of residential alternatives. In P. Stickney (Ed.). Gaining community acceptance. White Plains, NJ: Community Residences Information Services, Westchester Community Services Council.
- Sundeen, R. A., & Fiske S. (1982). Local resistance to community-based care facilities. Journal of Offender Counselling, Services and Rehabilitation, 6(4), 29-42.
- Talbot, J. A. (1979). Deinstitutionalization: Avoiding the disasters of the past. Hospital and Community Psychiatry, 30(9), 621-624.
- Talbot, J. (1980). Toward a public policy on the chronically mentally ill patient. American Journal of Orthopsychiatry, 5, 43-53.

- Taylor, S. M., Dear, M. J., & Hall, G. B. (1979). Attitudes toward the mentally ill and reactions to mental health facilities. Social Science and Medicine, 13D, 281-290.
- Taylor, S. M., Hall, G. B., Hughes, R. C., & Dear, M. J. (1984). Predicting community reaction to mental health facilities. American Planning Association Journal, 50, 36-47.
- Teft, B., Segal, A., & Trute, B. (1987). Neighbourhood response to community mental health facilities for the chronically mentally disabled. Canadian Journal of Community Mental Health, 6(2), 37-49.
- Teitz, M. (1968). Toward a theory of urban public facility location. Papers, Regional Science Association, 21, 35-52.
- The community imperative: A refutation of all arguments in support of institutionalizing anybody because of mental retardation. (1979). Syracuse: Syracuse University, Center on Human Policy.
- Toronto Committee on Buildings and Development. (1978). Group Homes. Toronto: The Committee, Ontario.
- Town of Greenburg v. Coughlin, 73 AD 2d 672, 423 New York Supplements 2d 209 [New York Appeal Division 1979].
- Trute, B., & Loewen, A. (1978). Public attitude toward the mentally ill as a function of prior personal experience. Social Psychiatry, 13, 79-84.
- Trute, B., & Segal, S. (1976). Census tract predictors and the social integration of sheltered care residents. Social Psychiatry, 11, 153-161.
- US General Accounting Office. (1983). An analysis of zoning and other problems affecting the establishment of group homes for the mentally disabled. Washington, DC: Human Resources Division.
- Victoria, City of, Planning Department. (1981). North Park, Victoria, B.C.
- Victoria, City of, Planning Department. (1984). Social and economic data, Victoria 1984, Victoria, B.C.
- Warner, J. R. (1978). Group homes: Dealing with the community. Wesleyan College, WV: Department of Sociology.

- Weber, D. E. (1978). Neighbourhood entry in group home development. Child Welfare, 57(10), 627-642.
- Weigel, R. H. (1985). Ecological attitudes and actions. In D. B. Gray (Ed.), Ecological beliefs and behaviors assessment and change. Westport, CT: Greenwood.
- Whittemore, S. (1986). Street youth: A report on their perspectives. Victoria, BC: Community Council of Greater Victoria.
- Winkel, G. H. (1981). The perception of neighbourhood change. In J. Harvey (Ed.), Cognition, social behaviour and the environment. Hillsdale, NJ: Lawrence Earlbaum.
- Witkin, G. (1981). But not in my neighbourhood. Planning, 47(5), 23-26. American Planning Association.
- Wolch, J. R. (1980). Residential location of the service-dependent poor. Annals of the Association of American Geographers, 70(3), 330-341.
- Wolch, J. R. (1981). The location of service-dependent households in urban areas. Economic Geography, 57(1), 52-67.
- Wolch, J. (1982). Spatial consequences of social policy: The role of service-facility location in urban development patterns. In R. C. Rich (Ed.), The politics of urban public services. Lexington: MA: Lexington Books.
- Wolch, J. R., & Gabriel, S. A. (1981). Local land development policies and urban housing prices. Environment and Planning A, 13, 1203-1276.
- Wolch, J. R., & Gabriel, S. A. (1984). Development and decline of dependent population ghettos. Urban Geography, 5, 111-129.
- Wolch, J., & Gabriel, S. (1985). Dismantling the community-based human service system. Journal of the American Planning Association, 149, 53-62.
- Wolf, E. P. (1963). The tipping point in racially changing neighbourhoods. American Planning Association Journal, 29(8), 217-222.
- Wolfesnberger, W. (1972). The principle of normalization in human services. Toronto: National Institute of Mental Retardation.

- Wolpert, J. (1978). Group homes for mentally retarded: An investigation of neighbourhood property impacts. Unpublished manuscript, Princeton University, Princeton.
- Wolpert, J. A., Mumphrey, A., & Seley, J. (1972). Metropolitan neighbourhoods: Participation and conflict over change. Resource Paper No. 16. Washington, DC: Association of American Geographers.
- Wolpert, J., Dear, M., & Crawford, R. (1975). Satellite mental health facilities. Annals, Association of American Geographers, 65, 24-35.
- Zeitoun, L. (1976). The development of community-based residential centres in Canada. (Paper delivered at the First International Conference on Community Residential Care for the Disadvantaged or Socially Stigmatized University of Surrey, Guildford, Surrey, UK). Ottawa: National Parole Service, Ministry of the Solicitor General.

## Appendix A

Interview Schedule:Government and Non-Profit Agency Personnel

1. Mr. Peter Crisp, Deputy Planning Director, City of Victoria, retired June 1986 (interviewed March 27, April 2, April 18, 1986);
2. Mr. Ken Bonner, Resource Manager, Ministry of Social Services and Housing (interviewed April 4, 1987);
3. Ms. Jan Kiraly, Chairperson, Full Life Service Society--new group formed to handle the growing numbers of deinstitutionalized mentally retarded clients (interviewed May 1, 1987);
4. Mr. Tom Newton, Coordinator Community Residential Program for the Mentally Ill, Capital Mental Health Association (interviewed May 19, 1987);
5. Ms. Manuela Corriveau, group home owner and operator of Villa Manuela Corriveau--a group home for the mentally handicapped (interviewed May 27, 1987);
6. Mr. Paul Best, Executive Director of Capital Region Association for the mentally handicapped (CRAM) (interviewed June 2, 1987);
7. Mr. Ken Currey, Assistant Executive Director, Young Men's Christian Association (YMCA), (interviewed June 9, 1987);
8. Ms. Kathy Chopik, board member, Victoria Women's Shelter Society (telephone interview, June 22, 1987);
9. Ms. Trudy Norman, street worker and counsellor of homeless street adults (interviewed August 26, 1987);

10. Ms. Marnie Davis, Assistant Director, L'Arche Victoria, group homes for the mentally handicapped (telephone interview September 15, 1987);
11. Mr. Ted Harrison, District Director, Corrections Branch, Province of British Columbia (telephone interview September 15, 1987);
12. Ms. Susan Nickum, social worker, Arbutus Society for Sick Children, Queen Elizabeth Hospital (interviewed September 29, 1987);
13. Ms. Gail Simpson, Executive Director, Capital Mental Health Association (interviewed November 19, 1987).
14. Ms. Jane Dewing, Executive Director, Victoria Cool-Aid Society, an agency both catering to the city's homeless and destitute, and responsible for the operation of the Kiwanis Youth Shelter (interviewed April 10, 1987, November 21, November 24, 1988);
15. Mr. Santino Marazzo, Executive Director, and Mr. Dean Fortin, Program Manager of Victoria Association of Street Kids (ASK), a non-profit society incorporated on May 9, 1986 to serve the interests of troubled youths with the ultimate goal of getting street kids off the street (interviewed June 4, 1987);
16. Mr. John Hayasha, Assistant (Live-in) Manager, Kiwanis Youth Shelter (interviewed February 15, 1988).

## Appendix B

Neighbourhood Satisfaction: QuestionnaireCategory of "Sample Population" "Declared Petition Objector" #

Street \_\_\_\_\_

Block \_\_\_\_\_

Enumeration Area \_\_\_\_\_

Date of Interview \_\_\_\_\_

Time Interview Begins \_\_\_\_\_

Time Interview Ends \_\_\_\_\_

A. Attachment to Neighbourhood

First, I want to ask you a number of general questions about your neighbourhood.

1. When people ask you the name of this neighbourhood, what name do you usually give?

\_\_\_\_\_ (RECORD NAME)

gave clear name \_\_\_\_\_  
 gave vague name \_\_\_\_\_  
 doesn't know \_\_\_\_\_  
 no answer \_\_\_\_\_

2. How long have you lived in this neighbourhood?

\_\_\_\_\_ (RECORD IN YEARS)

3. How long have you lived at this address?

\_\_\_\_\_ (YEARS)

If five years or less, where did you live before moving here?

same neighbourhood \_\_\_\_\_  
 Victoria \_\_\_\_\_  
 Capital Region \_\_\_\_\_  
 In B.C. \_\_\_\_\_  
 Outside B.C. \_\_\_\_\_

4. Why did you move to this neighbourhood?

Neighbourhood \_\_\_\_\_

Personal \_\_\_\_\_

5. Do you have relatives or close friends living in this neighbourhood?

	Yes _____		Yes _____
	No _____		No _____
Relatives:	DK _____	Close Friends:	DK _____
	NA _____		NA _____

6. Since you have been living here have you ever considered moving?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, can you tell me why?

Neighbourhood \_\_\_\_\_

Personal \_\_\_\_\_

and where do you plan to move? (DO NOT READ RESPONSES)

\_\_\_\_\_ On this street to another home  
 \_\_\_\_\_ Elsewhere in this neighbourhood  
 \_\_\_\_\_ To another neighbourhood in the city of Victoria  
 \_\_\_\_\_ Out of Victoria but in Capital Region  
 \_\_\_\_\_ Out of B.C. entirely  
 \_\_\_\_\_ Inappropriate  
 \_\_\_\_\_ DK  
 \_\_\_\_\_ NA

7. How many times have you moved in the last 10 years? \_\_\_\_\_

8. Do you presently own or rent this dwelling?

\_\_\_\_\_ Own  
 \_\_\_\_\_ Rent  
 \_\_\_\_\_ Other (specify)

9. Are you involved in any neighbourhood activities?

If so, what activities?

\_\_\_\_\_

\_\_\_\_\_

Now I would like to read to you a number of statements regarding people living in this neighbourhood and your attachment to it.

Please would you indicate whether you agree or disagree with the following:

10a. I feel a strong attachment to my house/apartment.

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

b. I feel a strong attachment to my neighbourhood.

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

c. I feel this neighbourhood is a friendly community.

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

d. This neighbourhood tolerates all types of people.

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

e. I feel that I belong in this neighbourhood:

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

B. Neighbourhood Satisfaction

Thinking about the living conditions in the one or two blocks right around your home (apartment):

11. What is the one thing about this neighbourhood you like best?

IF RESPONDENT CITES MORE, THEN RANK

12. If you had to pick one problem that you consider the most serious in your neighbourhood, what problem would that be?

IF RESPONDENT CITES MORE, THEN RANK

13. Looking back over the past year or so, would you say that living conditions in this neighbourhood have:

greatly improved	improved	stayed the same	deteriorated	greatly deteriorated
------------------	----------	-----------------	--------------	----------------------

or DK  
NA

As before, I would like to read to you a number of statements regarding living conditions in your neighbourhood.

Would you please indicate whether you agree or disagree:

- 14a. People in this neighbourhood care about how the neighbourhood looks:

strongly agree	agree	uncertain	disagree	strongly disagree
----------------	-------	-----------	----------	-------------------

- b. I am satisfied with my family's safety in this neighbourhood.

strongly agree	agree	uncertain	disagree	strongly disagree
----------------	-------	-----------	----------	-------------------

- c. I am satisfied with my personal safety in this neighbourhood.

strongly agree	agree	uncertain	disagree	strongly disagree
----------------	-------	-----------	----------	-------------------

- d. Overall, this neighbourhood is a nice place to live.

strongly agree	agree	uncertain	disagree	strongly disagree
----------------	-------	-----------	----------	-------------------

15. Looking to the future, what improvements in neighbourhood conditions would you like to see made in order that your neighbourhood may become a better place in which to live?

## (RANK CONDITIONS)

Still thinking about conditions in the one or two blocks right around your home:

16. Are any of the following found in your neighbourhood and how evident are they?

	very evident	evident	uncertain	not very evident	not evident at all
a. noisy neighbours	_____	_____	_____	_____	_____
b. vandalism	_____	_____	_____	_____	_____
c. abandoned houses	_____	_____	_____	_____	_____
d. absentee landlords	_____	_____	_____	_____	_____
e. group homes	_____	_____	_____	_____	_____
f. children/ teenagers who mis- behave	_____	_____	_____	_____	_____

17. If group homes are evident, then:

What type of group homes are they (client group) and where are they located?

18. Have you had any personal experience with the clients living in the group residence(s)?

C. Group Home Facility Siting Controversy. Views of Declared Petition Objectors

About 18 months ago, you and a number of residents of your neighbourhood signed a petition expressing concern about the establishment of a group home for street kids on Vancouver Street opposite Central Park.

19. What do you think about the situation now, now that the group home is operational?

IF AMBIGUOUS, OR AMBIVALENT, RESPONSE

Do you agree or disagree with the following statement:

I find the siting of the group home on Vancouver Street unacceptable:

strongly	agree	uncertain	disagree	strongly
agree				disagree

If not acceptable, can you tell me why not?  
What factors of the "siting" do you still find objectionable?

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D. Socio-Economic Data

We are about finished. Now I would like to ask you a few questions about yourself so that I can compare your response with other households in my survey.

1. Sex of respondent \_\_\_\_\_ (OBVIOUS)

2. Ethnic group of respondent \_\_\_\_\_ (IF NOT OBVIOUS)

How would you describe your ethnic (national) background?

\_\_\_\_\_

3. Would you mind telling me what age group you are in?  
(RESPONDENT TO BE GIVEN A CUE CARD)

\_\_\_\_\_ a. 20-24 years

\_\_\_\_\_ b. 25-34 years

\_\_\_\_\_ c. 35-44 years

\_\_\_\_\_ d. 45-54 years

\_\_\_\_\_ e. 55-64 years

\_\_\_\_\_ f. 65 years or more

4. What is the highest grade or year of elementary or secondary school you have ever attended?

(CIRCLE APPLICABLE GRADE)

No School 1 2 3 4 5 6 7 8 9 10 11 12

5. Have you had any further education or training beyond Grade 12?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please specify:

\_\_\_\_\_ Trade, years  
 \_\_\_\_\_ College or University, years  
 \_\_\_\_\_ Other \_\_\_\_\_

6. Do you have any family living at home?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes:

Number of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

7. Are you presently working? If so, what do you do for a living?

Managerial Administrative and related	_____
Teaching and related	_____
Occupations in medicine and health	_____
Technological/Social/Religious/Artistic	_____
Clerical and related	_____
Sales occupations	_____
Service occupations	_____
Farming/Horticulture/Animal Husbandry	_____
Other Primary	_____
Processing occupations	_____
Machinery/Fabricating/Assembly & Repair	_____
Construction trades	_____
Transport equipment operating occupations	_____
Other	_____

If not in the labour force, please specify:

Homemaker  
Retired  
Unemployed  
Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for spending the time with me. I am very grateful to you for your cooperation in this survey. I have talked to you about a lot of things. Is there anything that I have missed to ask you about the neighbourhood? Please be assured that your views on satisfaction with the neighbourhood as a place to live will enable the planning department to deliver better and more effective neighbourhood planning.

Once again I would like to reassure you that your responses to these questions will be treated with strict confidentiality and that you will remain anonymous. Thank you.

Yes \_\_\_\_\_ No \_\_\_\_\_

WRITE COMMENTS OVERLEAF

## Appendix C

Neighbourhood Satisfaction: Questionnaire

Category of "Sample Population" \_\_\_\_\_ "Non-Petition Objector" # \_\_\_\_\_

Street \_\_\_\_\_

Block \_\_\_\_\_

Enumeration Area \_\_\_\_\_

Date of Interview \_\_\_\_\_

Time Interview Begins \_\_\_\_\_

Time Interview Ends \_\_\_\_\_

NOTE: IDENTICAL TO APPENDIX B, EXCEPT FOR SECTION C



20. Last spring some people living near this group home were worried about personal safety, vandalism, and night-time disturbances. Now thinking back to those concerns raised by some residents, do you agree or disagree with the following statements:

(a) My neighbourhood has become less safe.

strongly agree      agree      uncertain      disagree      strongly disagree

If strong agreement or agreement, then:

When did you notice the neighbourhood becoming less safe?

(b) There has been an increase in vandalism and/or break-ins in the area.

strongly agree      agree      uncertain      disagree      strongly disagree

If strong agreement or agreement, then:

When did you notice an increase in vandalism and/or the occurrences of break-ins in the area?

(c) There has been an increase in night-time disturbances.

strongly agree      agree      uncertain      disagree      strongly disagree

If strong agreement or agreement, then:

When did you notice an increase in night-time disturbances?

(d) That overall conditions in my neighbourhood have deteriorated.

strongly agree      agree      uncertain      disagree      strongly disagree

If strong agreement or agreement, then:

When did you notice a deterioration in living conditions?

## Appendix D

Neighbourhood Satisfaction: Questionnaire

Category of "Sample Population" :

"Declared Petition Objector--Mover" #

Street \_\_\_\_\_

Block \_\_\_\_\_

Enumeration Area \_\_\_\_\_

Date of Interview \_\_\_\_\_

Time Interview Begins \_\_\_\_\_

Time Interview Ends \_\_\_\_\_

NOTE: SECTION C, SOCIO-ECONOMIC DATA IDENTICAL TO SECTION D  
APPENDIX B.

Views of "Non-Resident" \_\_\_\_\_

As a former resident of \_\_\_\_\_ Street, I would like to ask you a number of general questions about the neighbourhood in which you used to live.

1. How long did you live at that address? \_\_\_\_\_
2. When did you move from that address (location)? \_\_\_\_\_
3. Why did you move?
  - neighbourhood \_\_\_\_\_
  - personal \_\_\_\_\_
4. Do you have relatives or close friends still living in this neighbourhood?
 

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Relatives:</td> <td>Yes _____</td> <td>No _____</td> <td>DK _____</td> <td>NA _____</td> </tr> </table>	Relatives:	Yes _____	No _____	DK _____	NA _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Close Friends:</td> <td>Yes _____</td> <td>No _____</td> <td>DK _____</td> <td>NA _____</td> </tr> </table>	Close Friends:	Yes _____	No _____	DK _____	NA _____
Relatives:	Yes _____	No _____	DK _____	NA _____							
Close Friends:	Yes _____	No _____	DK _____	NA _____							
5. How many times have you moved in the last 10 years? \_\_\_\_\_
6. Did you own or rent a residence in the neighbourhood?
  - \_\_\_\_\_ Own
  - \_\_\_\_\_ Rent
  - \_\_\_\_\_ Other
7. Were you involved in any neighbourhood activities? If so, what activities?
 

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Now I would like to read to you a number of statements regarding people living in your former neighbourhood and your attachment to it.

Please would you indicate whether you agree or disagree with the following:

8. (a) I felt a strong attachment to my house/apartment.

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

- (b) I felt a strong attachment to my neighbourhood.

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

- (c) I felt this neighbourhood was a friendly community.

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

- (d) This neighbourhood tolerated all types of people.

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

- (e) I felt that I belonged in this neighbourhood:

strongly agree	agree	uncertain - neutral	disagree	strongly disagree
-------------------	-------	------------------------	----------	----------------------

B. Neighbourhood Satisfaction

Thinking about the living conditions in the one or two blocks right around your former home (apartment):

9. What is the one thing about this neighbourhood you liked best?

10. If you had to pick one problem that you considered the most serious in your neighbourhood, what problem would that be?

11. Looking back over the past year or so, would you say that living conditions in this neighbourhood had:

greatly improved	improved	stayed the same	deteriorated	greatly deteriorated
---------------------	----------	--------------------	--------------	-------------------------

or    DK  
      NA

As before, I would like to read to you a number of statements regarding the living conditions in your former neighbourhood.

Would you please indicate whether you agree or disagree:

12a. People in this neighbourhood cared about how the neighbourhood looked:

strongly agree	agree	uncertain	disagree	strongly disagree
-------------------	-------	-----------	----------	----------------------

b. I was satisfied with my family's safety in this neighbourhood.

strongly agree	agree	uncertain	disagree	strongly disagree
-------------------	-------	-----------	----------	----------------------

c. I was satisfied with my personal safety in this neighbourhood.

strongly agree	agree	uncertain	disagree	strongly disagree
-------------------	-------	-----------	----------	----------------------

d. Overall, this neighbourhood was a nice place in which to live.

strongly agree	agree	uncertain	disagree	strongly disagree
-------------------	-------	-----------	----------	----------------------

13. Looking to the future, what improvements in neighbourhood conditions would you like to have seen made in order that the neighbourhood may have become a better place in which to live?

Still thinking about conditions in the one or two blocks right around your former home/apartment:

14. Were any of the following found in the neighbourhood and how evident were they?

	very evident	evident	uncertain	not very evident	not evident at all
a. noisy neighbours	_____	_____	_____	_____	_____
b. vandalism	_____	_____	_____	_____	_____
c. abandoned houses	_____	_____	_____	_____	_____
d. absentee landlords	_____	_____	_____	_____	_____
e. group homes	_____	_____	_____	_____	_____
f. children/ teenagers who mis- behave	_____	_____	_____	_____	_____

15. If group homes were evident, what type of group home(s), and where were they located?

16. Did you have any personal experience or contact with the clients living in the group residence(s)?

## Appendix E

Telephone Questionnaire

Category of "Sample Population" \_\_\_\_\_ "Non-Petition Objector" # \_\_\_\_\_

Street \_\_\_\_\_

Block \_\_\_\_\_

Enumeration Area \_\_\_\_\_

Date of Interview \_\_\_\_\_

Time Interview Begins \_\_\_\_\_

Time Interview Ends \_\_\_\_\_

Telephone Survey

I would like to ask you, if I may, about a specific development in your area (neighbourhood). About 18 months ago during the Spring of 1986, there was a proposal to establish a group home for youths on Vancouver Street opposite Central Park.

1. Do you remember hearing about this proposal?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes response.

- (a) How did you get to know about the proposal?

\_\_\_\_\_ through friends

\_\_\_\_\_ saw notice of rezoning application posted  
outside property

\_\_\_\_\_ newspaper

\_\_\_\_\_ any other

- (b) Did you talk about this proposal with any of your neighbours?

Yes \_\_\_\_\_ No \_\_\_\_\_

- (c) What did you think about this proposal to establish a group home on Vancouver Street?

IF AMBIGUOUS, OR AMBIVALENT, ANSWER



Do you agree or disagree with the following:

I find the siting of the group home on Vancouver Street unacceptable.

strongly agree	agree	uncertain	disagree	strongly disagree
-------------------	-------	-----------	----------	----------------------

If not acceptable, can you tell my why not?

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Thank you for taking the time to answer these few questions.  
I am very grateful to you for your cooperation in this survey.  
Once again, please be assured that your responses to these  
questions will be treated with strict confidentiality and that you  
will remain anonymous.

Thank you.

Appendix F  
Profile of Neighbourhood Respondents

Notation

Category of Respondent:

n.o.: non-petition objector  
d.o.: declared petition objector  
d.o. mover: declared petition objector-mover

Geographic Zone:

As per zones defined on Map 5.1

Post-Implementation Attitude:

As per themes depicted in Table 5.5

Age Grouping: Census Breakdown:

20-24 yrs: a  
25-34 yrs: b  
35-44 yrs: c  
45-54 yrs: d  
55-64 yrs: e  
65 yrs + : f

Appendix F  
 Profile of Neighbourhood Respondents n=90  
 (Interviewed October 1987 - March 1988)

ID No.	Category Respondent	Street	Geo. Zone	Level of Facility Awareness				Mode of Awareness	Post Implementation Attitude		Post Impl. Attitude Dominant Views	Neighbourhood Satisfaction		Sex	Age	Resident Tenure	Length of Neighbourhood Tenancy
				Never Aware	Pre/Post Impl.	Pre-Impl. Only	Post-Impl. Only		+	-		Yes	No				
1.	n.o.	Pembroke	A3	x						x	NIMBY	x		M	f	rent	5 yrs
2.	n.o.	Pembroke	A3		x			newspaper	x		impartial	x		M	b	rent	9 yrs
3.	n.o.	Pembroke	A3	x								x		F	d	rent	7 yrs
4.	n.o.	Pembroke	A3				x	word-of-mouth	x		pragmatic		x	M	b	rent	3 yrs
5.	n.o.	Queens	A2		x			visual	x		-overt behaviour -pragmatic	x		M	f	own	4 yrs
6.	n.o.	Queens	A2		x			visual	x		pragmatic		x	F	f	rent	6 yrs
7.	n.o.	Empress	B	x					x		impartial	x		M	b	own	8 yrs
8.	n.o.	Empress	B		x			visual	x		-scepticism -pragmatic	x		F	e	own	17 yrs

9.	n.o.	Empress	B		x	newspaper	x	image	x	F	f	own	52 yrs
10.	n.o.	Empress	B		x	visual	x	-overt behaviour	x	F	d	own	10 yrs
11.	n.o.	Empress	B	x			x	-scepticism -pragmatic	x	F	d	own	18 yrs
12.	n.o.	Quadra	B	x			x	-image -NIMBY	x	F	c	rent	6 yrs
13.	n.o.	Pembroke	C	x					x	F	d	rent	5 yrs
14.	n.o.	Pembroke	C			x	visual	no opinion	x	M	c	rent	12 yrs
15.	n.o.	Pembroke	C	x						M	f	rent	11 yrs
16.	n.o.	Pembroke	B			x	petition word-of- mouth		x	F	f	own	67 yrs
17.	n.o.	Pembroke	B	x					x	F	f	own	40 yrs
18.	n.o.	Pembroke	C		x		word-of- mouth		x	F	e	rent	3 yrs
19.	n.o.	Pembroke	B		x		word-of- mouth		x	F	f	own	3 yrs
20.	n.o.	Pembroke	B			x			x	F	f	own	30 yrs
21.	n.o.	Pembroke	B	x					x	F	c	own	3 yrs
22.	n.o.	Pembroke	C	x					x	F	f	rent	10 yrs
23.	n.o.	Queens	B		x		petition		x	F	f	rent	12 yrs

24.	n.o.	Queens	B	x		radio	x	-NIMBY -image	x	F	d	own	3 yrs
25.	n.o.	Queens	B		x	visual	x	image	x	F	f	own	10 yrs
26.	n.o.	Queens	B			x newspaper	x	pragmatic	x	F	c	rent	3 yrs
27.	n.o.	Queens	B	x		news media	x	impartial	x	F	c	rent	9 yrs
28.	n.o.	Queens	A2		x	visual	x	impartial	x	M	f	own	5 yrs
29.	n.o.	Queens	A2	x					x	M	f	rent	4 yrs
30.	n.o.	Queens	A2		x	word-of- mouth	x	-proximity -pragmatic -image	x	F	f	rent	6 yrs
31.	n.o.	Queens	B			x school	x	pragmatic	x	F	c	rent	3 yrs
32.	n.o.	Caledonia	C		x	radio	x	impartial	x	F	f	rent	17 yrs
33.	n.o.	Caledonia	C		x		x	impartial	x	F	f	rent	5 yrs
34.	n.o.	Caledonia	C		x	newspaper	x	pragmatic	x	F	c	rent	3 yrs
35.	n.o.	Caledonia	C	x					x	M	f	own	40 yrs
36.	n.o.	Caledonia	C	x					x	F	f	own	25 yrs
37.	n.o.	Balmoral	D	x					x	F	d	own	15 yrs
38.	n.o.	Balmoral	D		x	newspaper	x	NIMBY	x	F	f	rent	12 yrs
39.	n.o.	Balmoral	D	x					x	F	f	rent	9 yrs
40.	n.o.	Balmoral	D		x	newspaper	x	NIMBY	x	M	e	own	4 yrs
41.	n.o.	Balmoral	D	x					x	F	f	rent	10 yrs

42.	n.o.	Quadra	E	x		newspaper	x	pragmatic	x	F	f	rent	3 yrs
43.	n.o.	Quadra	C	x			x	-pragmatic -overt behaviour	x	M	f	owns	39 yrs
44.	n.o.	Quadra	B			word-of- mouth	x	pragmatic	x	F	f	owns	38 yrs
45.	n.o.	Quadra	B	x		newspaper	x	-pragmatic -overt behaviour	x	M	f	owns	11 yrs
46.	n.o.	Quadra	E		x	word-of- mouth	no opinion		x	F	f	rent	4 yrs
47.	n.o.	Quadra	E	x		church	x	-pragmatic -image	x	F	f	rent	3 yrs
48.	n.o.	Quadra	E	x						F	f	rent	3 yrs
49.	n.o.	Princess	B	x		word-of- mouth	x	impartial	x	F	e	own	24 yrs
50.	n.o.	Princess	B	x		City Hall	x	-pragmatic -overt behaviour	x	F	f	own	23 yrs
51.	n.o.	Mason	E	x			x	NIMBY	x	M	c	rent	4 yrs
52.	n.o.	Cameron	B	x					x	F	c	rent	3 yrs
53.	n.o.	Chambers	B		x	word-of- mouth	x	pragmatic	x	F	f	own	30 yrs
54.	n.o.	Chambers	D		x	word-of- mouth	x	pragmatic	x	M	e	own	20 yrs

55.	n.o.	Cedar Hill	D	x				x	F	d	own	15 yrs		
56.	n.o.	Bay	D	x		x	pragmatic	x	M	e	rent	3 yrs		
57.	n.o.	Bay	C		x	x	pragmatic	x	M	b	rent	3 yrs		
58.	n.o.	Bay	C	x		x	NIMBY	x	F	d	rent	3 yrs		
59.	n.o.	Bay	C	x		x	proximity	x	F	f	rent	3 yrs		
60.	n.o.	North Park	D	x				x	F	f	rent	12 yrs		
61.	n.o.	North Park	D	x				x	F	f	rent	3 yrs		
62.	n.o.	North Park	D	x				x	F	f	rent	14 yrs		
63.	n.o.	North Park	D	x				x	F	f	rent	12 yrs		
64.	n.o.	North Park	D	x				x	F	f	rent	6 yrs		
65.	n.o.	North Park	D	x				x	F	f	rent	4 yrs		
66.	d.o.	Pembroke	A1		x	petition	x		-pragmatic -operational	M	c	rent	3 yrs	
67.	d.o.	Princess	A2		x	petition		x	image	x	M	e	own	10 yrs
68.	d.o.	Princess	A2		x	petition	x		impartial	x	F	d	own	12 yrs
69.	d.o.	Pembroke	A1		x	petition	x		overt behaviour	x	F	b	rent	4 yrs
70.	d.o.	Pembroke	A1		x	petition	x		overt behaviour	x	F	e	rent	6 yrs
71.	d.o.	Vancouver	A1		x	petition	x		-overt behaviour -scepticism	x	F	e	rent	13 yrs

72.	d.o.	Vancouver	A1	x		petition	x	operational	x	M d	rent	10 yrs
73.	d.o.	Vancouver	A1	x		petition	x	-overt behaviour -image -operational	x	F f	rent	11 yrs
74.	d.o.	Vancouver	A2	x		petition	x	-pragmatic -overt behaviour -operational	x	F e	own	6 mths
75.	d.o.	Pembroke	A1		x	visual	x	-operational -pragmatic	x	F e	rent	3 yrs
76.	n.o.	Pembroke	A1		x	newsletter Cool-Aid	x	-proximity -pragmatic	x	F c	rent	8 yrs
77.	n.o.	Pembroke	A3		x	visual	x	-pragmatic -operational	x	F f	own	37 yrs
78.	n.o.	Pembroke	A3	x			x	pragmatic	x	F b	rent	3 yrs
79.	n.o.	Queens	A3		x	newspaper visual	x	-proximity -operational -pragmatic	x	F c	rent	3 yrs
80.	n.o.	Queens	A2		x		x	-pragmatic -image	x	F c	rent	8 yrs
81.	n.o.	Queens	A2		x	newspaper	x	-image -pragmatic	x	F b	rent	3 yrs
82.	n.o.	Queens	B		x	visual	x	pragmatic	x	F b	own	4 yrs
83.	n.o.	Queens	B		x	word-of- mouth	x	impartial	x	F d	rent	5 yrs

84.	n.o.	Queens	B	x		x	pragmatic	x	F	b	own	4 yrs	
85.	n.o.	Queens	B	x		x	-operational -pragmatic -image	x	F	c	rent	4 yrs	
86.	n.o.	Queens	B		x	petition	x	pragmatic	x	F	b	rent	5 yrs
87.	d.o. mover	Pembroke	A1					x	F	b	rent	21 mths	
88.	d.o. mover	Pembroke	A1					x	M	b	rent	3 yrs	
89.	d.o. mover	Pembroke	A1					x	M	b	rent	3 yrs	
90.	d.o. mover	Vancouver	A1					x	F	b	rent	12 mths	

VITA

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Publications:

None

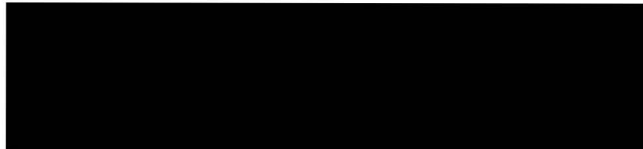
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COMMUNITY ACCEPTANCE OF AN EMERGENCY SHELTER FOR  
YOUTHS IN THE CITY OF VICTORIA

Author

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DAPHNE ROBERTA KOTILA

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ISBN 0-315-53756-6