FROM NIMBY TO YIMBY:
UNDERSTANDING COMMUNITY OPPOSITION TO SPECIAL NEEDS RESIDENTIAL FACILITIES IN VANCOUVER

By

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Abstract

This study investigates the nature of opposition towards a Special Needs Residential Facility (SNRF) for people with problems related to physical disabilities, psychiatric problems, addictions, legal custody, or emergencies. The term NIMBY describes people who oppose the location of such a facility in their neighbourhood. The literature on NIMBY argues that residents oppose these projects because they fear for their personal safety, property devaluation, and neighbourhood appearance. Qualitative and quantitative analyses revealed that Vancouver residents want more transparency and involvement during the planning stage of siting SNRFs. A review of seven case studies provided insight into the factors that determine the extent of NIMBYism. A survey revealed which individual characteristics predict who is more likely to be a NIMBY-minded person. A number of policy alternatives encourage discourse among stakeholders, to alleviate distrust among residents, and to reduce the chance of encountering opposition to establishing SNRFs.

Executive Summary

This study employs two approaches, qualitative and quantitative, to test why some community members are more likely to oppose the location of Special Needs Residential Facilities (SNRFs) in Vancouver. The acronym NIMBY, meaning 'not in my backyard', describes the opponents. Seven cases in five communities (Central Business District, Kensington/Cedar Cottage, Killarney, Mt. Pleasant and Strathcona) compare common NIMBY arguments and evaluate key factors that affect opposition. Common arguments against SNRFs include fears for personal safety, property devaluation, and neighbourhood degradation whereas common factors that influence opposition are characteristics of the facility such as size and clientele, characteristics of the consultation process and characteristics of the neighbourhood.

Analysis reveals that size, location, or clientele types do not affect the extent of opposition. However, the cases support common arguments of NIMBYism such as fear of personal safety, property devaluation, and neighbourhood degradation. In addition, the timing of public consultation proved to be a factor in lessening NIMBYism. Agencies that engaged affected communities before applying for the development permit tended to face less opposition than those that did not. The investigation also uncovered a NIMBY argument that did not appear frequently in the literature. This is the argument of 'fair share' where some neighbourhoods felt overloaded with more than their fair share of SNRFs. Further investigation as to the distribution of SNRFs throughout the City revealed that in most cases these claims are unfounded when measured in terms of the proportion of the population relative to the proportion of total SNRF beds. Furthermore, over the past ten years opposition in terms of petitions and correspondence to the placements of SNRFs has decreased with time suggesting a decline in NIMBY.

Survey results illustrate who are more likely to hold NIMBY attitudes. Conducted in a NIMBY neighbourhood, the survey sought to identify individual characteristics of NIMBY persons to profile who hold these beliefs and to evaluate the effectiveness of the public meetings. Logistical regression analysis reveals that long-term residents, those who have lived in the community for 15 to 19 years, are over three times more likely to have NIMBY beliefs than someone who has lived in the community for less than four years. Further, those who attended the

public meetings are twice more likely to be NIMBY. In addition, the analysis revealed that public meetings did little to change minds of even the undecided attendees.

These findings prompt five policy options. Each option is assessed against the criteria of equity, social feasibility, political feasibility, and economic costs. The first alternative is to maintain the status quo. As the survey indicates, NIMBY is not as prevalent as the media or others lead us to believe. In the neighbourhood where there was an uprising against a proposed 39-unit facility, 57 percent of the respondents held strong NIMBY beliefs, compared with 43 percent who do not oppose. Historically, the extent of community opposition, as measured by correspondence, turnout, and petitions, has been decreasing. This trend suggests a laissez-faire approach where the City adjusts to each contentious project may be just as productive as an intervention.

Second, the City of Vancouver should publish annual SNRF reports to mitigate the underlying public distrust. This display of increased transparency will also address the NIMBY argument of 'fair share' where residents feel an unequal distribution of SNRFs across the city. Such a report should include all city owned and leased properties as well as any future SNRF plans for at least the next two years. This approach was undertaken in New York City and has been lauded by planners and decision makers, like the American Planning Association and ex-mayor Rudolph Giuliani. The report should also provide social demographics such as population density and income distribution to enable the public with more information to assess issues of equity.

Third, the opportunity to ask questions and be included during the planning process is important to residents, but the City should reduce their reliance on large-scale public meetings as they are at best ineffective and at worst serve to increase NIMBYism. Instead, the City should mandate that SNRF applicants host small-scale public meetings where the number of attendees is more manageable and productive.

Fourth, as long-term residents pose the most resistance to establishing SNRFs, the City should seek to develop SNRFs in new communities like areas such as False Creek. New residents are less resistant because they have not had enough time to establish strong community roots to the area or because new residents have not had the opportunity to network, which makes it difficult to mobilize a united opposition. New buyers will be aware that a SNRF existed prior to buying a home or establishing roots, which illustrates a transparent element in establishing SNRF on behalf of the City.

Finally, the City should develop a policy network of applicants, health care professionals, social planners, citizens, and other stakeholders in order to exchange information on lessons learned and to develop educational material according to the type of clientele that the SNRF will house. Regression analysis shows which characteristics are important in determining what type of resident would be the most resistant according to the type of clientele the SNRF would house. For example, a SNRF that houses people with mental illness will face the most opposition from homeowners and those aged 25 years and over. The survey results indicate that this information can be used to target educational material to the biggest opponents. Information is key, and a forum where this information can be exchanged is conducive to addressing the NIMBY problems especially when the key stakeholders are involved in the discourse.

Dedication

To my parents, Marisa and Gus, for their constant support and encouragement - especially the pep talks along the way. Os quiero muchísimo, hasta el cielo!

Acknowledgements

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Glossary of Acronyms

Term	Definition
NIMBY	Not in my backyard
YIMBY	Yes, in my backyard
BANANA	Build absolutely nothing anywhere, near anyone
NIMTOO	Not in my term of office
LULU	Locally unwanted land use
NOOS	Not on our streets
SNRF	Special Needs Residential Facility
DTES	Downtown Eastside
DPB	Development Permit Board
DP	Development Permit

1 Introduction

> If executive and legislative leaders yield to fear and suspicion, we will regress
> into a new feudalism. At the very moment when barriers are coming down
> around the world, we will find ourselves marching backward toward the
> imaginary safety of feudal fiefdoms defended by NIMBY walls. (New York
> Mayor Koch, 1989 as cited in Dear, 1992, p.288)

A recent attempt to place a Special Needs Residential Facility (SNRF) for people with mental illness and substance addictions in a Vancouver neighbourhood faced significant opposition and controversy from local residents. These residents responded to the announcement by circulating petitions, engaging the media, inundating City Hall with negative correspondence by telephone and email and demanding city-wide plans for SNRFs in an attempt to force the City to be more transparent and accountable to Vancouver residents. This outcry demonstrates how difficult it is to establish SNRFs designed to house people with drug or alcohol addictions. The City of Vancouver has developed policy, The Four Pillar Strategy, to address the bigger social problem of addictions via treatment, prevention, harm reduction and enforcement initiatives. However, the most difficult element of implementation is gaining residents' support. Community support for such programs is vital to their success.

Protectionist attitudes by not-in-my-backyard groups (NIMBYs) is costing the City of Vancouver and its affiliated agencies significant economic and political costs in labour and resources dedicated to damage control and defusing situations. Simply dismissing NIMBY attitudes as parochial and selfish may be easier than addressing the problem, but increased correspondence received by the City and media exposure suggests that this phenomenon is growing and will be harder and harder to avoid. Community integration of people with special needs such as mental illnesses, addiction problems, physical or mental disabilities, or a combination of any of these is becoming more difficult because of profound community resistance to the proposed sites.

This project investigates why some people oppose the introduction of SNRFs in their communities. Understanding NIMBYism is the first step in developing policies for addressing community opposition to SNRFs.

2   Methodology

Two approaches, qualitative and quantitative, make up the analytical framework to provide a comprehensive explanation for why some communities and individuals oppose SNRFs in their neighbourhood. Local case studies of contentious SNRF placements in Vancouver help to understand what the common NIMBY arguments are in Vancouver and to identify key factors that influence opposition. A City social planner selected seven case studies for review where NIMBY was either a major factor or could have been but did not arise. Development permit (DP) files, which served as the source, included Administrative Reports on each file as well as most correspondence from the public, the applicant and the City. The DP files provided information about each project such as size, clientele, location, and consultation process. A senior social planner provided an expert opinion regarding the extent of NIMBY by ranking the seven cases from most to least contentious. In addition, the volume of negative correspondence, turnout at public meetings, and number of meetings suggested the level of opposition. The case studies tested common NIMBY arguments as identified in the literature such as fear, devaluation of property and neighbourhood degradation as well as the reported NIMBY factors such as characteristics of the facility, neighbourhood, and clientele type. Compared with each other, the cases unveiled common themes such as arguments or outcomes.

Secondly, a logistical regression on data collected from a survey determined which characteristics are useful in predicting a NIMBY-minded individual in a community. The survey took place near East 41st Avenue and Fraser Street where the City proposed constructing a SNRF sponsored by Triage Emergency Services and Care Society. The contentious project had extensive media coverage and high turnouts at public meetings, which suggested that the community adamantly opposed its establishment.

Community residents near the proposed Triage site participated in the survey between November 28th, 2004 and January 3rd, 2005. The recruitment process entailed researchers approaching people on the corner of East 45th and Fraser Street to complete a questionnaire. Questionnaires tended to be self-completed with the small exception of seniors who

participated verbally in which case the surveyor recorded the responses. Refer to Appendix A for the survey instrument.

Eligible respondents were required to be current residents of the community and self-identified as such. Non-residents did not complete the survey. Researchers referred to a local map and pointed to an approximate two-kilometre radius from 5616 Fraser Street as the designated community when citizens probed as to the parameters of the community. Refer to Appendix B for the designated community as demonstrated by the surveyor while recruiting participants.

The survey was promoted as part of a research project for a graduate degree to poll community opinion with respect to SNRFs. Interestingly, some people were more inclined to participate in the survey when they realized the survey was not intended for the sponsoring agency Triage, but for the sake of research. Alternatively, others perceived this research as futile since the City was not conducting the survey. In one instance, a respondent began to complete the survey and then withdrew when she realized that the university would publish the results of this survey. She feared that the data would be manipulated to benefit the sponsor agency. Clearly, there was an element of distrust of the sponsor agency, the City, and the process.

3 Defining the Problem

3.1 What is a Special Needs Residential Facility (SNRF)?

Special Needs Residential Facility, hereinafter referred to as a SNRF, is the term used to refer to residential facilities where staff provide care, supervision, counselling, information, referral, advocacy, or health care services for people with problems related to physical or mental disabilities, psychiatry, drug or alcohol addictions, legal custody, emergency or crises (City of Vancouver, 2004a). According to the City of Vancouver's *Zoning and Development By-Law Definitions*, a SNRF may be any or all of the following forms: Community Care Class A, Community Care Class B, Congregate Housing, and/or Group Living (City of Vancouver, 2004b).

SNRFs of Class A and B must be licensed under the Community Care Facility Act with the Ministry of Health. The distinction between Class A and Class B is the number of residents. Class A specifies that the residence is for "not more than ten persons, not more than six of whom are persons in care"; whereas Class B states that the residence "provides accommodation for seven or more persons in care" (City of Vancouver, 2004b, p.5). In other words, Class B SNRFs house more clients than Class A SNRFs.

Congregate Housing is a SNRF that houses a minimum of six people aged 55 years and older who are not related. These residents share a common kitchen and dining area. Housekeeping staff may also be provided with accommodations.

Group Living is the most contentious type of SNRF. This houses six or more individuals, not related, who have problems with physical or mental disabilities, psychiatric problems, drug or alcohol problems, legal custody problems or emergency/crises situations. Staff at these facilities provides guidance, supervision, counselling, and care (City of Vancouver, 2004a).

3.2 What is NIMBY?

Community opposition to establish special needs facilities is such a persistent problem in every urban centre that it is considered a syndrome and as such is inundated by acronyms

such as BANANA, NIMTOO, LULU, and NOOS, to name a few. However, the most common acronym used to describe community opposition is NIMBY – not in my backyard. The NIMBY syndrome is a protectionist attitude or belief towards an unwanted development where community members exercise oppositional approaches. Popular types of oppositional tactics include circulating neighbourhood petitions, writing letters, participating at demonstrations, developing formal resistant community groups, and involving the media.

The term NIMBY was coined over 30 years ago; however, the phenomenon has existed for much longer (Piat, 2000a). Dear (1992) recounts the prevalence of community opposition to an asylum sited in Canada as early as the nineteenth century. Opponents to the asylum claimed "...the site chosen constituted a public nuisance, and was a source of injury and damage to them, decreasing the value of their property, especially as sites for villas and elegant dwellings..." (Dear, 1992, p.289). Similar arguments are still used in the twenty-first century and the age-old phenomenon is perpetuated into more sophisticated arguments that appear to sympathize with the targeted clientele but are nonetheless typical NIMBY beliefs.

3.3   Why is it important to understand NIMBY?

Formalized community opposition makes siting Special Needs Residential Facilities (SNRFs) particularly difficult for policy makers, planners, social workers, and social service providers. Decision makers face conflicting objectives – to integrate into the community various groups of disadvantaged individuals with the necessary supports and to listen and accommodate the feelings of the host residents who are valuable tax paying citizens. There does not need to be a trade off between the two objectives but rather a mechanism that would engage both parties.

The deinstitutionalization of mental health consumers and the treatment options for people who have drug and alcohol abuse problems has surged in Vancouver over the past few years. Supported housing that provides counselling, care, guidance and supervision has been one way of integrating into communities those who possess special needs. Successful integration of the clientele depends not only on the design of the treatment program and the individual's commitment to the program but also the community's acceptance of such facilities (Piat, 2000a). Historically, extreme opposition has led to destruction of the facility through arson, physical attacks on staff and property damage (Dear, 1992).

Local opposition is not entirely counterproductive; some vocal community opposition may have benefits. Citizen involvement facilitated the development of building codes in

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Oakland and a hazardous material program in Minnesota (William & Waugh, 2002). Local opinions have had positive impacts on changing program operations in a more productive manner (Dear, 1992). In turn, these gains in efficiency have developed into stronger, more effective programs for the target clientele. Dialogue between planners and residents can be a source of fundamental benefits for planners.

Vancouver's drug problem affects the entire city; it is not confined to the Downtown Eastside (DTES). Rising health costs and the increasing number of addicts suggest that addictions are a serious health hazard that requires an innovative response. City Council has subscribed to the Four Pillars Approach, which involves examining methods that address treatment, prevention, harm reduction, and enforcement. Support housing for drug and alcohol addicts or people with mental illness is one example of the treatment dimension of the Four Pillars Approach.

Vancouver is steadily moving in the direction of increasing supported housing across the city and not exclusively saturating the DTES with such facilities. Successful placement of SNRFs depends on NIMBY beliefs among potential host communities. Understanding the nature of opposition is the first step.

3.4   SNRF Development Permit Process

The Vancouver Charter constrains the power of City Council in the decisions of zoning and development. Council can only decide on re-zoning applications, not zoning or development of SNRFs. Decisions regarding the placement of SNRFs within the City of Vancouver ultimately lie in the hands of the Director of Planning or Development Permit Board (DPB).

The DPB decides on most major developments, which are buildings such as high-rise, residential buildings downtown or SNRFs (City of Vancouver, 2001). Major developments may have a substantial effect on the neighbours and the community either because of the nature of the building or the scale. The DPB is comprised of three voting members: Co-Director of Planning, Deputy City Manager and General Manager of Engineering Services. In the event of a tied vote or an absentee member, the Director of Development Services, who also chairs the board, may vote.

City Council may hear community response to projects through the process of Special Council Meetings, designed to hear pressing issues, when the Director of Planning asks

Council for advice regarding a contentious project. Council then makes recommendations to the DPB who then decides whether to grant the sponsoring agency the development permit. Upon successful acquisition of the permit, the City notifies the immediate neighbours who have thirty days to file an appeal. The Board of Variance, an independent body comprised of members appointed by City Council, decides on the issue. If the Board of Variance supports the decision of DPB and as a result the applicant is granted the permit the public, again, are notified and have another opportunity to appeal but under different grounds.

4 Policy Objectives Related to SNRFs

External events such as federal spending on social programs, extensive homelessness and the deinstitutionalization of mental health consumers are critical factors that provoke opposition (Dear, 1992). In a study conducted in Montreal, Piat (2000) found that opposition to housing deinstitutionalized people ran farther than in one's own backyard. Instead, residents had issues more with the policy of deinstitutionalization than with merely placing facilities in residential neighbourhoods. Residents did not believe that deinstitutionalized people are capable of integration into their community. The underlying social problem may be that opponents do not agree with placing these facilities anywhere. This finding leads to researchers investigating not only why or how NIMBY occurs but also for exploring possible methods of gaining community acceptance of the policy that propels the need for community integration and SNRFs.

Canadian policies are the forces that drive the need for housing marginalized individuals. Such policies include A Framework for Action – A Four Pillars Approach to Drug Problems in Vancouver endorsed by Vancouver City Council in May 2001; Community Care and Assisted Living Act; and Homeless Action Plan. In addition, The Therapeutic Community Treatment Model, a report recently released, also supports the local initiative of supported housing for people with addictions.

4.1 The Four Pillars

Mayor Philip Owen from the Non-Partisan Association (NPA) established the Four Pillar Strategy in 2000 and Vancouver's current Mayor Larry Campbell supports the strategy. The four dimensions of the Four Pillar Strategy include harm reduction, prevention, enforcement and treatment. SNRFs fall under the treatment dimension of the four pillars.

Treatment means the delivery of services involving withdrawal management, residential or non-residential services to promote healthier living choices. The objective is to improve the lives of addicts because they pose a rapidly growing population. Treatment is a method of intervention that offers a variety of mechanisms such as support services.

There are various groups of clients that SNRFs are set out to help – seniors, disabled, needy and addicts. A SNRF that caters to substance abusers is one tool that abides by the mandate set out by the Four Pillar Strategy of treatment. An effective SNRF can act as a catalyst to social integration of former drug or alcohol abusers.

4.2   Homeless Action Plan

The Housing Centre in consultation with the Social Planning Department within the City of Vancouver developed The Homeless Action Plan, which is still in its draft form, because of the growing number of homeless people on the streets of Vancouver over the past five years (Davidson, 2004). The objective of the plan is to organize a set of actions the City can undertake in collaboration with communities, businesses, and organizations to mitigate the problems associated with homelessness. Recommendations in the draft report include increasing the housing continuum such as supported housing and transitional housing. In addition, there was specific reference to the City helping those individuals with special needs through the provision of support services for mental illnesses and addictions (Housing Centre, 2004).

4.3   Therapeutic Community Treatment Model

The Social Planning Department together with a team from the John Volken society evaluated the contemporary approach to treatment called the Therapeutic Community (TC) model. This model supports creating residential facilities where disenfranchised individuals such as those with mental illnesses, addictions, or HIV/AIDS live together in a home that is drug-free and promotes change and community integration through structure and guidance of counsellors (Gibbons, Anderson & Garm, 2002). The study was based on past longitudinal studies, site visits within the Lower Mainland that practice the TC model, and interviews with experts and planners from the City of Vancouver. The findings address the strengths and weaknesses of the TC approach.

The recommendations put forth dealt with the program, operations and governance, and location. Programmatic recommendations included that the treatment program be carefully selected to successfully match the needs of the target resident. Operational and governance issues entailed that experienced sponsors with a vast knowledge in human delivery services especially with common TC challenges establish new TC facilities. Furthermore, to promote good governance an advisory group should consult with industry and

residential neighbours. Finally, besides an advisory board, it was also presented that consultation be conducted prior to the establishment of the proposed site. The location of the site is intended to be one in which the target clientele are not exposed to drug use or tempted to engage in other negative behaviour.

5 The NIMBY Argument

5.1 What are the fears?

Researchers from University of Abertay in the United Kingdom examined how people expressed themselves when discussing mental health and the placement of mental health facilities in their neighbourhoods (Cowan, 2003). Discourse analysis explored the content, formation, and justification of the argument. The results showed that residents were concerned about the type of clientele the facility would house; the suitability of the neighbourhood given the clientele; and the public consultation process.

The argument surrounding the clientele of the proposed facility is largely attributed to the perceived risk of the target group. Media plays a crucial role in how the public perceives a marginalized group such as those with mental illnesses or addictions (Holden et al, 2001). Criminal activity is often associated with these groups of individuals in the media. It follows that the public is often fearful of these groups because of the criminal behaviour that is covered by media sources. Residents tended to fear for their personal safety because of the perceived volatility of the clients (Piat, 2000b). Essentially, the fear is that criminal activity would increase and pose a direct threat to families and property. This fear is more often expressed for facilities housing addicts but surprisingly it is also expressed for the mentally ill since their behaviour is also perceived as unpredictable (Dear, 1992).

The appearance of the host community is a recurrent concern among opponents. The underlying fear is that the community will become unattractive and will negatively affect businesses. The notion is that the placement of these facilities will attract undesirable people who would congregate in groups and behave in a negative manner. Furthermore, residents fear aggressive panhandling or other anti-social behaviour such as loitering (Dear, 1992).

Decreasing property values is another common argument voiced by potential host residents (Piat, 2000a and Dear, 1992). Yet, a study conducted by a task group for the Ministry of Community, Aboriginal and Women's Study found that property values were unaffected by the placement of non-market housing (Ministry of Community, Aboriginal, and Women's Study, 1996). The study explored seven communities and evaluated the duration of

time in the selling market and the market price of the homes. The homes in the seven sites were compared with a control site with similar characteristics; all sites were in the Lower Mainland or on Vancouver Island. The findings showed that the placement of special needs group homes did not affect the selling price of neighbouring houses nor the length it took to sell the home. Fluctuations in selling prices were associated with factors that affect the real estate market such as interest rates or large-scale developments like malls. Interestingly, property values increased because in some cases the well maintained facilities added to the community's appeal (Dear, 1992).

5.2   "Sophisticated" Argument

The sophisticated opponent, as put forth by Dear (1992), Piat (2000a) and Stein (1996), disguises herself or himself as an advocate for the cause but formulates her or his opposition from the perspective of the target clientele. Arguments surround the suitability of the neighbourhood coupled with the objective of the treatment or service facility. The argument is as follows: a facility that helps marginalized individuals is a good idea but this neighbourhood is not conducive to the rehabilitation of the client. In this disguise, the opponent appears to have the best interest of the client at heart; however, this is another common NIMBY tactic (Stein, 1996).

The sophisticated opponent will often argue reasons of justice or fairness as rationales for their oppositions, such as claiming that it is not fair to the a person with a mental illness to integrate them into society because a hospital is best (Stein, 1996). People feel conflicting notions, to support collectively the disadvantaged, and to behave as an individual that works hard and takes full advantage of opportunities (Stein, 1996). These conflicting views of individualism versus moral obligation are in the sophisticated argument against human service facilities. By voicing concern over the well being of the client the opponent "shifts the burden to the project sponsor" (Stein, 1996, p.34). By shifting the burden to the sponsor for failing to site the facility in an appropriate location, the community looks less parochial.

Opponents to a group home in Montreal, Canada claimed that the deinstitutionalization of mental health patients was inhumane (Piat, 2000a). One resident compared the group home to a prison and implied that staff mistreated the clients. Scrutinizing the staff of the facility is another common tactic often exercised by challengers. This approach echoes Stein's findings of opponents shifting the burden to sponsor agencies. Attacking the credibility of the sponsor agency camouflaged as a compassionate concerned citizen is a

classic example of the sophisticated rival. Dear calls this "NIMBY with a caring face" (Dear, 1992, p.290).[1]

According to Dear (1992) four factors may determine the reaction from community residents. These four factors include client characteristics, nature of the facility, characteristics of host community, and programmatic considerations. Proximity to the facility is always found to be significant to predicting NIMBY attitudes. Not surprisingly, the closer a resident lives to the facility the greater the likelihood that he or she will oppose it (Dear, 1992).

5.3   Clientele Characteristics

Studies have shown that there is a hierarchy of acceptance for different groups of disadvantaged people (Dear, 1992; Dear & Takahashi, 1997). The most accepted group is those with physical or inevitable disabilities such as the terminally ill or seniors followed by the mentally ill. Those with mental illnesses are twice more likely to be rejected than the mentally retarded because society perceives the mentally retarded as unaccountable for their illness. Finally at the bottom of the hierarchy are those who suffer from social diseases such as drugs and alcohol addiction, the homeless or former criminals.

A caveat to this paradigm is that the hierarchy is not necessarily fixed - it is prone to change according to changes in social attitudes and the introduction of new client groups. Despite the changing hierarchy, the rule of ranking is based on two perceptions of the client group: perception of danger to society and productivity. At the bottom of the hierarchy are those clients who are the least productive and pose the most perceived danger whereas the most acceptable are those who are highly productive or pose the least risk (Dear & Takahashi, 1997).

One example of how this is hierarchy has changed is with the introduction of the AIDS epidemic in North America during the 1980's. AIDS patients were the newest members on the acceptance ladder and subsequently on the lowest possible level. Media exposure of the AIDS epidemic portrayed these patients as culpable individuals because of their lifestyle choices in sexuality or drug use (Dear, 1992).

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[1] As I was leaving the Special Council Meeting on December 7, 2004 a woman who recognized me from surveying her neighbourhood handed me a photocopy of her speech she had intended to read to Council. This speech is an example of the sophisticated argument and appeals to Council from the perspective that these clients are better served elsewhere. Appendix D contains a copy of the speech.

5.4 Facility Characteristics

Six critical factors with respect to the nature of the facility influence community acceptance: type, size, number, operating procedures, reputation of sponsoring agency and appearance (Dear, 1992).

A neighbourhood may contain several types of human service facilities. These may be residential or non-residential for local or outside clients; some may provide services on premises and some may send staff to provide services (Dear, 1992). The type of clientele that the facilities attend is another significant component. For the purpose of this paper, we will consider only residential facilities that provide services in-house.

Generally, the more units the facility contains the greater the opposition by the community. The rationale for this theory is that any impact felt by the host community will increase as the size of the facility increases (Dear, 1992).

Host neighbourhoods do not like to feel overburdened by facilities and so the greater the number of facilities in one neighbourhood, the greater the opposition. The host community tends to complain of saturation if the neighbourhood perceives that there are more facilities in their community relative to other neighbouring communities (Dear, 1992). The City of Vancouver has a specific guideline to reduce the possibility of one community being overloaded with SNRFs. Guidelines specify that SNRFs must be at least 200 metres (656 feet) from another SNRF (City of Vancouver, 2004c). Two hundred metres is approximately the width of twenty houses, based on a typical 30-foot wide Vancouver home (Cesar, 2004). The intention of the specification was "…to prevent further overloading of any area of the city which… has more than its fair share of special needs residential facilities in general, or more than its fair share of special needs residential facilities of specific client types" (City of Vancouver, 2004c, p.1).

Host residents are particularly wary of operating procedures for the proposed facility. Clearly, the type of resident the facility houses sets the operating and staffing requirements. Residents take issue with staffing schedules, activities schedules, and operating hours (Dear, 1992). The extent of opposition intensifies depending on the clientele of the facility and the amount of regulated staffing.

Trust and credibility of the sponsoring agency are two fundamental attributes that have a tremendous influence in community acceptance. Acquiring these two components can enhance the probability of gaining acceptance of host residents to placing a proposed facility

in a residential community (Dear, 1992). Margolis challenged the theory that distrust causes NIMBY beliefs by claiming the opposite, that NIMBY causes distrust (Margolis, 1996 as cited in Smith & Marquez, 2000). Margolis (1996) proposed that once a person opposes a project and demonstrates NIMBY attitudes, he or she would not trust any expert that presents support for the project (as cited in Smith & Marquez, 2000). In other words, distrust occurs after the establishment of NIMBY beliefs instead of before. Smith and Marquez's (2000) study conducted focus groups of both sides of an offshore drilling development near California supported the reverse theory. The study illustrated the role of trust in NIMBY beliefs. Findings showed that distrust was a characteristic of opponents as well as a characteristic of proponents.

On occasion, a famous spokesperson promotes the proposed facility, which may also lead to community acceptance (Dear, 1992). The spokesperson that promotes the facility tends to be someone who holds high values and is perceived to be extremely credible. The potential demise of this tactic is if the spokesperson decides to renege on the promotional campaign. Such was the case with Nancy Reagan and a drug treatment centre in California. Mrs. Reagan decided against promoting the facility and in the end, the facility was not able to open because of the potency of community opposition (Dear, 1992). Reputation of the sponsoring agency speaks volumes to community members. It is possible to gain credibility among members with the right person campaigning support for the proposed facility.

Dear (1992) claimed that once a facility is established in a community its appearance might dissuade opposition. A new facility that is cared for and maintained may in fact increase neighbouring property values. Engaging the community members in the design of the actual facility during the early stages may also encourage acceptance. Design suggestions from community residents have included the siting of a patio at the rear of the facility so as not to have residents gather at the front of the house. A small detail such as this may be sufficient to defuse community opposition among some residents.

5.5 Neighbourhood Characteristics

Fundamentally, there is more acceptance of differences among people in urban centres than in suburbia because of the degree of homogeneity of residents in suburban areas (Dear, 1992). Suburbia tends to be comprised of common-minded people with common social classes, primarily single-family homeowners. Conversely, urban centres consist of people of mixed social classes, races, and social groups (Dear, 1992). A human service facility will

likely be more opposed in the suburbs than in urban centres because of the lack of diversity in suburbia. Interestingly, the argument claims that a facility will not be as opposed in urban centres as it would be in suburbia because it will go unnoticed, not because it is more acceptable.

An American survey conducted by Daniel Yankelovich Group in 1989 evaluated public attitudes towards siting houses for people with chronic mental illnesses (Daniel Yankelovich Group, 1989 as sited in Dear, 1992). Yankelovich reported that a typical NIMBY profile included the following: high income, male, well educated, professional, married, homeowner, living in large city or its suburbs. With respect to communities, the profile of NIMBY neighbourhoods include "younger children, low education levels, 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 residential" (Dear and Taylor, 1982, p.153). Income is the leading predictor of NIMBY beliefs – the richer the individual the more likely he or she will oppose (Dear, 1992).

Reportedly, knowledge on the types of problems the client group encounters stimulates tolerance (Dear, 1992). Holden, Lacey, and Monach (2001) also reported that objection to people with mental illnesses may be the result of misinformation or lack of knowledge of the illness. Familiarity with the illness through personal experience or education results in less opposition.

5.6   Process Characteristics

In order to understand the opposition faced by planners, civil servants, or sponsor agencies it is first necessary to consider the context of implementation. This entails reviewing the process that establishes the facility, whether this is a clandestine or a full-scale public consultation process; both approaches have equal degrees of risk involved (Dear, 1992). There is no decisive formula for developing a public consultation process to acquire the most widespread acceptance among a potential host community. Many argue that the consultation process was insufficient and ineffective (Cowan, 2003), which drives the need to investigate further into lessons learned among other attempts at consultation to integrate a facility.

The literature illustrates a few common themes when opponents criticize the consultation process. Although the City must notify neighbours in the official notification area, formal consultation by the sponsor agency may take place after the facility is established. At times, the Social Planning Department within the City recommends that the applicant be

proactive and meet with community organizations or hold an open house before applying for the development permit (Kloppenborg, 2004). However, the practice is recommended informally and by convention.

A study conducted in Montreal, Canada found that when community residents were informed of the facility after its establishment they felt deceived and distrustful of the government (Piat, 2000b). Residents were very distressed about the low-profile approach by the municipality. Opponents felt as if they were defrauded, which in turn perpetuated distrust of local government. Some objectors argued that the placement of the facility against the will of the community was a violation of individual rights. In the end, the residents felt victimized. They argued that they should have been consulted before the group home was situated in their neighbourhood because they were taxpayers. This justification speaks to the lack of support in the policy of deinstitutionalization; the residents felt that a group home was not a home but rather an institution and therefore as a taxpayer, they should have had more of a voice in this public policy decision.

Including politicians in the consultation process is reportedly influential (Holden et al., 2001). Holden et al. (2001) claimed that public opinion is influenced when local politicians support the development of the project from the onset. However, she also claims that the influence may be positive or negative. Interviews of Trust managers in the North of England revealed that nearly all believed that local councillors or MPs should have been brought on at the commencement of the consultation process. Furthermore, unity among councillors on decisions such as the placement of mental health facilities is important during the consultation process.

6   Public Consultation

Public consultation is interpreted in different ways depending who you speak with. Essentially, objectors considered consultation to be the equivalent to asking permission from residents. To the contrary, planners considered the consultation process to be the opportunity to inform residents (Cowan, 2003). The confounding definitions of public consultation may be the reason for why it is a common argument used in opposition.

The differences in definition beg the question of what public consultation really means. To the extent of consultation, an appendix to the SNRF Guidelines explains the application procedure and specifies that the City will advise immediate neighbours of the proposed development. It states:

> The Planning Department will formally notify all residents with the official notification area and ask for their comments. (Neighbours to be given a minimum of ten working days from the date of mailing in which to respond.) The City's notification letter will be prepared in consultation with the Director of Social Planning (City of Vancouver, 2004c, p.3).

The Plan Checker from the City's Planning Department determines the official notification area (City of Vancouver, 2004c). The extent of consultation the City is required to conduct is only to notify immediate neighbours. Often, circumstances demand that the applicant pursue more consultation than anticipated to address concerns that residents have communicated to the City.

Scotland has specific guidelines that outline the consultation process required when establishing community mental health facilities (Cowan, 2003). The guidelines describe consultation as "…exchanging information and listening to views, and states explicitly that local people do not have a right to veto any particular community care project" (Cowan, 2003, p.383). A remarkable element of Cowan's (2003) study is that even though the Scottish government took the necessary steps by developing consultation guidelines specifically for community mental health facilities, which describes the role of consultation and clearly indicate that local residents cannot pick their neighbours, there remains the perception among host residents that the role of consultation is to ask permission. Evidently, outlining specific

guidelines on the consultation process and defining what consultation entails does not have an effective impact on aligning the public and the applicant's definition of consultation. This only strengthens the pursuit to find another method of changing people's perceptions of marginalized people and the consultation process that serves it.

The following is a brief summary of consultation strategies that were evaluated and implemented. Learning from others' experience and successes is key to identifying a positive intervention.

6.1   Community-Based Consultation

Community-based consultation entails several methods of educating, reaching out, or engaging the host community.

A campaign based on informing and educating the potential community employs various mediums such as media and distributional material. The purpose is to promote public awareness and education of the clientele that the facility would be serving. The rationale for this tactic is that studies have shown that opposition is less among people who are familiar with the target clientele because they have personal experience or education about addictions or mental illness. Education can take the form of literature brochures delivered to homes, seminars conducted in a community forum, or television commercials providing insight into the depth and stigmatisation of social diseases. However, the education approach is expensive and cannot guarantee success since the use of media cannot target the specific neighbourhood (Dear, 1992 & Holden et al., 2001).

Community outreach programs such as public meetings or open houses are popular approaches used by many urban planners. Theoretically, this process is an attempt to have planners directly interact with community residents to provide information. Experience drawn from other locations suggests that public meetings be conducted prior to the establishment of the facility (Piat, 2000a; Holden et al., 2001). Even so, this method is risky because responses at meetings may exacerbate an already contentious issue. Public meetings are often criticized for perpetuating opposition and insufficiently addressing concerns (Holden et al., 2001).

A community advisory board that is representative of the community and advises in the development of the project is one method of engagement. In a situation where there exists distrust between the community and the planners, an advisory board may act as a legitimacy tool (Dear, 1992). The board facilitates dialogue between planners and well-known local

representatives and businesses. This method is not costly and ensures dialogue and engagement from community members. To the extent of facilitating communication between the neighbours and the applicant, the City often requires the SNRF applicant to name a neighbourhood liaison "to whom neighbourhood residents can refer for exchange of information and expression of concern regarding the facility" (City of Vancouver, 2004c, p.2).

Outlining benefits to the community or appeasing technical requests, without compromising the objective of the facility, are other common tactics employed by planners. For example, community residents may have recommendations to the physical appearance of the facility with respect to landscape, architecture or to the operations end of the project such as staffing schedules. Project coordinators may find that it is easier to appease these requests than face the accompanying opposition for the greater good of the project (Dear, 1992). A consultation process such as a design charette where residents communicate design requests or recommendations can convey these requests. In addition, it is important to advertise the potential for local benefits in terms of contract acquisition for construction, landscape, and housekeeping services, etc. because it may sway the opposition to be more tolerant. At a minimum, it would not harm the situation.

6.2   New York Approach

New York City addressed its NIMBY problems including siting criteria in the revised city's Charter in 1989. The Charter Commission compelled the Department of City Planning (DCP) to develop rules "designed to further the fair distribution among communities of the burdens and benefits associated city facilities, consistent with community needs for services and efficient and cost-effective delivery of services and with due regard for the social and economic impacts of such facilities upon the areas surrounding the sites" (Charter Commission as cited in Rose, 1993, p.97-98). These rules are known as the Fair Share Criteria.

Part of the Fair Share Criteria included a provision in the new charter that required the DCP to publish annually a citywide statement of needs for the public to encourage early consultation with communities (Giuliani, 1998). The statement of needs includes a list of all City owned and leased properties and plans to site, close, or change the city's facilities over the next two years. Community groups can submit comments on the statement to the DCP. Furthermore, five borough presidents may formally propose alternate sites (Weisberg, 1993). The objective to inform and consult with communities during the planning process because the

rationale was that citizens would be more accepting of city facilities when consulted in advance (Weisberg, 1993). The publication is called *Atlas and Gazetteer of City Property*.

In 1992, the American Planning Association awarded New York's Fair Share Criteria for its innovative approach to planning (Ostreicher, 2002). Despite this favourable acclamation critics of the Fair Share Criteria claim that the Charter is far too ambiguous in its definition of 'fairness' and fails to highlight which values supersede others with respect to cost-effectiveness or community need (Rose, 1993). The criteria adopted in December of 1990, drafted by the DCP, were deliberately vague to avoid too restrictive definitions of fairness for leeway when it came to siting facilities that are more contentious. Critics complained that the criteria did nothing for addressing equity issues and only perpetuated legal means of opposition to sitings. Advocacy groups protested that consideration of economic elements countered the objective of placing facilities equitably according to geography (Rose, 1993).

7   Case Study Analyses

The case studies served to test NIMBY arguments, compare across communities, and identify best practices or lessons learned. Each case involved an element of NIMBY, although to varying degrees. Two cases were from Kensington/Cedar Cottage; two from the adjacent neighbourhood of Mount Pleasant; one from Killarney; one from Strathcona; and finally one from Central Business District. A senior social planner from the City ranked the seven cases according to most-NIMBY to least-NIMBY projects. Refer to Appendix G for a map of the neighbourhoods in Vancouver.

This study examined seven development permit files. Every project began after Council adopted the SNRF Guidelines, which means that all applications satisfied the conditions of the guidelines. Cases ranged in size of facility, sponsor agency, consultation methodology, and date approved. Some cases were as old as 14 years or as recent as up to three years. Size varied from 10-unit to 230-unit facilities. The common denominator among these cases is the type of clientele the facility targeted, which were all marginalized groups of people such as people with mental illness, homeless (or at-risk), aboriginal youth, or emergency shelters for adults in crisis. Table 1 highlights the common successes and failures of these case studies. The table provides information on:

- Size of the facility

- Type of clientele it houses

- Neighbourhood where it is established

- Number of months from application date to approval date

- Name of sponsor agency

- Degree of opposition inferred by response rate to notification letters

- Whether the neighbours were advised before application date

- Summary of neighbours' concerns

- Staffing of facility

Table 1: Case Study Matrix

Rank	Site	Size	Clientele	Neighbourhood	Duration between Application Date and Approval Date	Sponsor Agency
1	707 Powell St. Triage DP 213734 *Was proposed to be at Hastings & Glen	28	Emergency shelter for adults; some with mental illness.	Strathcona	5 months: January 1992 – May 1992	Triage Emergency Care Society
2	4583 Welwyn DE212655 & DE406081	10	Ex-psychiatric patients	Kensington/ Cedar Cottage	3 months: April 1991 – July 1991	Mental Patients Association (MPA)
2	2618 Garden St. Safe House II DE400228	6	Aboriginal youth	Kensington/ Cedar Cottage	6 months: July, 1995 – January 1996	Urban Native Youth Association (UNYA)
2	2796 E.51st Champlain House DE213444	10	Women seniors with psychiatric problems	Killarney	3 months: October, 1991 – January, 1992	Coast Foundation Society
3	333 E.16th St. Elizabeth Home DE405832	18	Women and children – emergency crisis situation	Mt. Pleasant	12 months: May 2001 – May 2002	St. James Community Service Society
3	555 Homer St. Belkin House DE406781	230	Parolees (30); men emergency shelter (36); women emergency shelter (32); transitional housing for women with children (10); men's program beds (122 – men who have completed other programs elsewhere such as drugs or addiction)	Central Business District	6 months: June 2002 – December 2002	Salvation Army
4	2088 Yukon Lookout DE405407	37	Adult males/females in need of housing	Mt. Pleasant	7 months: September 2000 – April 2001	Lookout Emergency Aid Society

Rank	Site	Degree of Opposition Inferred by response to notification letters	Neighbours advised before application	Concerns	Staffing
1	707 Powell St. DP 213734 *Was proposed to be at Hastings & Glen	• 1600 signatures on petition • Second attempt to site	Yes – the second attempt to site so held a series of meetings and open house to DT and Strathcona	• Safety • Prostitution • Traffic • Social environment • SNRF overload	• 24/7 staffed
2	4583 Welwyn DE212655 & DE406081	• 46 opposed from 56 notified (82%) • 240 objection letters • 310 signatures on petition	No	• SNRF overload • Disruption to RS1 dwellings • Property values • Parking/traffic • Characteristics of clientele considered threat to safety	• Monday – Friday 9am-5pm • On call 24/7
2	2618 Garden Safe House II DE400228	• 69 opposed from 95 notified (73%) • 50 objection letters • 86 signatures on petition • 57 from outside ONA	No	• Program characteristics i.e. short-stay nature be too disruptive • Safety & security • Increased crime i.e. vandalism, break-ins, car theft • SNRF overload	• Two staff at any one time
2	2796 E.51st Champlain House DE213444	• 48 from 67 notified (72%) • Significant opposition	Yes – Applicant met with South Vancouver Community Council and recruited support for the project. This is a voluntary umbrella org.	• Not a suitable neighbourhood given the clientele • Residents pose threat to safety • Parking/traffic • Property values	• 24 hours
3	333 E.16th St. Elizabeth Home DE405832	• 393 notified • 9 objections	Yes – June 2001 Applicant sponsored open house with 3 city staff – 23 attendees	• Scale of development • Noise/disruption/traffic/parking • Social problems • SNRF overload	Not available
3	555 Homer St. Belkin House DE406781	• 9 from 442 notified (2%) • Negative response from a few neighbouring businesses and future investors	Yes – April 2002 Open house for neighbours. Invited 442 – 6 attended. Held public meeting for concerned businesses – 11 attended.	• SNRF overload • Increased crime/vandalism • Threat to safety • Storefront vacancy threatened	• 24/7 staffed • 16hrs/7days security staff
4	2088 Yukon DE405407 Lookout	• Feedback mainly favourable	Yes - June 2000 Open house– Mostly favourable response. Subject to community liaison	• Parking shortage • Resident activity i.e. loitering	• Long stay: 16 hrs/7days • Short: 24/7

7.1 Compounded Distrust

The fact that controversial projects are approved despite adamant opposition is not a big secret from the public, which compounds the distrust and animosity towards City officials and Council. It is difficult to decipher what characteristics are substantive enough to change the agenda. Intuitively one might think that enough resistance through various mediums would change the course of action, but this appears to be false. The volume of negative responses via petitions or correspondence is not associated with approval of application. The Welwyn project had an overwhelming negative response rate, measured by the number of negative correspondence, from inside and outside the official notification area while St. Elizabeth Home had very few. Both cases were approved.

7.2 NIMBY Factors

Size of the facility did not affect the degree of opposition encountered. Belkin House, a 230-unit facility, faced less opposition than Welwyn, a 10-unit facility, or Safe House II, a 6-unit home. Size does not appear to be a factor of NIMBY despite claims by Dear (1992) who reported that as the size of a facility increases so does the level of opposition.

These case studies did not support the hierarchy of acceptance as proposed by Dear (1992) where the most accepted are people with physical disabilities such as seniors followed by those with mental illness and finally the least accepted are those with social problems such as addicts, homeless, or criminals. Belkin House, which is for parolees, homeless and addicts, faced less opposition than Welwyn, which houses the mentally ill. Overall, those facilities that house people with mental illness, such as Triage[2], Welwyn and Champlain, tended to face more opposition than those facilities that housed people with social problems like homelessness such as Lookout, Belkin, or St. Elizabeth, which is contrary to Dear's (1992) hierarchy.

The most strongly opposed projects were not concentrated in one neighbourhood. Aside from Triage, it is interesting to observe that the most opposed projects, Welwyn, Safe House II and Champlain were in Kensington/Cedar Cottage and Killarney, which are outside the major urban centre. This suggests that neighbourhood characteristics do matter in determining the extent of NIMBYism.

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[2] Established in 1992, this facility is not to be confused with the Triage proposal at E. 41st and Fraser Street.

Surprisingly, NIMBYism did not appear to slow down the development permit application. Lookout, which faced the least opposition, spent seven months acquiring the development permit compared with Welwyn, which had a high level of opposition but only required three months. Evidently, length of time from application date to development permit approval was not associated with NIMBY.

7.3   Time Factor

Consultation before applying for the development permit may be a positive influence. In four of seven cases (Champlain, St. Elizabeth Home, Belkin House and Lookout), the sponsor agency notified neighbours of the impending application before submitting an official application to the City and therefore before the City notified the public. Three of these four cases (St. Elizabeth Home, Belkin House and Lookout) had less than 5% negative response rate upon notification from the City coupled with few objection letters and signatures on petitions. The two cases were from different neighbourhoods and varied in size. These cases show that the lack of strong objection is not associated with the characteristics of the neighbourhood or the size of the facility, but rather the method of consultation involved such as an open house.

Notably, the most opposed projects were the earliest projects. Apparently, the degree of NIMBY has been decreasing with time as reflected in these seven case studies. The most controversial NIMBY case, Triage, was in 1992 whereas the least opposed cases were Lookout and Belkin in 2001 and 2002 respectively. Decreased NIMBY may be attributed to staffing adjustments in the recent past by creating a position of Project Facilitator within the City. Facilitators manage public inquiries into developments and support the Project Coordinator, formerly known as Plan Checker. Overall, NIMBY problems have been declining with time.

7.4   Fair Share Criteria

A recurring complaint from most of the cases was that communities felt overloaded with more than their fair share of SNRFs. In fact, residents appealed the Welwyn project based on the grounds that the Director of Planning did not consult the SNRF Guidelines with respect to ensuring that neighbourhoods did not exceed their fair share to prevent overloading. The case unravels with the solicited barristers claiming that Kensington/Cedar Cottage had more than their fair share of SNRFs because they hosted eight SNRFs. A fair share was

approximately five to six SNRFs per neighbourhood based on the total number of SNRFs divided by the total number of neighbourhoods, one hundred and twenty-six divided by twenty-two. This begs the question of what constitutes a fair share.

Most SNRFs (66%) are on the eastside of Vancouver, while 34% are on the westside of Vancouver or Downtown. Refer to Appendix E for a map of the distribution of SNRFs in the city to date. Notably, the eastside constitutes 54% of the population of Vancouver while the remaining 46% occupies the westside and downtown. Assuming fair share is an attempt to equalize the perceived burden to residents of hosting a SNRF in the community then population density should be considered.

Figure 1: SNRF beds per 10,000 residents by neighbourhood, 2005
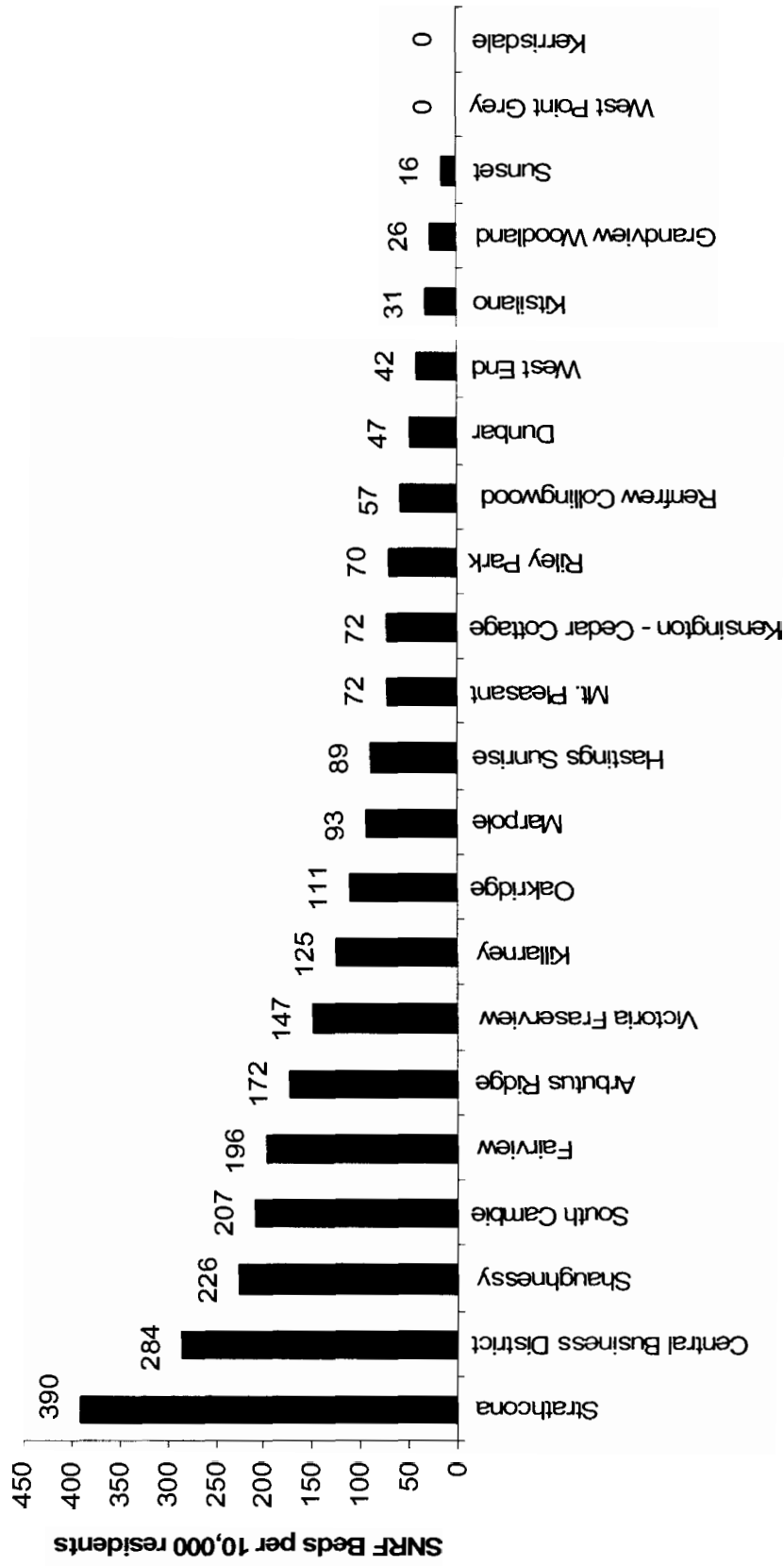
Figure 1 illustrates the number of SNRF beds per 10,000 residents. SNRF beds were used instead of SNRF facilities to account for differences in scale such as a facility with 10 units versus one with 200 units. Note that Figure 1 does not indicate the optimal level of SNRF beds per neighbourhood but rather compares the volume across neighbourhood's population density.

Building on the argument that population density plays a role in equity, one way of measuring optimality is to consider the proportionate number of people exposed to the clientele of SNRFs.[3] That is, the total number of SNRF beds in one neighbourhood should be in proportion to the population of that neighbourhood. For example, if one neighbourhood hosts 50 percent of the population of Vancouver then that neighbourhood should bear 50 percent of the total number of SNRF beds in the City. According to the most current 2005 data, there are imbalances within the City but not necessarily where one might expect.

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[3] This is not the only criterion that can be used to measure fair share.
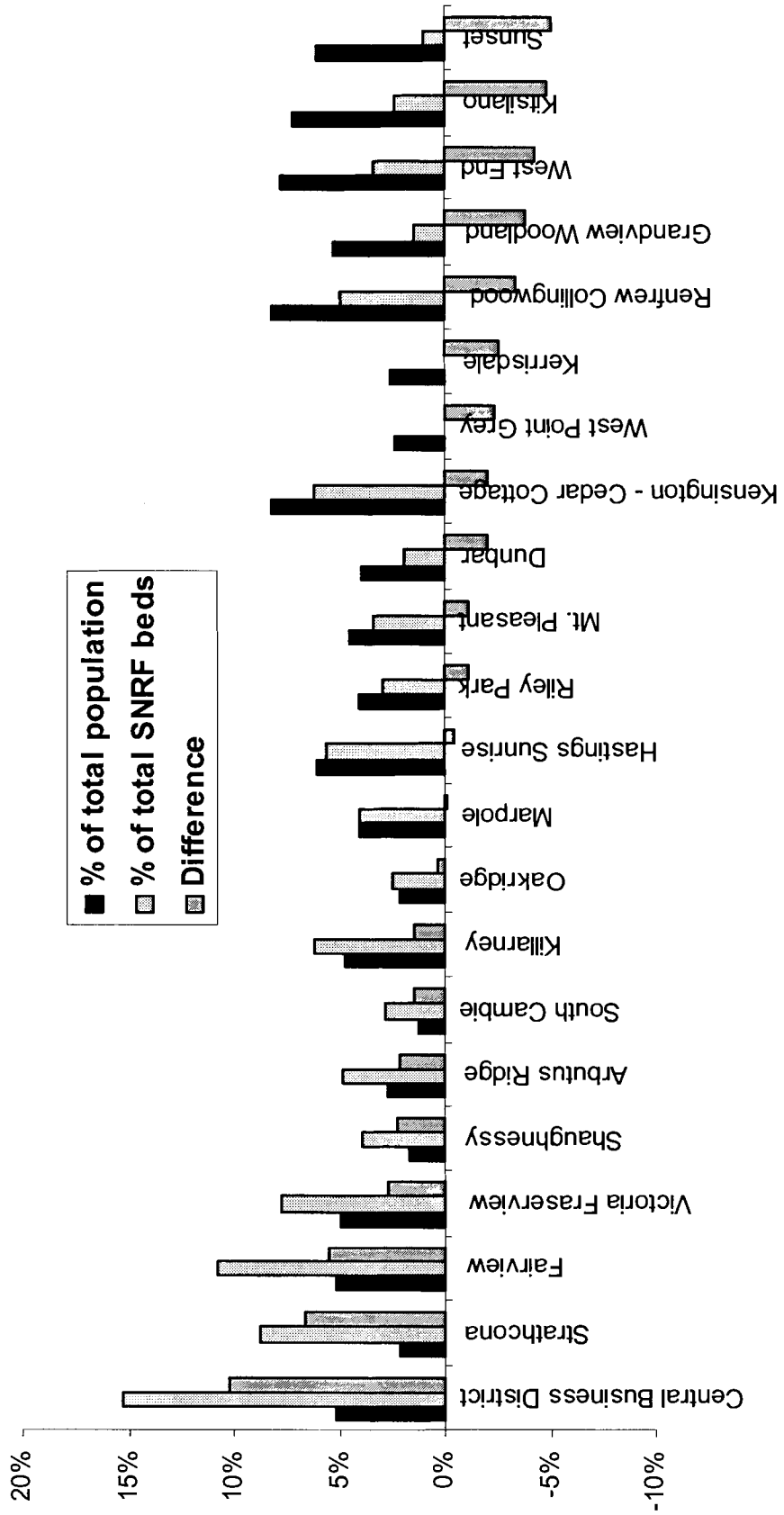
Figure 2: Over or under loaded SNRF beds by neighbourhood

Figure 2 shows that the most overloaded neighbourhood is the Central Business District, followed by Strathcona and Fairview compared with the most under loaded such as Sunset followed by Kitsilano and West End. For example, Kensington/Cedar Cottage represents 8.1% of Vancouver's population and has 6.1% of the total SNRF beds.

Based solely on the proportion of the population compared with proportion of total SNRF beds there appears to be an imbalance. This paradigm does not take into account the type of facilities but only the size. The point in this process is that a fair share is not easily definable; however resorting to absolute terms of total SNRFs per neighbourhood is not a comprehensive approach to determining unequal distribution.[4]

Ultimately, fair share is not explicitly defined, and most likely this was done intentionally. A definition of fair share, which includes criteria and the weighting of criteria, would prove to be impractical to the City. An explicit definition would be too restrictive when trying to site the facilities that are socially unwanted (Rose, 1993).[5] This researcher does not recommend that the City define "fair share" in the guidelines, but observes that 'fair share' criteria as the public interprets them are inaccurate and unsubstantiated.

Fair distribution of SNRFs across Vancouver is difficult also because of the siting criteria faced by the sponsor agency. An integral element to establish a SNRF is the location. Ideally, the facility should be near transit services, shopping areas and other common community amenities. In addition, although the sponsor agency receives funding from the City, the Province, and/or the Federal government, the price of the land/building also is a factor. Cost of the land or building can compete with the intention of fair share.

The case studies provided insight into the characteristics of the facility such as size, type, and clientele that may influence the extent of NIMBY. To recap, the case studies have shown that size of the facility does not influence the extent of opposition since there was more opposition to a facility that housed 10 people than to one that housed 230 people. In addition, the type of clientele does not appear to be a factor in predicting which cases would cause the most opposition. An interesting finding within the case studies is the consultation process, especially with regard to timing. Timing seemed to matter when it came to engaging the

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[4] The same exercise could be repeated using income levels instead of population and a different conclusion may surface. Alternatively, the placement of a seniors' residential facility in one neighbourhood might not hold the same weight as a residential facility for addicts. Weighting facilities would be another approach to identifying a more equitable approach to establishing SNRFs.
[5] More transparency on the siting of SNRFs may be helpful in defusing this area of contention, which will be proposed as one of the policy options.

public. Before applying for a permit, holding small meetings with stakeholders such as businesses like the Belkin House or holding an open house like Lookout appeared to have a positive outcome. Furthermore, the case studies uncovered that the extent of NIMBY has been improving throughout the years.

The next step of this study is to evaluate a current NIMBY situation and evaluate the current NIMBY arguments at an individual level. Kensington Cedar Cottage served as the survey sample to assess NIMBY attitudes and determine likelihood of predicting a NIMBY candidate. At the time of the survey, the decision was still pending on approval of the development permit. Since then, Council has recommended approval of the application but approval by the Development Permit Board (DPB) is still pending.[6]

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[6] The DPB is scheduled to consider 5616 Fraser Street application on April 18, 2005.

8 *Triage* Case Study

8.1 Background

In July 2000, the City of Vancouver approved a lot at 5616 Fraser Street, near East 41st Avenue, for non-market housing. This site is two streets west of an elementary school and a half block northeast of a high school. Three years later, the Council agreed to a 60-year lease to a non-profit organization called Triage Emergency Services and Care Society on the condition of confirmed funding. Funding came from the federal government's Supportive Community Initiative and Vancouver Coastal Health (VCH).

It is important to note that initially this lot was intended to be for homeless-at-risk or some family project, which is not at all its purpose today. In 2001, the City along with Vancouver Richmond Health Board (currently the Vancouver Coastal Health) proposed that this site support former drug and alcohol abusers as transitional housing.

The facility is proposed to house adult males and females who have a dual diagnosis of mental illness and drug or alcohol abuse. The residents are required to be committed to treatment and to have been sober and drug free for at least sixty days before residing in the premises and must maintain this drug and alcohol-free status while living in the building. Residents' quarters will occupy the top three floors and the first floor is for a library, workspace, meeting rooms, and basic recreational space. Triage guaranteed 24-hour staffing of the residence along with treatment program dimensions.

Before applying for the development, the City advised Triage to meet with community members to discuss the proposal. Triage invited the neighbours within the official notification area, as specified by the City, to a public information meeting on April 15, 2004. Approximately twenty community members attended and voiced their concerns to VCH and Triage representatives. After the low turnout, Triage pursued the development application in May 2004. The application was for a SNRF under a group living designation.

The City advised the property owners within the official notification area and posted the development billboard in late June 2004. The City received many phone calls, e-mails, and letters. Recipients within the notification area were asked to submit a response to the proposal

within ten working days. This duration extended until October because of the increased concerns and inquiries into the project. In September, those residents were invited to two public meetings with the sponsor agency and VCH scheduled for October 4th and 18th. The first public meeting had over 1,000 attendees and the second had over 500 interested community members. Audience members were advised of a Special Meeting of Council that was to be held on December 7, 2004 when City Council was to hear from registered community members. In November, the City, VCH, and Triage met with the Parental Advisory Committee (PAC) of the two neighbouring schools – MacKenzie Elementary and John Oliver Secondary.

After reviewing opponents' correspondence and hearing residents' concerns at the two public meetings, Triage reduced the number of units from the initial 39 to 30. Furthermore, Triage increased the number of staff required during all shifts from one staff member to two for at least the first year (Whitlock, 2004).

The Triage proposal on Fraser Street has received a tremendous amount of media coverage since May 2004. The *Vancouver Courier, Vancouver Sun, The Province*, and *The Georgia Straight* have covered the proposed Triage facility. Most pieces have been covering the controversy of the facility and voicing some concerns of community members. There is the occasional editorial that illustrates some residents' support for such facility. The media mostly appeared to be an ally to opponents and a vehicle for publicity and rallying the opposition.

8.2   Objective

The survey had a number of objectives. The primary intent was to investigate why some people oppose SNRFs while others do not. To this extent, the survey was used to identify those who are opposed to SNRFs by describing basic demographics such as gender, income, and education, to name a few. In addition, the survey served to reveal the NIMBY arguments from opponents and to identify conditions of acceptance, if any. Finally, a goal of the survey was to determine opinions and effectiveness of the public meetings since this was a major component of the consultation process.

8.3   Sample Characteristics

Table 2: Characteristics of Survey Respondents

	N	%	Census Data	Discrepancy
Gender				
Male	95	41%	49%	-8%
Female	137	59%	51%	8%
Education				
Less than high school	13	5%	17%	-12%
High school	63	26%	12%	14%
Some post-secondary	41	17%	22%	-5%
Diploma/Certificate	42	17%	24%	-7%
Undergraduate degree	47	19%	20%	
Graduate degree	37	15%		
Household Income				
Less than $10,000	23	12%	7%	5%
$10,001 - $30,000	47	24%	19%	5%
$20,001 - $50,000	55	28%	22%	6%
$50,001 - $70,000	31	16%	17%	-1%
$70,001 +	43	22%	34%	-12%
Household				
Homeowner	114	45%	61%	-16%
Renter	141	55%	39%	16%
Number of years in community				
0-4	88	35%		
5-9	49	19%		
10-14	20	8%		
15-19	20	8%		
20+	76	30%		
Average # of years in community	15			
Average household size	3		3.1	0.1
Average # of children in household	1		1.3	-0.7
Age Groups				
18-24	25	12%		
25-34	44	20%	16%	4%
35-44	61	28%	17%	11%
45-54	39	18%	14%	4%
55-64	21	10%	8%	2%
65+	26	12%	13%	-1%
Currently Employed	149	66%	57%	9%
Households with children (<18years)	91	36%	53%	-17%
Total	257			

The survey consisted of 257 respondents. Table 2 shows the characteristics of the survey sample and compares this with the 2001 Statistics Canada Census data for the same

local area. The survey slightly over-represents the female population but the Census data shows that neighbourhood consists of proportionately more females than males. The survey's sample under-represents the neighbourhood's proportion of homeowners, 45% compared with 61%, as well as the number of households with children, 36% compared with 53%. Regardless of these few discrepancies, it is fair to declare the survey sample representative of the area.

8.4   The NIMBY Factor

The degree of NIMBY was measured by responses to question 5 of the survey, it reads:

> Would you object to a Special Needs Residential Facility in your neighbourhood that housed people with the following: Mark all that apply.

	YES	NO
Physical or mental disabilities		
Psychiatric problems		
Drug or alcohol problems		
Legal custody problems		
Emergency or crisis situations		

An individual was considered to have NIMBY beliefs if he or she answered 'yes' to *any* of the five groups of problems. That said, a person was considered to not hold any NIMBY beliefs and was labelled a YIMBY (yes, in my backyard) if he or she responded 'no' to *all* of the categories. This was a very conservative measure of NIMBY beliefs to prevent the inflation of findings. The research would have been compromised if objection to only a few groups of problems were treated as a YIMBY.

9 Descriptive Survey Findings

9.1 NIMBY versus YIMBY

Figure 3: NIMBY Attitudes
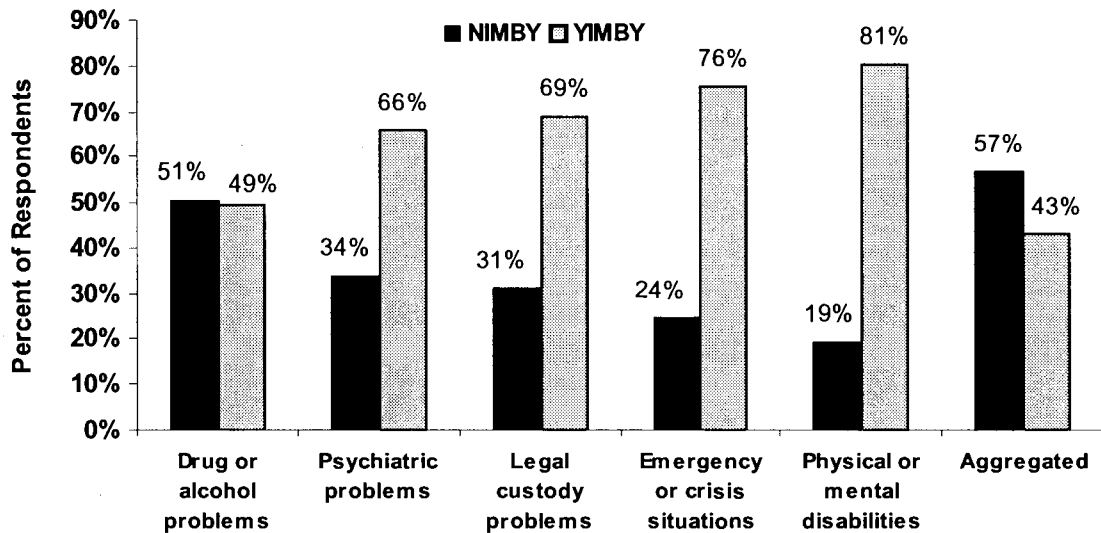
As Figure 3 illustrates, there was *not* a vast majority of NIMBY-minded individuals in this allegedly contentious area but only a slight majority with 57% demonstrating NIMBY beliefs. The study showed that the most opposed clientele group were people with drug or alcohol problems; the position on this was almost evenly split, 51% NIMBY versus 49% YIMBY. Housing support for drug or alcohol abusers is a relatively new policy objective. New to the public arena from the adoption of the Four Pillar Strategy, this group of disenfranchised individuals is often stigmatised and explicitly distrusted.

9.2 NIMBY Profile

Recall that Dear (1992) argued the typical NIMBY profile is male with high income, high level of education and a homeowner. It follows that the hypotheses for this study is that

males, high-income levels, homeowners, and high levels of education will be the dominant traits of the NIMBY group. Appendix H shows the prevalence of NIMBY in more detail.

Figure 4: NIMBY as proportion of gender
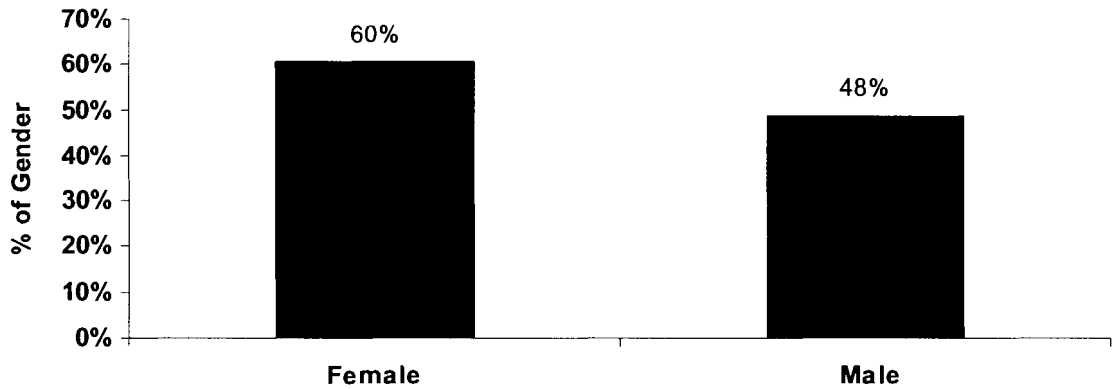
Among the NIMBY-minded, 64% were female and 36% were male, however the sample had proportionately more females than males. To account for this, as Figure 4 shows, among all females surveyed 60% held NIMBY-beliefs compared with nearly half (48%) of all men surveyed. This is contrary to the survey findings of the Daniel Yankelovich Group study (as cited in Dear, 1992) where the profile of a NIMBY person was male.

Figure 5: NIMBY as proportion of income groups
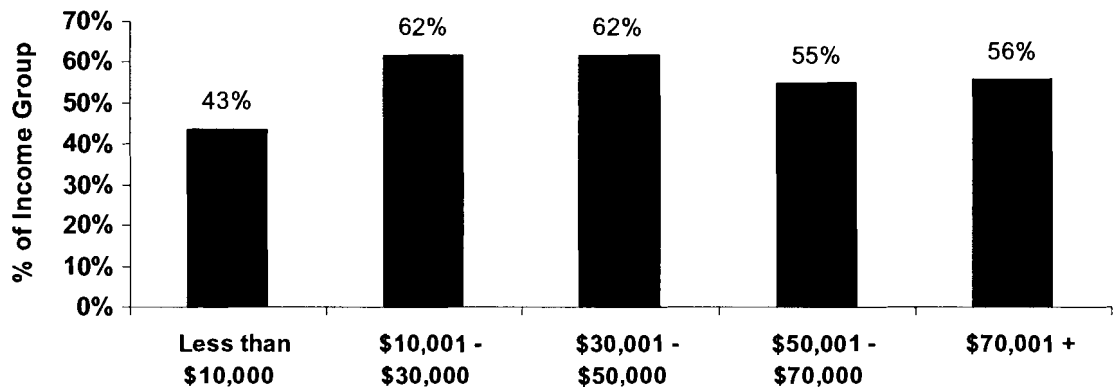
As Figure 5 illustrates, NIMBY beliefs were not reserved for high-income households as reported by Dear (1992) but were relatively evenly distributed by income categories but with low to middle-income groups experiencing the largest proportions of NIMBY-minded

individuals. The NIMBY profile of the survey's sample follows the proportional distribution of the income groups, in other words, 30% of NIMBY-minded people earned $30,000 - $50,000, which comprised 22% of the total sample. Therefore, the proportion within each income group that are NIMBY-minded is a closer approximation of NIMBY beliefs.

Figure 6: NIMBY as proportion of dwelling
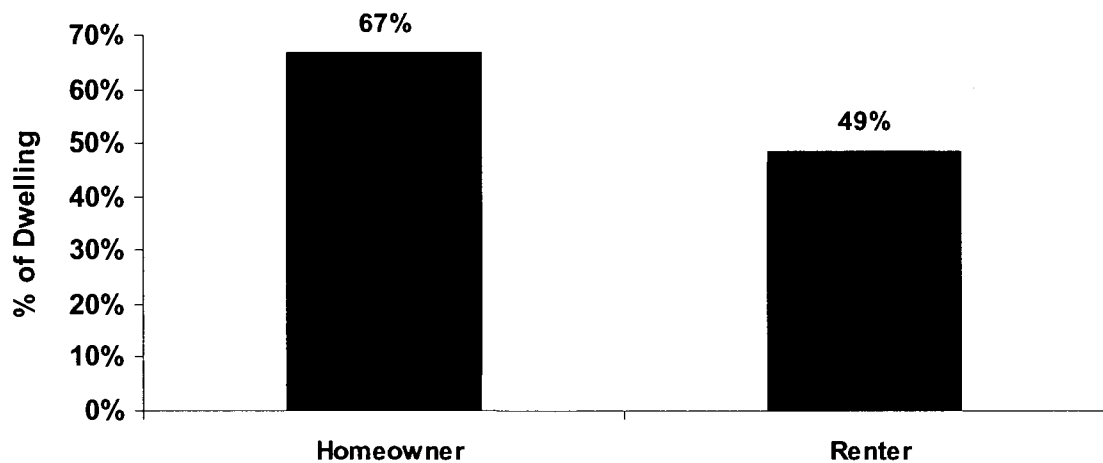
Figure 6 demonstrates how NIMBY beliefs were much more prevalent among homeowners than renters were. Alternatively stated, most homeowners tend to have NIMBY-beliefs. The sample contains fewer homeowners to renters; however, among the NIMBY-minded group homeowners represent 53% of total group.

Figure 7: NIMBY as proportion of education levels
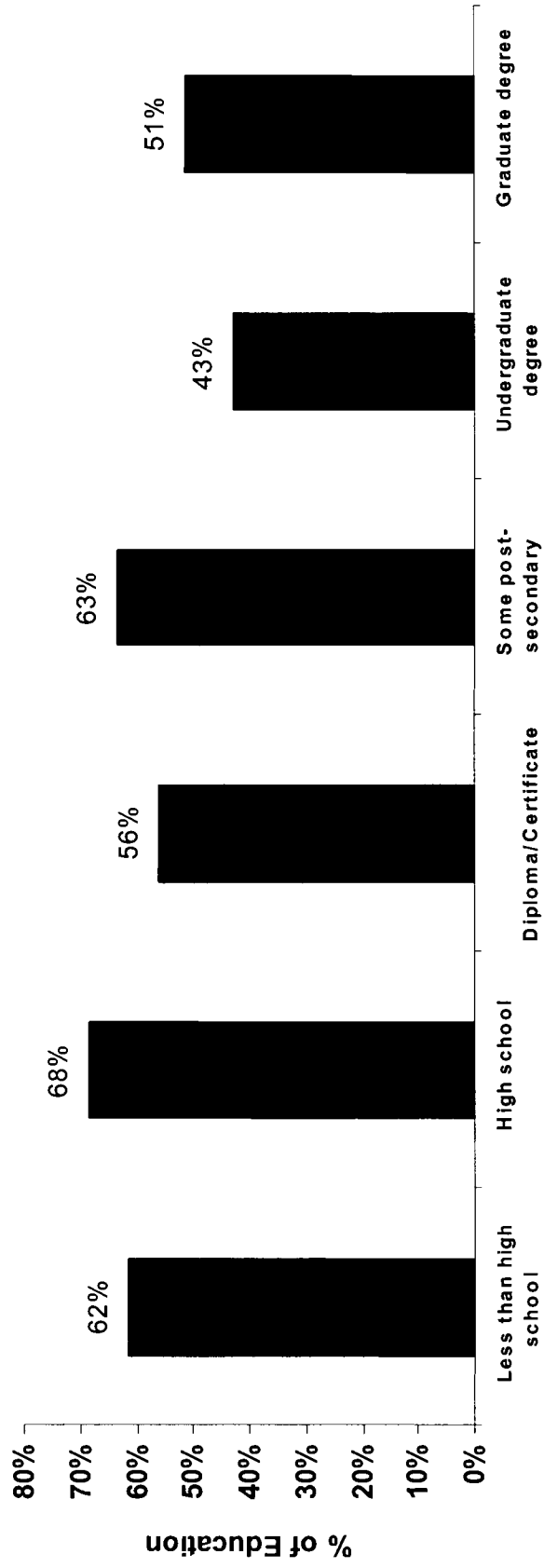
Surprisingly, among those respondents with an undergraduate degree there were more YIMBY than NIMBY-minded people. NIMBY groups dominated groups with low levels of education such as less than high school or high school diploma. Among the NIMBY subscribers, the largest group are those with high school graduation (30%) but this may be because they constitute the largest group in the sample.

9.3 NIMBY Arguments

As Piat (2000a) and Dear (1992) report, a very common argument of NIMBY is fear for personal security and safety as well as a potential for property values to decline. These two characteristics are anticipated to be the most commonly reported reasons for opposition among the sample's NIMBY respondents.

Figure 8: Frequency of Reasons for Opposition
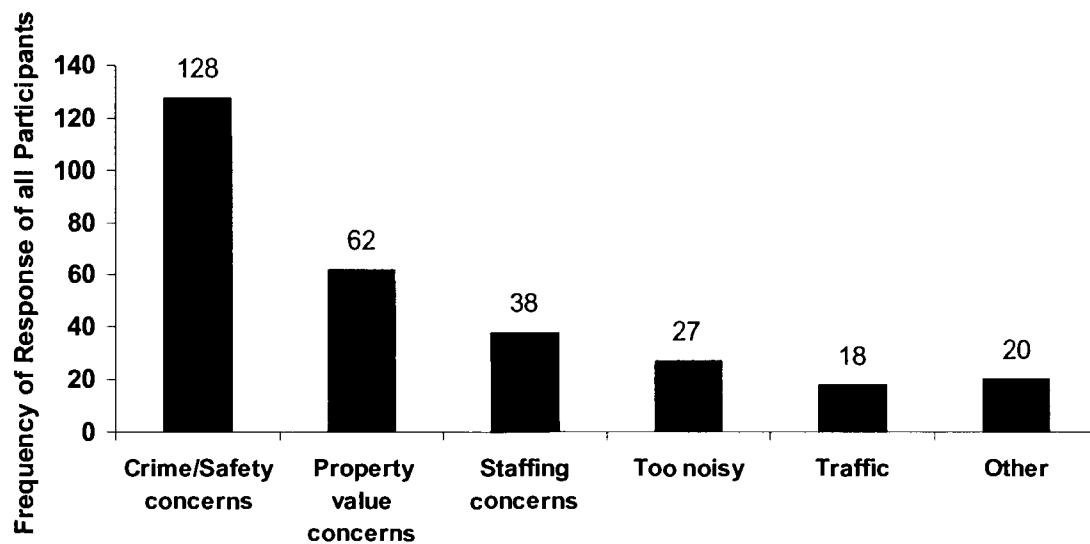
As shown in Figure 8, the most common reason for opposing SNRFs was crime or safety concerns followed by concern over property values, 91% and 44% respectively. Despite the evidence discovered by several studies done by provincial governments (MCAWS, 1996 and MCAWS, 1999) that devaluation in property value is not attributed to non-market housing, community members continue to report concern over property value. This finding supports the claim made earlier that NIMBY people fear mostly for personal and family security.

Conditional acceptance of SNRF is expected to reflect what actually took place in the Triage context. Triage agreed to increase the number of staff beyond that originally planned and to reduce the size of the facility from 39 units to 30 units. By adopting these two changes, it is expected that respondents would conclude that they would only accept a SNRF under these same conditions of high levels of staff supervision and if the facility were relatively small.

Figure 9: Frequency of Reasons for Accepting SNRFs
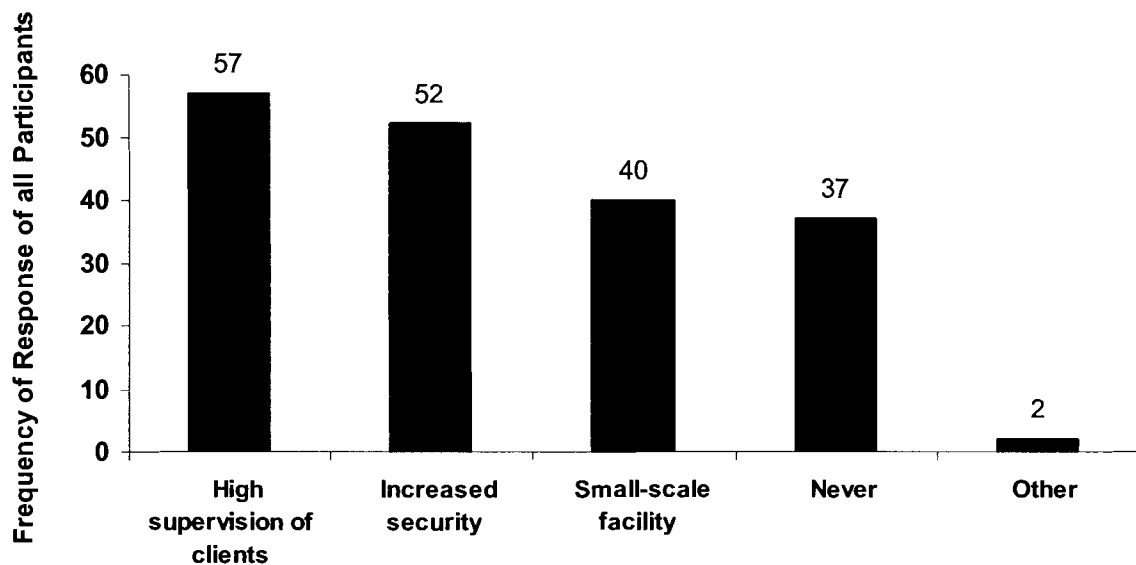
Interestingly, there was little variation among responses for the conditions to accepting a SNRF in the neighbourhood. As shown in Figure 9, the top response given was that there must be a high supervision of the clients, which is not surprising given that one of the top fears was crime/safety. It follows that with more supervision these fears may be alleviated. The next most common response was with increased security that the resident would accept a SNRF. This also speaks to the expressed fears with the facility's residents. Furthermore, one in four opponents reported that they would never accept a SNRF. Refer to Appendix C for a detailed display of the responses.

9.4 Public Forum Effectiveness

The public forum is predicted to not be effective in changing any person's attitude towards Triage, across NIMBY and YIMBY groups. Further, it is believed that NIMBY

beliefs were aggravated among those who attended the public forum, especially among those who were undecided about their attitudes. This hypothesis is based on experience at the October 18th public forum to discuss Triage where the discourse was hostile and confrontational. One councillor was quoted as describing the first public meeting as having "a real lynch mob mentality" (Ladner, 2004 as cited in Garr, October 17, 2004).

Table 3: Impact of Public Forum on NIMBY residents

	Total	NIMBY	YIMBY
Attended Public Forum	34%	78%	22%
Not Enough Consultation	68%	63%	37%
Want more public forums	78%	83%	72%
NIMBY Beliefs			
Worsened	18%	85%	15%
No Change	70%	80%	20%
Reduced NIMBY	11%	63%	38%

Table 3 illustrates the residents' opinion on the consultation of process. First, just over two-thirds of residents surveyed reported that they did not feel sufficiently consulted on the Triage project and over three-quarters advocated the need for more public meetings. Most of the claimants were NIMBY-minded individuals compared with YIMBY.

Many residents do not attend public meetings and those who do attend tend to be NIMBY-minded. Furthermore, the survey revealed that attending the public meetings had a mostly negligible impact. Respondents were asked to rate their attitudes towards the proposed facility with one being strongly supportive and ten being strongly opposed both before and after attending the meeting. Table 3 illustrates that 70% of those who attended had a net zero effect while nearly 20% of attendees reported an aggravated effect. This shows that public meetings tend to have little effect in changing individual beliefs and when it does, it tends to be for the worse.

9.5   Role of Awareness

This section attempts to evaluate the important of awareness of a SNRF in establishing opposition. It is possible that some are not opposed to SNRFs simply because they are unaware of its existence or potential to exist. Among those who become aware of a potential SNRF, it is important to find the most common source of this information as it may provide insight into effective mediums.

Figure 10: Frequency of Reported Method of Awareness of Triage
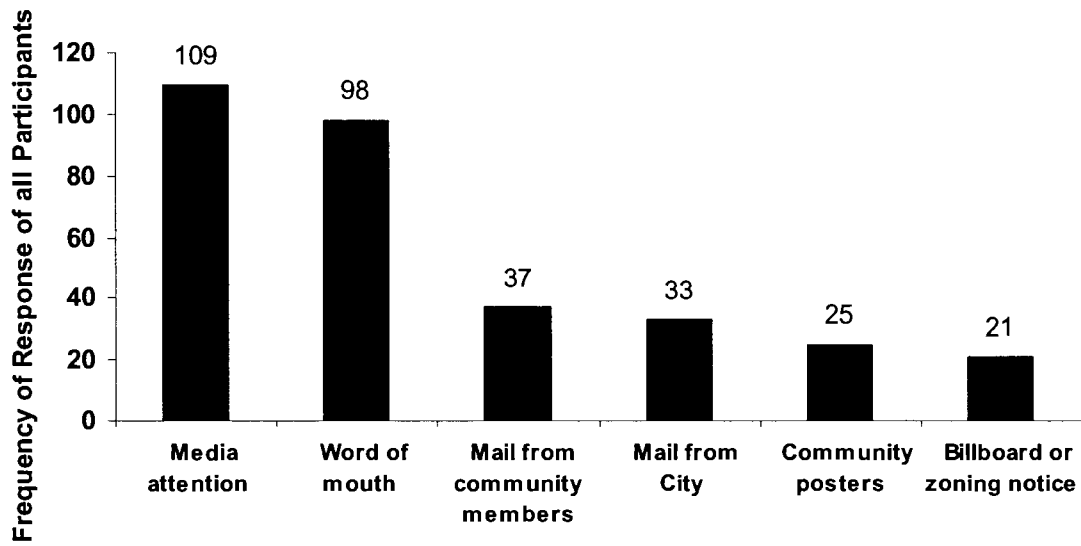
The use of media to highlight controversial issues is common; however, the fact that more than half of those surveyed reported media as one of the mediums speaks volumes as to the extent and power of media influence. Most of the sample (78%) reported to be aware of the proposed Triage facility in their neighbourhood. Figure 10 shows that residents became aware of the Triage proposal mostly through media followed by word of mouth, 56% and 50% respectively. Furthermore, 60% who reported media as a medium of awareness held NIMBY beliefs while the remaining 40% were YIMBY. That is to say, the media reaches and/or influences more NIMBY-minded people than YIMBY.

Table 4: Method of awareness among those who would never accept a SNRF

	N	%
Media	17	57
Word of Mouth	14	47
Community Posters	7	23
Mail from Community Members	5	17
Billboards/Zoning Notice	3	10
Mail from City	3	10
Total	**30**	

Table 4 shows that the minority (12%) who reported they would never accept a SNRF and were aware of Triage were mostly made aware by media, word of mouth, and community posters.[7] The interesting finding here is that community posters played an important role in notifying those objectors who would never accept a SNRF. This brings to light the power of a

[7] Among all survey respondents, 14% reported to never accept a SNRF.

few members within the community over its own residents. Mail from community members, not from the City, was the third most commonly reported method of awareness among all those respondents that were aware of Triage. There were proportionately more people made aware by other community members than by the City, which compounds the hostility to the City.

10 Regression Analysis Findings

10.1 Hypotheses

Table 5: Hypotheses Summary

VARIABLE	HYPOTHESIS: EXPECTED TO BE SIGNIFICANT?	HYPOTHESIS OF DIRECTION
Homeowner/Renter	Yes	Homeowner more likely to be NIMBY than renter
Female/Male	No	Males more likely to be NIMBY than females
Age Group: 18-24; 25-34; 35-44; 45-54; 55-64; 65+	Yes	People over 35 are more likely to be NIMBY than 18-24
Income category: < $10,000; $10-$30,000; $30-$50,000; $50-$70,000; $70,000+	Yes	People with >$70,000 more likely to be NIMBY than <$10,000
Education completion: < High school; High school only; Some post-secondary; Diploma/Certificate; Undergraduate; Graduate	Yes	People with undergraduate or graduate degree are more likely to be NIMBY.
Children living in the household	Yes	Families with children living the households are more likely to be NIMBY than those households without children
Years living in the community: < 4; 5-9; 10-14; 15-19; 20+	Yes	People living in the community for 15 or more years are more likely to be NIMBY.
Aware of proposed facility	Yes	Those aware of Triage are more likely to be NIMBY
Employed/Unemployed	No	Those who are employed are more likely to be NIMBY
Attended public meeting: yes/no	Yes	Those who attended the public meeting are more likely to be NIMBY

A logistical regression determined the predictive power of identifying a NIMBY-minded person. In other words, the model intended to predict which category, NIMBY or

YIMBY, a person subscribes to given certain information. The dependent variable was dichotomous, NIMBY or YIMBY, implementing the same definition as described in Section 8.4. The regression included 169 observations and tested the 10 independent categorical variables in Table 5. The regression demonstrated that it is not possible to predict who will hold NIMBY beliefs based on *most* of the parameters tested. The survey did not display multicollinearity among its independent variables. Refer to Appendix F for the detailed regression results and results on the multicollinearity test.[8]

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[8] SPSS ran a binary regression using the forward entry method. The Nagelkerke R^2 was 0.24. Those participants who reported to be aware of the proposed Triage facility were also asked if they attended one of the public meetings, and those who were not aware were not asked. It is assumed that those who were not aware of Triage did not attend any of the public meetings. The analysis file accounted for this assumption by coding the missing values for this question to "did not attend".

10.2   Regression Findings

Table 6: Regression Output of Variables in the Equation

	Significance	Expected Beta Coefficient
Homeowner	0.115	2.01
Aware of Triage	0.720	1.19
Male	0.559	1.25
Education: < HS	0.137	
HS	0.730	0.71
Some PSE	0.290	0.33
Dip/Cert	0.216	0.26
Undergrad	**0.061**	**0.14**
Grad	0.202	0.24
Household Income: <$10,000	0.897	
$10,001 - $30,000	0.400	1.78
$20,001 - $50,000	0.390	1.84
$50,001 - $70,000	0.493	1.76
$70,001 +	0.707	1.35
Employed	0.620	0.77
Kids in HH	0.843	0.92
Age: 18-24	0.529	
25-34	0.328	1.95
35-44	0.930	1.06
45-54	0.291	2.05
55-64	0.732	0.73
65+	0.525	0.53
Year in Community: 0-4 year	0.512	
5-9	0.317	1.71
10-14	0.643	1.39
15-19	**0.105**	**3.17**
20+	0.239	1.94
Attended Public Forum	**0.107**	**2.10**

The expected beta coefficient is used to interpret the likelihood of being NIMBY because this is a logistical regression and the data is unstandard. The significance level indicates the confidence level in which the odds are predicted. For example, with 90% confidence (i.e., the result is due to chance only 10 times out of 100), it can be said that the likelihood that a person who had attended a public forum will be NIMBY is twice more than someone who had not attended.

Only three of the variables tested had significance levels high enough to be useful in predicting who would have NIMBY attitudes. Recall that Dear and Taylor (1982) reported that young children in a neighbourhood would be a characteristic of a NIMBY neighbourhood. Over one-third of respondents reported to have a child who was 18 years or younger living in the household. Notably, the survey did not account for the number or ages of young children, but only the prevalence of a child. The presence of children in the household is not a useful predictor perhaps because the variable did not distinguish between young children and older ones. In addition, contrary to what the literature claims, gender, or income were not predictable characteristics among residents (Dear, 1992 and Dear & Taylor, 1982).

The three significant characteristics include possession of an undergraduate degree, the number of years one has lived in the community, and whether one has attended a public meeting. Number of years in the community and attendance at a public meeting has a positive association in predicting NIMBY beliefs among residents. In contrast, a person with an undergraduate degree is less likely to hold NIMBY beliefs.

Community roots appeared to play a significant role in the ability to predict, which supports the aforementioned hypothesis. The number of years someone lived in the neighbourhood is a significant predictor of a NIMBY-minded person. A person who has lived in the community for 15 to 19 years is over three times more likely to hold NIMBY beliefs. From this evidence, a neighbourhood that has a high concentration of residents who have lived there for quite some time is likely to be more oppositional than one that is newly developed. Alternatively stated, there will be less opposition in newly developed communities in Vancouver than older established ones.

Interestingly, residents who hold undergraduate degrees are 14% less likely to have NIMBY attitudes than residents who have less than high school education. The survey findings reject the education hypothesis that the more education a resident has the more likely he or she will be NIMBY.

Finally, attendance at the public meeting was more likely to indicate a NIMBY-minded person, like predicted. People who attended the public forum hosted by the sponsor were twice more likely to be NIMBY. Notably, awareness of the proposed facility is not useful in predicting a NIMBY person.

Table 7: Effectiveness of Public Forum among Undecided Attendees

Rank Before Public Forum	Worsened	Same	Improved
Six	20%	40%	40%
Five	21%	63%	16%
Four	50%	50%	0%
Total	23%	58%	19%

Notes: The ranking scale is on a scale of one to ten where one is "strongly support" and ten is "strongly oppose".

Results show that an attendee of a public forum is more likely to be NIMBY than YIMBY. Granted, public meetings may be the opportunity to target NIMBY-believers, however the survey suggests this method of consultation should be changed on the grounds that large-scale public meetings are ineffective. Among those who are undecided or strongly against a project, attending a forum tended not to change beliefs as illustrated in Table 7.

10.3 Regressions by type of Clientele

The paucity of significant findings from the regression based on the aggregated NIMBY variable prompted further investigation into NIMBY towards individual clientele groups. Five individual regressions tested the same ten independent variables but differed in the dependent variable, which was the clientele type. In other words, a regression testing opposition to a SNRF that housed people with psychiatric problems was compared with a regression testing opposition to a SNRF that housed people with drug or alcohol addictions. The purpose of this was to reveal more significant findings targeted to specific SNRF uses in order to predict a NIMBY-minded person.

Table 8: Five-Regression Matrix

	Expected Beta Coefficients									
	Physical/Mental Disabilities		Psychiatric Problems		Drug/Alcohol Problems		Legal Custody Problems		Emergency or Crisis	
Homeowner	5.76	***	3.30	**					3.32	**
Aware of Triage									5.57	**
Female									2.40	*
Education: < HS										
HS										
Some PSE										
Dip/Cert	-0.07	*	-0.04	***						
Undergrad			-0.12	**	-0.13	*	-0.16	*		
Grad			-0.11	*						
Household Income: <$10,000										
$10,001 - $30,000										
$20,001 - $50,000										
$50,001 - $70,000										
$70,001 +										
Employed	-0.26	**								
Kids in HH										
Age: 18-24										
25-34			13.46	***						
35-44			7.34	**					6.27	*
45-54			14.66	***						
55-64			8.38	*						
65+			8.24	*						
Year in Community: 0-4 year										
5-9										
10-14										
15-19	4.93	*			3.43	*	5.30	**	5.59	**
20+					2.54	*				
Attended Public Forum					2.50	**				
Nagelkerke R-squared	0.34		0.35		0.23		0.22		0.32	
Number of cases included	168		167		166		166		167	

*Notes: Statistical significance levels are indicated as * = 10 per cent; ** = 5 per cent; *** = 1 per cent.*

Each regression tested all ten independent variables; however, Table 8 shows only the results of significant variables. Refer to Appendix I for a more detailed account. The column headings are the dependent variables and the rows are the independent variables tested. The stars indicate the level of significance where one star means the variable is significant at the 90th confidence interval while two stars indicate significance at the 95th confidence interval, and three stars, the 99th. The number is the expected beta coefficient, or the likelihood of predicting a NIMBY person when compared to the first category within the independent

variable. For example, the first column shows that four variables are significant in predicting who would be NIMBY to a SNRF that housed people with physical or mental disabilities; they are home ownership, education, employment, and number of years living in the community. A homeowner is nearly six times more likely to be NIMBY to physical/mental disabilities than is a renter. Similarly, a person who has lived in the community for 15-19 years is approximately five times more likely to have NIMBY beliefs than someone who has lived there for less than four years.

With respect to predicting who would oppose a facility that housed people with psychiatric problems, there were three significant variables. Owning a home, education, and age were useful in predicting would pose opposition. The level of education completed is a categorical variable in which predictability is measured against the first level, which is less than high school. In other words, a person who has completed a diploma or certificate is 4% less likely (as indicated by the negative) to be NIMBY than someone who has not completed high school. Age is also significant in determining NIMBY-minded people; every age cohort would be more opposed than those aged 18-24 years. Interestingly, those residents aged 45-54 years are predicted to be the most oppositional age cohort to SNRFs that house people with psychiatric problems. Unexpectedly, the older age cohorts (55-64 years and 65 years and older) are not as oppositional as their younger counterparts (25-34 years and 45-54 years) when compared to those aged 18-24 years. This suggests that older residents are not as likely to be as opposed than younger residents.

Siting a facility for those with drug or alcohol problems will face significant opposition by residents who have lived in the community for over fifteen years. These long-term residents are at least twice more likely to be opposed to such a facility than new residents. Again, education levels are contrary to the hypothesis. Residents with undergraduate degrees are significantly less likely to oppose a SNRF for drug and alcohol addicts by 13%. Furthermore, the NIMBY believer will more likely have attended public meetings on these issues.

Number of years living in the neighbourhood and possession of an undergraduate degree are the only two characteristics that can detect a NIMBY towards a SNRF that deals with legal custody problems such as one for youth that are in the care of the State or Corrections Canada. A person who has lived in the community for 15-19 years will demonstrate the most resistance - he or she is predicted to be five times more likely to be NIMBY than one who has lived there for less than four years.

Opposition to SNRFs that cater to emergency or crises such as shelters for battered women can be predicted mostly by homeowner status, awareness of Triage, gender, age group and the number of years living in the community. This model revealed the greatest number of significant variables. Expected to be more NIMBY are homeowners than renters (3 times); those aware of Triage than those who are not (6 times); females than males (2 times); those aged 35-44 years than residents aged 18-24 years (6 times); and residents who have lived in the community for 15-19 years than those who lived there for less than four years (6 times).

Households that have children were not valuable in predicting NIMBY-minded people in any of the tests. This finding is contrary to what one may think is an important characteristic of a NIMBY person; having children is insignificant. Furthermore, gender and income are also not significant in predicting a NIMBY.

These five individual regressions indicate that few characteristics can be used to predict who will be a NIMBY-minded individual and who will not. According to the findings from this dataset, one thing is certain – some characteristics are useful while others are not depending on which type of clientele the SNRF will house.

10.4   Survey Limitations

The survey excluded several variables that would have been interesting to measure in this investigation such as proximity to site and whether the respondent has a family member or knows someone with a mental illness or addiction problem. Literature reports that these two elements are associated with the likelihood of NIMBY (Dear, 1992 and Piat, 2000a). In addition, the survey did not capture any cultural beliefs or values, which may have had an influence on the likelihood of sharing NIMBY beliefs. Religion and ethnicity may have captured these elements.

The sample is biased in favour of those residents who could read, write, or speak English. Kensington/Cedar Cottage, Riley Park, and Sunset, which are the three adjacent neighbourhoods to the Triage site, have a very high proportion of Southeast Asian residents. Only 32.8% of the residents in Kensington/Cedar Cottage reported English as their mother tongue; 48.7% in Riley Park; and 26.7% in Sunset (City of Vancouver, 2004d). The next most spoken language tends to be Chinese (City of Vancouver, 2004d).

The survey asked respondents to rank their attitude towards the proposal before and again after the public forum. A more reliable attitude ranking would have been to ask

participants before they attended and then ask them again after they attended instead of asking both questions after attending. This ex post attitudinal ranking may not best reflect actual attitudes before or after.

Finally, homeowners are under-represented in this sample when compared with 2001 Census information. The proportion of homeowners in the sample is less than the proportion of homeowners in the area. As this variable was significant in three of the five regressions, the results may underestimate the effect of homeownership.

11   Policy Options

11.1   Status Quo

Maintaining the status quo is a viable policy option because a review of the case studies has uncovered that the degree of NIMBY has fallen over with time. Presumably, NIMBY has not been eliminated, as there will always remain some people opposed to SNRFs in their backyard; however, the City has adjusted accordingly to the added pressures. Clearly, if NIMBY is not as prevalent as it was ten years ago, as inferred by negative responses to notifications, then the City has been reacting positively. For example, the City has acknowledged the demand on resources and the multi-faceted dimensions of a contentious project and created a new position to facilitate such projects, the Project Facilitator. This position was created a few years ago, to contend with community concerns and to support the Project Coordinator, formerly known as Plan Checker.

The survey, in an attempt to forecast the likelihood of identifying a NIMBY-minded person, measured the extent of NIMBY in the contentious neighbourhood. The media coverage indicated a significant level of opposition to the Triage project and resident turnout at the public meetings was very high. However, just over half of those surveyed are NIMBY-believers based on a very conservative measurement (57% versus 43%). Figure 3 shows the NIMBY and YIMBY breakdown by target clientele, where the most opposed group was those with drug or alcohol addictions, a reported 51% opposed. In summary, NIMBY is not as prevalent as perhaps the public and staff is led to believe.

11.2   Publish Annual Siting Reports

Residents want more transparency in the siting of SNRFs and City owned property. Annual SNRF reports that reveal city owned and leased properties as well as reporting on future short-term plans are a significant display of transparency. In addition, the report should include valuable statistics on demographics such as population and income distribution by neighbourhood. The report should be distributed to the business community via business associations as well as to residents in the form of mail-outs. Informing business as well as

residents speaks to the sincere attempt to be inclusive when dealing with SNRFs and communities.[9] At a minimum, this report should be posted on the City's website for current residents and future residents to review. Currently, some information is available to the public; however, it is not aggregated into one document and not easily accessible.

This tactic mimics the New York approach of mitigating NIMBYism towards city facilities without conceding by developing restrictive siting criteria and revealing it to the public. Property devaluation is a common fear among residents as the survey and case study analyses discovered. A commitment of the City to be more transparent with SNRF plans may serve to prevent the residents from feeling excluded and instead may promote their sense of inclusion during the planning process. Residents often feel frustrated in their attempt to voice opposition, which may be why public meetings often get hostile and heated. Frustrated residents feel blind-sided by SNRF proposals, especially when the proposed site is city-owned, such as many of the case studies reviewed and Triage.

Increased transparency of SNRFs may minimize the fair share argument since the report will include demographic data as well as distribution of SNRFs. Providing the public with information without having the City define fair share will allow for the fair share argument to be put into perspective. The fair share argument is the common ground for appealing an approved SNRF; addressing this argument by increasing transparency is instrumental to mitigating NIMBY. Notably, awareness of the Triage facility was not a predictive characteristic of a NIMBY person, which suggests that awareness does not promote NIMBY behaviour. Furthermore, this alternative could be piloted for a few years to see whether providing information to the public is conducive to increasing transparency or detrimental to establishing SNRFs by facilitating and enabling opposition.

11.3   Minimize Large-Scale Public Meetings

This policy alternative entails encouraging applicants of projects that house people with drug or alcohol problems to employ small-scale information sessions *before* applying for the development permit, since this clientele type experiences the most opposition. Currently the City recommends certain consultation practices to the applicant informally. Planners can facilitate this policy alternative by recommending the use of small-scale information sessions as a consultation tool. In addition, the alternative can be achieved by amending the SNRF

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[9] Some SNRFs will be excluded from the list provided in the annual report because of the nature of the SNRF, such as a safe house for domestic violence.

Guidelines to state that consultation strategies must be adhered to as directed by the Social Planning Department.

The objective of public meetings is for the sponsor agency and its supporter to address concerns and inform residents. As the survey and various media pieces show, public meetings are not conducive to conveying information or answering questions. Full-scale public meetings in auditoriums or community centres are out of date and ineffective. The same objective can be achieved on a smaller scale where certain parameters can be controlled, such as number of attendees, tone of meeting, and agenda.

This consultation strategy would occur by having a sign-up form for residents to come to an open house or scheduled meeting within certain time slots on given days where the number of attendees is constrained to 10-15. Yarzebinski (1992, p.35) makes a compelling observation when he noted "NIMBY members often rely on mass turn-out at public meetings and events to sway opinion in their favour by showing how many people oppose the project. Attendance is a key part of their offense."

Analyses from the survey and case studies show that the reason some people are so resistant to SNRFs is that they are fearful. To alleviate this fear it is important that experts consult with those opponents in a productive discourse. Findings show that a predictor of a NIMBY person is that they are more likely to attend public meetings and that these public meetings are not effective in changing beliefs. A slight deviation from the traditional public forum arena would most likely induce the same NIMBY person to attend and perhaps lead to a more effective outcome.

The SNRF Guideline Appendix Section 3 states "The Planning and Social Planning Departments may recommend that the applicant contact neighbours in the "official notification area" (to be determined by the Plan Checker) prior to the official City notification" (City of Vancouver, 2004c, p.3). This statement alludes to the potential benefits reaped by advising residents prior to the City's notification (which tends to be within a week of the application date); however, it loses much of its legitimacy because it is not within the SNRF Guidelines but merely in the appendix regarding the process of the application.

11.4 Develop SNRFs in New Communities

An initiative that develops SNRFs in the new communities such as Southeast False Creek (SEFC) or Northeast False Creek (NEFC) will not encounter as much opposition as it

would in an established neighbourhood. SEFC is a very new area in Vancouver that is acclaimed for its sustainability plans and social inclusion dimensions. Because the SEFC area is so new it does not have any residents that have been living in the community for a number of years – every resident is or will be new.

The survey has demonstrated that the primary predictor of a NIMBY-minded person to any type of SNRF facility depends on how long that person has lived in the community. That is, a person who has lived in the community for longer than four years is more likely to be NIMBY than someone who has lived in there for less than four years.

While developing SNRFs in new communities is a viable option, it poses significant risk of backlash by powerful groups such as developers. However, developing SNRFs in SEFC does not stray from the Official Development Plan (ODP) that reports that one-third of the housing on City land has been devoted to low-income housing, described as affordable housing (City of Vancouver, 2005).

11.5 Develop a Policy Network

Develop a policy network of stakeholders to exchange information and to discuss strategies for addressing NIMBY concerns. The network should consist of sponsor agencies, health care professionals, social planners, citizens, and other stakeholders who hold an interest in integrating socially marginalized people into communities. Engaging community representatives in the policy network provides valuable insight and empowers communities.

Table 9: Significant Personal Characteristics

	PHYSICAL / MENTAL DISABILITIES	PSYCHIATRIC PROBLEMS	DRUG / ALCOHOL PROBLEMS	LEGAL CUSTODY PROBLEMS	EMERGENCY / CRISES SITUATIONS
Homeowners	Yes	Yes			Yes
Low Education	Yes	Yes	Yes	Yes	
Not Employed	Yes				
Age		Yes			Yes
Duration in community	Yes		Yes	Yes	Yes

Information exchanged should include the disclosure of the survey findings that reveal which personal characteristics are useful in predicting a NIMBY-minded person as shown in Table 9. Different types of facilities have different types of opponents. For example, homeowners are predictably more likely to be opponents with facilities that deal with physical/mental disabilities, psychiatric problems, or emergency/crises but not with drug or alcohol problems or legal custody problems. Sponsor agencies can make use of this information by targeting educational material to facilitate tolerance. The underlying argument for NIMBY is that residents fear socially marginalized groups of people. To this extent, evidence shows that the more a person is exposed to people with mental illness the more tolerant he or she becomes (Holden et al., 2001). Furthermore, evidence shows that knowledge raises tolerance (Dear, 1992). Therefore, education is key to reducing fears among NIMBY believers.

Policy networks stand to gain from exchanging information when deciding on planning objectives. For example, information is helpful to determine where SNRFs will encounter the most opposition such as establishing a SNRF for mental health consumers in a neighbourhood that is predominantly homeowners. Planners can anticipate this opposition from homeowners and construct a consultation mechanism that best suits homeowners' concerns.

Public participation is constantly being encouraged in all levels of government. The federal government showed this by supporting policy institutions and providing a forum for policy discourse outside of the government realm. The province demonstrated this through developing the Citizen's Assembly. Recently, the City exercised public engagement through the referendum held on the ward system. Citizens want to be engaged, especially the NIMBY-minded people, as the survey results attest to.

12 Key Considerations for Policy Alternatives

Policy alternatives were assessed against relevant criteria such as equity, social feasibility, political feasibility, and economic costs. Criteria are used to evaluate how closely one policy alternative is in achieving the goal of reduced display of NIMBY among Vancouver residents (California State University, 2005). The following summarizes key considerations and the way the criteria were measured.

12.1 Equity

Residents clearly want an equitable distribution of SNRFs across Vancouver; however, equity is described in many ways because communities can be divided into several groups according to income, population density, family dynamics, or size (hectares). Measurement of equality was inferred by identifying the winners and losers. There is no perfect formula for how benefits and burdens should be distributed in society. Nevertheless, the questions of who wins and who loses should be raised.

12.2 Social Feasibility

The debate regarding NIMBY is based on public perception and public support. In the past, residents and businesses have voiced their opinions through mobilized opposition, informal surveys, media exposure, and correspondence to the City. Social feasibility is key to the implementation of a policy alternative. Key considerations include whether Vancouver residents and businesses are willing to accept this policy alternative. The level of acceptance was inferred from qualitative data such as informal conversations with residents, comments on the survey, and comments made at a public meeting and at the Special Council Meeting. The extent of social feasibility was measured by high, moderate, or low upon review of key considerations.

12.3 Political Feasibility

Political feasibility involves evaluating whether a policy alternative is acceptable to decision makers, in this case, to the City of Vancouver and sponsor agencies (California State University, 2005). Acceptance was inferred by reviewing the actions undertaken by the City and sponsor agencies in previous cases of NIMBY to SNRFs. A key issue that requires consideration includes whether the policy option is appropriate to addressing NIMBYism or is it a temporary solution (California State University, 2005). Given these considerations, a measurement of high, moderate, or low was chosen to assess political feasibility.

12.4 Economic Costs

Adoption of policy alternatives will differ in economic costs such as how they affect public spending and impact society – these include direct and indirect costs. Direct costs are easily counted or quantified whereas indirect costs cannot be, such as social impacts to communities or faith in political parties (California State University, 2005). In addition, there will be costs incurred by the sponsoring agency. The evaluation process involves identifying these costs and assessing how they fare on a scale of high, moderate, or low given all the issues of economic costs.

13   Assessment of Policy Alternatives

The following explains how each alternative measures against the chosen criteria. The type of measurement is not in absolute terms but rather a ranking approach of high, moderate, or low upon identifying and reviewing key considerations with the exception of the equity criterion, which was not ranked. Instead, the equity criterion highlighted the winners and losers of each policy alternative. Table 10 summarizes the assessment of criteria against each policy alternative.

Table 10: Summary of Criteria Assessment

	EQUITY	SOCIAL FEASIBILITY	POLITICAL FEASIBILITY	ECONOMIC COSTS
Option #1: **Status Quo**	<u>Winners</u>: Some neighbourhoods	LOW	LOW	HIGH
	<u>Losers</u>: Residents, City, sponsor agencies			
Option #2: **Annual SNRF Report**	<u>Winners</u>: Residents	HIGH	MODERATE	MODERATE
	<u>Losers</u>: City, sponsor agencies			
Option #3: **Minimize Large-Scale Public Meetings**	<u>Winners</u>: Residents, sponsor agencies, City	HIGH	MODERATE	LOW
	<u>Losers</u>: Sponsor agencies			
Option #4: **Develop in New Communities**	<u>Winners</u>: Some residents, City, sponsor agencies	MODERATE	MODERATE	LOW
	<u>Losers</u>: Developers			
Option #5: **Policy Networks**	<u>Winners</u>: sponsor agencies, health care professionals, social planners, citizens, and other stakeholders	HIGH	HIGH	LOW
	<u>Losers</u>: Non members of network			

13.1 Status Quo

Equity: Maintaining the status quo will perpetuate the perception of unequal distribution especially among those who believe that they bear more of a burden than other Vancouver communities. The losers in this scenario are the residents in Kensington/Cedar Cottage and Riley Park that continue to believe that their neighbourhood is overloaded with SNRFs. In addition, sponsor agencies that attempt to place large facilities for drug or alcohol addicts outside the downtown core will also lose by continuing the status quo. Establishing these types of facilities will only become more difficult as opposition continues to build. Clearly, the losers include the City, sponsor agencies, and residents. There are no winners by maintaining the status quo.

Social Feasibility: The recent attempt to site Triage in the community of South Fraser attests to the need to approach NIMBY in a different manner. Historically the City is better at understanding NIMBY and reacting to community concerns more effectively. However, the public is demanding a change as can be seen by the extensive public outcry to Triage. There were over 3,000 negative responses to the City, negative media coverage, and turnout at public meetings exceeded 1,000 and 500 attendees at two meetings. Maintaining the status quo would not be acceptable by residents or businesses. Social feasibility is considered low relative to these key considerations.

Political Feasibility: Decision makers will prefer to adopt some approach to address the increasing pressures of NIMBY rather than keeping the status quo. The City has tended to be responsive such as creating a new position to facilitate the project coordinator. Doing nothing, or maintaining the status quo, to tackle NIMBY is not appropriate for achieving the goal of mitigating this policy problem.

Regardless that NIMBY appears to be declining since 10 years ago, there are a new type of SNRF being introduced to the City. These new SNRFs are large, outside the downtown core and address a new clientele group - those with dual diagnosis. The City cannot apply traditional approaches to addressing NIMBY concerns for this new type of SNRF as the Triage case supports. Residents expressed their doubt and distrust in the Mayor and Council at several points throughout the entire Triage application process. Residents also raised questions regarding an unethical bias on behalf of the Mayor because of previous volunteer work the he had performed. Furthermore, many residents declared to withdraw support from the current party in power if Triage were to be established. The status quo presents itself to have low political feasibility.

Economic Costs: There are no marginal financial costs by maintaining the status quo. Direct costs include increased resources dedicated to current and future projects that attempt to house drug or alcohol addicts, which will encounter similar opposition. In addition, the media has emphasized the opposition and provided ample coverage on the controversial SNRF placements. An example of an intangible cost is the media exposure, which perpetuates the animosity towards the bureaucracy responsible for the establishment. Economic costs are deemed as low in the short run but will be high in the long-run because of the increasing pressures on City resources to facilitate the sponsor agency's attempt to integrate the SNRF. With building opposition, it will be increasingly difficult and subsequently expensive in the

long-run if the status quo is chosen as the policy alternative. The economic costs are deemed as high when considering long-run and short-run costs.

13.2 Publish Annual SNRF Report

Equity: This policy option addresses the notion of equity and leaves it in the hands of the public to evaluate. Providing the necessary information to assess critically the rationale behind siting SNRFs is the first step to empowering the citizen. Survey respondents and correspondence from the case studies revealed that residents felt undermined and excluded in the planning process. The winners are Vancouver residents because information is available and accessible. Residents are advised of city plans, which will limit unexpected SNRF placements. The losers could be sponsor agencies and the City because opposition could be organized in advance of SNRF establishment and pose a major delay in plans.

Social Feasibility: Publishing siting plans in advance is a method that will be well received by the public. Residents' values have evolved to emphasize the use of public participation as a valuable policy tool; the public want to know more information about their city. Subsequently, civic transparency has become increasingly important with this increased citizen engagement and civic literacy. The public will accept this policy option because it reveals the City's intents, which is what the public wants as revealed in the survey and case study analyses. This alternative is considered as highly socially feasible.

Political Feasibility: Decision makers will not likely accept this alternative because it may involve increased risk. The risk may manifest itself in a concentration of collaborative efforts to block the proposal before it even reaches the application process. Disclosing city plans and city owned or leased properties leave the City very vulnerable to potential disruptions in future plans. However, this is considered an appropriate approach to addressing NIMBY concerns. Given these two considerations, this option is ranked as moderate in terms of political feasibility.

Economic Costs: This alternative involves a direct cost of publication and distribution that is not present in other alternatives. Supplementing the neighbourhood profiles that are already in disseminated by the City with the necessary SNRF information can minimize publication costs. Indirect costs may include potential disruptions of future projects because it provides sufficient time for any opposition to organize. Intangible costs associated with this alternative include potential loss of faith in the current political party if plans are not well received by residents. For these reasons, economic costs are ranked as moderate.

13.3 Minimize Large-Scale Public Meetings

Equity: Enforcing mini public meetings are more inclusive because it does confine the public to attend a large meeting on a fixed date where concerns may not be addressed. Many seniors reported in the survey that they would have liked to attend the public meetings but did not because they were both held during the evenings and considered it unsafe to travel. Small scale meetings where the public can sign up for an information session is more flexible and therefore more equitable for the residents. Many survey participants reported that they did not go to the public meeting because they knew it would be chaotic but wanted more information on Triage. The winners of this alternative are Vancouver residents who want more information from the agency in a constructive forum. Sponsor agencies also stand to gain from this because they are able to reduce the chance of a hostile environment since the number of attendees is manageable for a productive discussion. However, sponsor agencies also stand to lose because this alternative will require a time commitment and administrative costs on behalf of the sponsor.

Social Feasibility: The public want to be engaged in the process. This method of having small-scale public meetings is conducive to productive discourse. Residents currently feel neglected in SNRF decision-making, so that enabling them to ask questions and acquire information is empowering. This type of forum would be acceptable to the YIMBY-minded persons who have questions in addition to the NIMBY-minded persons who tend to be the ones that attend large-scale public meetings. Since the NIMBYs are the ones that tend to not feel sufficiently consulted, these mini meetings may serve them better. This alternative is highly socially feasible.

Political Feasibility: City decision makers would accept this alternative because they also believe that public meetings are ineffective and perpetuate hostilities. Sponsor agencies may be reluctant to accept this because it may be too costly for them to adopt given their limited budget and resources. This is an appropriate attempt at addressing NIMBY concerns because it directly affects opponents, which tend to be the ones who attend the meetings. Given these considerations this alternative is ranked as moderately politically feasible.

Economic Costs: The financial costs for the City associated with this option are minimal. The applicant bears most of the cost of administering the small-scale information meetings. The cost the City may have to bear is the cost associated with providing staff for the small-scale meetings as a sign of support, which they currently provide at large-scale meetings anyways. Economic costs are ranked as low relative to these considerations.

13.4 Develop SNRFs in New Communities

Equity: Vancouver residents who live outside new communities will stand to gain from this alternative because they have been advocating for redistribution of SNRFs. A strategy that targets new communities to establish SNRFs demonstrates the City's commitment to distribute SNRFs equally among all communities. In addition, the City and sponsor agencies will gain from this strategy because they will face less opposition since there are few residents to begin with. Losers of this policy alternative will be developers who will encounter difficulty with selling units near SNRFs.

Social Feasibility: Residents from outside this community will be delighted to know that the number of SNRFs in the City is now being distributed among a larger number of communities. If the City is forthcoming with the intentions of establishing SNRFs and does not conceal plans most of the public will be support this alternative with the exception of potential buyers and developers. Opponents tend to have a louder voice than supporters do, especially when opponents are a powerful group such as developers. Furthermore, knowing about the SNRF before buying in the neighbourhood means that any negative outcomes will be capitalized in the home price. With respect to these considerations, the alternative is moderately socially feasible.

Political Feasibility: City decision makers and sponsor agencies will support this option because this new group of residents will more likely pose the least resistance as proven by the survey findings. Less resistance is an attractive attribute to establishing a successful SNRF. However, City officials may encounter political pressures from powerful groups such as developers, which can present a major obstacle.

This policy alternative internalises the externality of NIMBY, which contributes to its efficiency. Potential residents will know from the beginning that the SNRF exists and therefore will self identify as those residents who are tolerable. Given these considerations, this alternative is deemed to have moderate political feasibility.

Economic Costs: Adopting this policy option has the potential to be a cost savings for the City. In the short run, the City will save on resources and labour that were regularly allocated to mitigate community responses. First, there will be little resistance because there are not many residents or business already occupying the area. Secondly, the residents that do live there pose the least NIMBY threat. In the long run, there have been minimal or no

negative response from neighbouring residents once a SNRF is established (Kloppenborg, 2004). Overall, the economic costs are considered low.

13.5 Develop Policy Networks

Equity: The winners of this alternative are those who are included in the network such as sponsor agencies, health care professionals, social planners, citizens, and other stakeholders. The losers are those who are not engaged in the discourse. However, the alternative is designed to allow all stakeholders a voice.

Social Feasibility: The public would welcome the discourse on SNRFs especially if they were included in the policy network. Citizens want to be engaged in the area of public policy and are valuable in dialogue. As such, this alternative is highly socially feasible.

Political Feasibility: Decision makers would accept this alternative because they stand to gain by having an improved dialogue with stakeholders. Furthermore, decision makers will be in tune with society's concerns and needs. This is an appropriate method of dealing with NIMBY because it is an inclusive approach. This alternative is considered to be highly political feasible.

Economic Costs: Direct costs include administrative costs such as organizing the meetings and ensuring key stakeholders are included. Indirect costs may include future research into assessing community responses or other research that the network decides to undertake. The potential benefits from discourse are plentiful where the extent is difficult to forecast. This option incurs a low degree of economic costs.

14 Next Steps

Based on the analyses and criteria of this study the City may choose to adopt most of the policy options proposed or a combination of a few. An important decision to consider is to dismiss the alternative of maintaining the status quo. This alternative fails the feasibility criteria while also preserving the current inequalities. Although it is deemed to incur low economic costs as a policy alternative, it may pose high economic costs in the long run.

Sequential implementation of some alternatives is a viable strategy to adopt. Developing a policy network of stakeholders appears to be the dominant policy alternative and therefore should be implemented first. A network is a responsive and appropriate step to addressing the NIMBY problems associated with establishing SNRFs in Vancouver. Costs are primarily administrative and benefits from discourse are expected to be high.

Next, the City could publish annual SNRF reports disclosing socio-demographic information and city plans to city owned and leased properties. However, an outcome of the policy network may include another strategy to demonstrate transparency and address the fair share argument that may be more efficient than publishing annual reports. In this case, the second policy alternative should not be implemented if a better alternative results from the discourse of the policy network or the network's indirect outcome like research.

The practice of minimizing large-scale public meetings should begin immediately and be supplemented by further research into consultative tools that would be more effective in addressing residents' concerns and reducing fears. This alternative does not present a major cost endeavour on behalf of the City because the sponsor agency will endure most of the incremental costs associated with this alternative.

Finally, recommending establishing SNRFs in new communities such as SEFC can also occur immediately. The ODP was recently approved and plans are in motion. As mentioned earlier, designating some of the low-income housing for SNRFs is not a great deviance from original intentions. The best time to establish SNRFs in a new community is at the outset, which is now in the case of SEFC.

Throughout this investigative process, certain dimensions became clear. First, citizens want to be engaged in order to ask questions and to be informed; consultation is key. Second, the city must be more transparent in its future plans and current allocation of SNRFs to shed light on the fair share argument. Fair share is an issue that should be put into perspective, which entails providing more information for the common citizen to evaluate. Equal distribution is not based solely on number of SNRFs per neighbourhoods but other factors such as population, type, and income distribution should also be considered.

The survey revealed important findings that can be used to predict who may be a NIMBY-minded person according to the type of clientele the SNRF houses. Aggregating opposition to any SNRF suggests that a NIMBY-minded person is not easily predictable. However, one characteristic prevailed in most of the models presented - the number of years someone has lived in the community. Long-term residents will be more resistant to SNRFs than short-term residents.

In the end, NIMBY exists because some people fear for their personal safety, property devaluation, and neighbourhood degradation. NIMBY beliefs will always exist, and the City can only try to address these concerns and ease fears and anxieties. Adopting an inclusive process in SNRF planning and revealing future plans is an approach that residents support.

Appendices

Appendix A – Survey Instrument

Part I:

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1. How long have you lived in this community? _____

2. Are you the following: _____ Homeowner _____ Renter

3. How many people currently live in your household? _____

4. How many children (under 18 years) currently live in your household? _____
   a) Do any attend preschool/elementary/high school? ____Yes ____No
   b) If so, do any attend school *in this community*? _____ Yes _____ No

---

Part II:

---

5. Would you object to a Special Needs Residential Facility in your neighbourhood that housed people with the following: Mark all that apply.

	YES	NO
Physical or mental disabilities		
Psychiatric problems		
Drug or alcohol problems		
Legal custody problems		
Emergency or crisis situations		

   If no to all, please skip to Part III (turn over).

6. If yes to any, why do you oppose? Circle all that apply.
   a) Too noisy
   b) Traffic
   c) Crime/Safety concerns
   d) Property value concerns
   e) Staffing concerns
   f) Other→ Specify_____

7. Under what conditions would you accept a Special Needs Residential Facility (SNRF) in your neighbourhood? Circle all that apply.
   a) Never
   b) Increased security i.e. police presence, guard dogs, high fences
   c) High supervision of residents
   d) On a small scale – few units
   e) Other → Specify_____
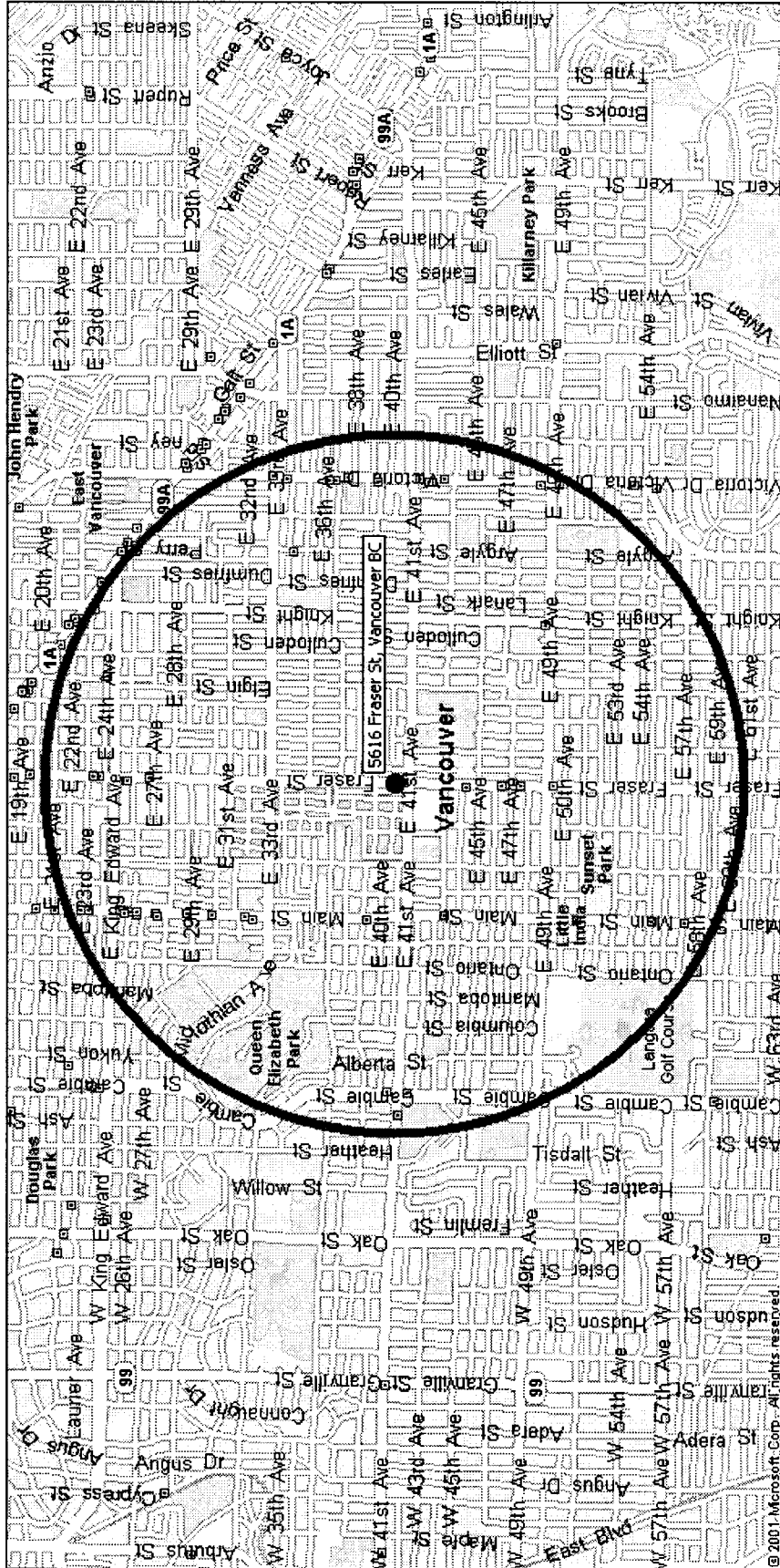

Part III:

1. Are you aware that a Special Needs Residential Facility, called Triage, is proposed in your neighbourhood?
   _____ Yes   _____ No
   If not, please skip to Part IV.

2. How did you become aware of Triage? Circle all that apply.
   a) Word of mouth
   b) Media attention
   c) I saw the zoning/development billboard
   d) I saw posters
   e) Received a brochure/literature on the SNRF from the City.
   f) Received a brochure/literature on the SNRF from someone in the community.

3. Do you feel that you were sufficiently consulted on Triage? _____ Yes _____ No
4. Should Triage hold more public forums?   _____ Yes _____ No
5. Did you attend any of the public open forums for Triage?   _____ Yes _____ No
   If not, please skip to Part IV.

6. Why did you attend? Circle all that apply.
   a) Curious to hear the speakers
   b) I wanted to ask questions
   c) Wanted to know more
   d) Everybody else was going
   e) To protest
   f) Other → Specify_____

7. Did the forum adequately address your concerns? _____ Yes _____ No

Please respond to the following according to the corresponding scales.

8. Rate your attitude towards Triage *before* you attended the public forum.
   (Strongly Support) 1   2   3   4   5   6   7   8   9   10   (Strongly Oppose)

9. Rate your attitude towards Triage *after* you attended the public forum.
   (Strongly Support) 1   2   3   4   5   6   7   8   9   10   (Strongly Oppose)

10. Group homes effectively help people to improve their lives.
    1-Strongly agree   2-Agree   3- Disagree   4- Strongly disagree

Part IV:

11. Gender: Male / Female
12. Highest level of education attained?
  a) Less than high school
  b) Completed high school
  c) Some post-secondary
  d) Completed Diploma/Certificate
  e) Completed Undergraduate degree
  f) Completed Graduate degree
	13. Estimated household income:
	  a) Less than $10,000
	  b) $10,001-$30,000
	  c) $30,001-$50,000
	  d) $50,001-$70,000
	  e) $70,001 +
	14. Are you currently employed?
	    _____ Yes _____ No
	15. Age: _____

Any additional comments:

_____
_____
_____
_____

Appendix B – Map of Community

Appendix C – Survey Results of Reasons for Opposition

	N	%
Why do you oppose?		
Too noisy	27	19
Traffic	18	13
Crime/Safety concerns	128	91
Property value concerns	62	44
Staffing concerns	38	27
Other	20	8
Total # of reasons		
1	60	42
2	37	26
3	32	23
4	3	2
5	7	5
6	3	2
Acceptable if...		
Increased security	52	37
High supervision of clients	57	40
Small-scale facility	40	29
Never	37	26
Other	2	2
Total # of conditions		
1	100	71
2	24	17
3	17	12

Appendix D – Speech from Special Council Meeting

My name Anita I live in the Fraser area.

I am against the building of this facility in this neighborhood [sic]

First of all I agree that these kinds of projects are needed and people with a history of mental illness and drug addiction need a place to recover.

However, this is not the right location for many reasons:

- its [sic] too close to a Primary school and

- too close to a High school,

- too close to a park.

I strongly feel that this apartment complex will be a negative influence on the existing community.

In addition, Fraser street is full of drug dealers who are frequently seen in the neighbourhood selling drugs to large number of addicts. Housing recovering addicts in such an environment is like putting fuel on the fire. If you want them to recover from drugs you will put them away from drugs, not put them in drugs.

Not only this is not the right location, its [sic] not the right kind of set up – mentally challenged people with drug addiction on top need one to one attention – not 1 or 2 staff in a 30 or 29 apartment unit complex.

I have become aware that a telephone survey was conducted, though from the responses I have gotten from friends the questions formulated do not focus on the real concerns of the citizens.

I.e. – location (which neighborhood)

- Security issues

- Lack of consultation

My suggestion is to use the existing sites recently closed by the Provincial government

- Riverview hospital

- St. Vincent hospital

- Burnaby women's prison

Best use of this property would be a seniors' home, because it's close to shopping, transportation, Library and park. There are many people in the area who have lived here all their lives and who would benefit from such a home.

Finally I think that people directly or indirectly involved in the project should not be allowed to vote on it, due to conflict of interest.

Appendix E – Map of SNRFs in Vancouver
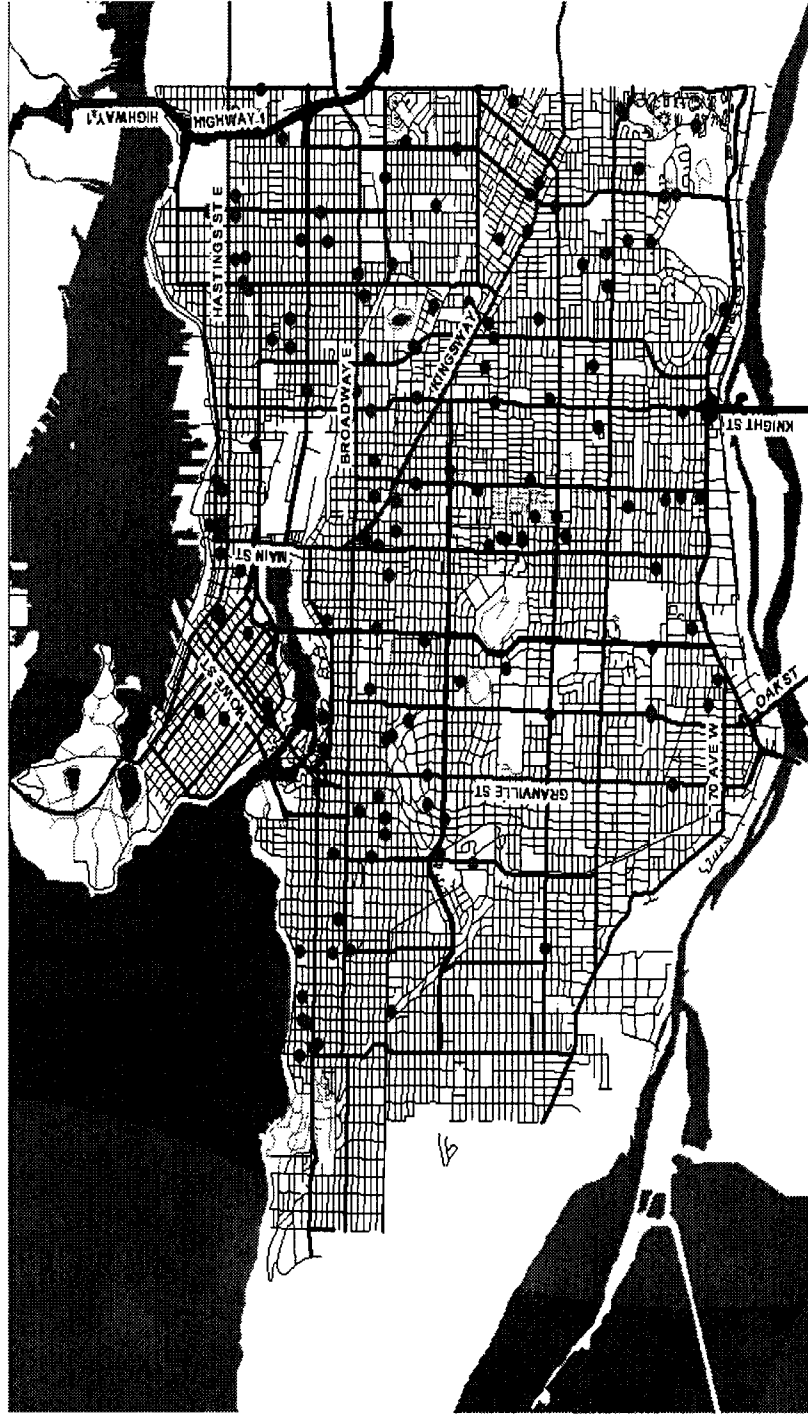
Notes: On this map, there are 150 circles each representing a SNRF in Vancouver. To date there are 152 SNRFs in Vancouver however data is not available for two for confidentiality reasons such as a safe home for domestic abuse.

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Appendix F – NIMBY Regression Results

Variables in the Equation

		B	S.E.	Sig.	Exp(B)
Step 1	PROPERTY(1)	0.70	0.44	0.12	2.01
	AWARE(1)	0.17	0.48	0.72	1.19
	GEND(1)	0.22	0.38	0.56	1.25
	EDUC			0.14	
	EDUC(1)	-0.34	0.99	0.73	0.71
	EDUC(2)	-1.10	1.04	0.29	0.33
	EDUC(3)	-1.34	1.09	0.22	0.26
	EDUC(4)	-1.97	1.05	0.06	0.14
	EDUC(5)	-1.42	1.11	0.20	0.24
	HHY			0.90	
	HHY(1)	0.57	0.68	0.40	1.78
	HHY(2)	0.61	0.71	0.39	1.84
	HHY(3)	0.57	0.83	0.49	1.76
	HHY(4)	0.30	0.81	0.71	1.35
	EMPLOYED(1)	-0.26	0.53	0.62	0.77
	KIDS(1)	-0.08	0.42	0.84	0.92
	NEWAGE			0.53	
	NEWAGE(1)	0.67	0.68	0.33	1.95
	NEWAGE(2)	0.06	0.65	0.93	1.06
	NEWAGE(3)	0.72	0.68	0.29	2.05
	NEWAGE(4)	-0.32	0.93	0.73	0.73
	NEWAGE(5)	-0.63	0.99	0.53	0.53
	COMM4			0.51	
	COMM4(1)	0.54	0.53	0.32	1.71
	COMM4(2)	0.33	0.72	0.64	1.39
	COMM4(3)	1.15	0.71	0.10	3.17
	COMM4(4)	0.66	0.56	0.24	1.94
	ATTEND2(1)	0.74	0.46	0.11	2.10
	Constant	-0.25	1.18	0.83	0.78

Variable(s) entered on step 1: PROPERTY, AWARE, GEND, EDUC, HHY, EMPLOYED, KIDS, NEWAGE, COMMYRS2, ATTEND2.

Coefficients[a]

Model		Collinearity Statistics	
		Tolerance	VIF
1	property owner	.653	1.531
	aware of Triage	.797	1.254
	gender	.887	1.127
	education	.648	1.543
	hh income	.569	1.756
	employed	.693	1.443
	kids in hh	.913	1.095
	New Age groups	.712	1.404
	NEWattended public forum	.841	1.188
	Number of years living in community	.626	1.597

a. Dependent Variable: Nimby dichotomous

Notes: Multicollinearity is rejected in this model. A VIF score greater than 10 or a tolerance level less than 0.20 is an indication of a problem of multicollinearity, or a strong correlation between two or more predictors (Field, 2000).

Appendix G – Vancouver by Neighbourhood
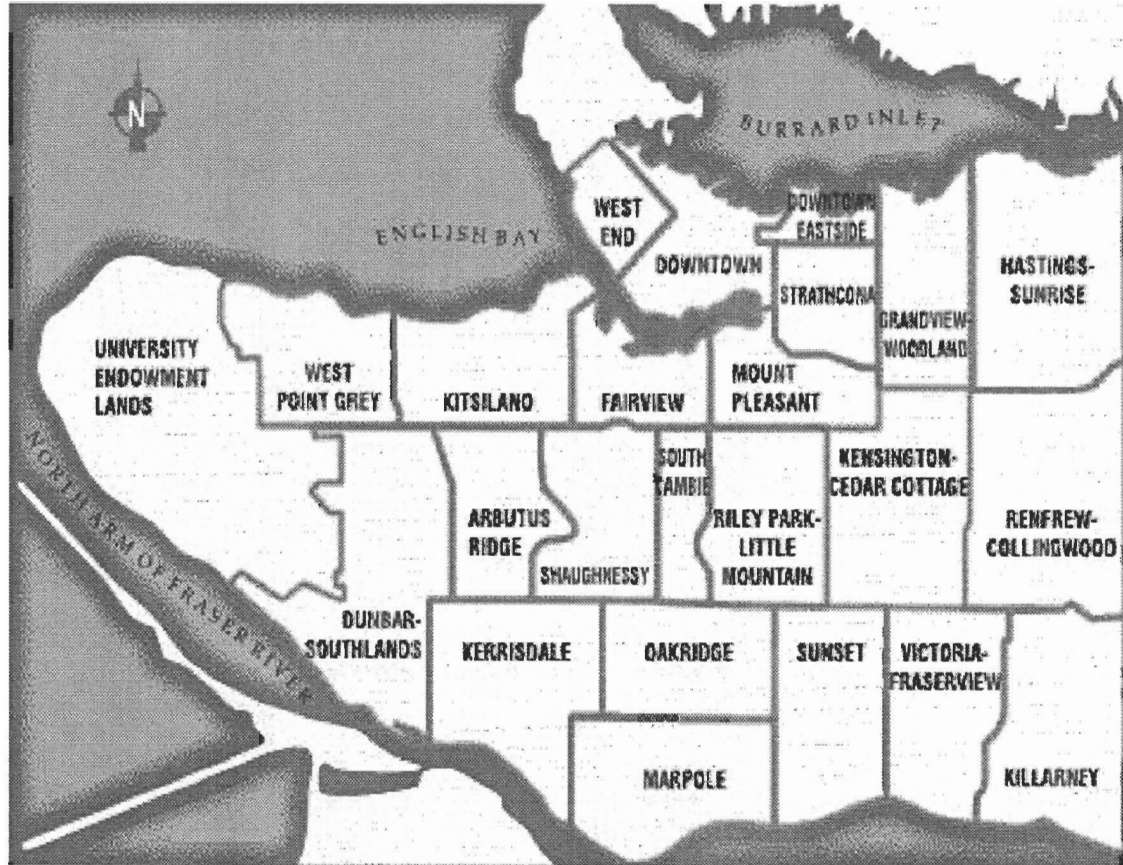
Source: City of Vancouver, 2004
http://vancouver.ca/community_profiles/CommunityList.htm
By permission

Notes: The area marked as Downtown is often referred to as Central Business District. Most of the area labelled Downtown Eastside is considered part of Strathcona.

Appendix H – NIMBY Profile

	NIMBY	% Total NIMBY
Household		
Homeowner	76	53%
Renter	68	47%
Gender		
Male	46	36%
Female	82	64%
Education		
Less than high school	8	6%
High school	43	31%
Diploma/Certificate	23	17%
Some post-secondary	26	19%
Undergraduate degree	20	14%
Graduate degree	19	14%
Household Income		
Less than $10,000	10	9%
$10,001 - $30,000	29	25%
$30,001 - $50,000	34	30%
$50,001 - $70,000	17	15%
$70,001 +	24	21%
Age Groups		
18-25	12	10%
26-35	22	19%
36-45	37	31%
46-55	22	19%
56-65	9	8%
65+	16	14%
Number of years in community		
0-4	38	27%
5-9	29	20%
10-14	10	7%
15-19	14	10%
20+	51	36%
Aware of Triage	117	81%
Attended Forum	52	45%

Appendix I – Regressions by SNRF Clientele

Dependent variable is opposition to SNRFs that house people with physical or mental disabilities.

	B	S.E.	Wald	Sig.	Exp(B)
Homeowner	1.75	0.69	6.48	0.01	5.76
Aware of Triage	1.16	0.76	2.31	0.13	3.19
Male	0.40	0.56	0.51	0.47	1.49
Education: < HS			4.67	0.46	
HS	-0.90	1.05	0.73	0.39	0.41
Some PSE	-1.54	1.17	1.74	0.19	0.21
Dip/Cert	-2.67	1.51	3.14	0.08	0.07
Undergrad	-1.18	1.12	1.11	0.29	0.31
Grad	-2.00	1.25	2.54	0.11	0.14
Household Income: <$10,000			1.87	0.76	
$10,001 - $30,000	-0.25	0.95	0.07	0.80	0.78
$20,001 - $50,000	-0.80	1.06	0.57	0.45	0.45
$50,001 - $70,000	-1.17	1.27	0.85	0.36	0.31
$70,001 +	-1.41	1.24	1.28	0.26	0.24
Employed	-1.34	0.69	3.77	0.05	0.26
Kids in HH	-0.01	0.59	0.00	0.99	0.99
Age: 18-24			2.51	0.78	
25-34	1.33	1.05	1.61	0.20	3.78
35-44	0.83	0.95	0.77	0.38	2.30
45-54	0.58	0.94	0.39	0.53	1.79
55-64	0.24	1.11	0.05	0.83	1.28
65+	-0.21	1.14	0.03	0.86	0.81
Year in Community: 0-4 year			3.89	0.42	
5-9	0.93	0.86	1.17	0.28	2.52
10-14	-0.26	1.37	0.04	0.85	0.77
15-19	1.60	0.92	3.00	0.08	4.93
20+	0.57	0.81	0.50	0.48	1.77
Attended Public Forum	0.09	0.60	0.02	0.88	1.10
Constant	-1.93	1.61	1.43	0.23	0.15

Dependent variable is opposition to SNRFs that house people with psychiatric problems.

	B	S.E.	Wald	Sig.	Exp(B)
Homeowner	1.19	0.52	5.29	0.02	3.30
Aware of Triage	0.54	0.59	0.82	0.37	1.71
Male	0.45	0.46	0.99	0.32	1.57
Education: < HS			13.33	0.02	
HS	-0.43	1.04	0.17	0.68	0.65
Some PSE	-1.28	1.12	1.29	0.26	0.28
Dip/Cert	-3.30	1.32	6.28	0.01	0.04
Undergrad	-2.16	1.12	3.75	0.05	0.12
Grad	-2.20	1.19	3.44	0.06	0.11
Household Income: <$10,000			1.02	0.91	
$10,001 - $30,000	0.86	0.92	0.87	0.35	2.37
$20,001 - $50,000	0.81	0.98	0.69	0.41	2.25
$50,001 - $70,000	1.04	1.12	0.87	0.35	2.84
$70,001 +	0.84	1.11	0.56	0.45	2.31
Employed	-0.63	0.62	1.04	0.31	0.53
Kids in HH	-0.09	0.49	0.04	0.85	0.91
Age: 18-24			8.30	0.14	
25-34	2.60	1.05	6.09	0.01	13.46
35-44	1.99	0.97	4.19	0.04	7.34
45-54	2.68	0.98	7.54	0.01	14.66
55-64	2.13	1.11	3.67	0.06	8.38
65+	2.11	1.15	3.37	0.07	8.24
Year in Community: 0-4 year			1.48	0.83	
5-9	0.65	0.62	1.08	0.30	1.91
10-14	0.12	0.90	0.02	0.89	1.13
15-19	0.64	0.76	0.70	0.40	1.89
20+	0.16	0.64	0.06	0.81	1.17
Attended Public Forum	0.15	0.50	0.09	0.76	1.16
Constant	-3.31	1.66	3.97	0.05	0.04

Dependent variable is opposition to SNRFs that house people with drugs or alcohol problems.

	B	S.E.	Wald	Sig.	Exp(B)
Homeowner	0.22	0.44	0.25	0.62	1.24
Aware of Triage	-0.09	0.48	0.03	0.85	0.92
Male	0.32	0.39	0.67	0.41	1.37
Education: < HS			8.26	0.14	
HS	-0.58	0.99	0.35	0.56	0.56
Some PSE	-1.56	1.04	2.26	0.13	0.21
Dip/Cert	-1.02	1.07	0.90	0.34	0.36
Undergrad	-2.01	1.05	3.66	0.06	0.13
Grad	-1.17	1.11	1.12	0.29	0.31
Household Income: <$10,000			1.58	0.81	
$10,001 - $30,000	0.51	0.69	0.54	0.46	1.67
$20,001 - $50,000	0.76	0.72	1.11	0.29	2.13
$50,001 - $70,000	0.59	0.84	0.50	0.48	1.81
$70,001 +	0.24	0.81	0.09	0.76	1.28
Employed	-0.06	0.53	0.01	0.91	0.94
Kids in HH	-0.10	0.41	0.06	0.81	0.90
Age: 18-24			0.62	0.99	
25-34	0.43	0.69	0.39	0.53	1.54
35-44	0.19	0.65	0.09	0.77	1.21
45-54	0.42	0.67	0.39	0.53	1.52
55-64	0.31	0.93	0.11	0.74	1.36
65+	0.35	0.99	0.13	0.72	1.42
Year in Community: 0-4 year			4.47	0.35	
5-9	0.56	0.54	1.09	0.30	1.75
10-14	0.31	0.71	0.19	0.66	1.36
15-19	1.23	0.70	3.11	0.08	3.43
20+	0.93	0.57	2.71	0.10	2.54
Attended Public Forum	0.92	0.46	4.04	0.04	2.50
Constant	-0.46	1.19	0.15	0.70	0.63

Dependent variable is opposition to SNRFs that house people with legal custody problems.

	B	S.E.	Wald	Sig.	Exp(B)
Homeowner	0.62	0.47	1.73	0.19	1.85
Aware of Triage	0.56	0.55	1.05	0.31	1.76
Male	0.68	0.43	2.52	0.11	1.98
Education: < HS			3.34	0.65	
HS	-1.26	1.00	1.58	0.21	0.28
Some PSE	-1.59	1.07	2.20	0.14	0.20
Dip/Cert	-1.65	1.11	2.21	0.14	0.19
Undergrad	-1.82	1.07	2.91	0.09	0.16
Grad	-1.33	1.11	1.44	0.23	0.27
Household Income: <$10,000			3.95	0.41	
$10,001 - $30,000	0.89	0.81	1.21	0.27	2.44
$20,001 - $50,000	0.44	0.84	0.27	0.60	1.55
$50,001 - $70,000	1.31	0.96	1.86	0.17	3.70
$70,001 +	0.38	0.94	0.16	0.69	1.46
Employed	-0.29	0.57	0.26	0.61	0.75
Kids in HH	-0.45	0.45	0.99	0.32	0.64
Age: 18-24			2.10	0.84	
25-34	1.04	0.82	1.60	0.21	2.83
35-44	0.93	0.78	1.42	0.23	2.54
45-54	0.64	0.78	0.69	0.41	1.90
55-64	1.00	0.95	1.12	0.29	2.73
65+	0.97	1.02	0.91	0.34	2.63
Year in Community: 0-4 year			8.59	0.07	
5-9	0.37	0.59	0.41	0.52	1.45
10-14	-0.88	0.93	0.90	0.34	0.41
15-19	1.67	0.69	5.86	0.02	5.30
20+	0.17	0.59	0.09	0.77	1.19
Attended Public Forum	-0.21	0.48	0.20	0.65	0.81
Constant	-1.76	1.39	1.61	0.20	0.17

Dependent variable is opposition to SNRFs that house people in emergency or crises.

	B	S.E.	Wald	Sig.	Exp(B)
Homeowner	1.20	0.55	4.72	0.03	3.32
Aware of Triage	1.72	0.75	5.28	0.02	5.57
Male	0.87	0.50	3.04	0.08	2.40
Education: < HS			3.50	0.62	
HS	-0.47	1.05	0.20	0.66	0.63
Some PSE	-1.01	1.15	0.78	0.38	0.36
Dip/Cert	-0.72	1.20	0.36	0.55	0.49
Undergrad	-0.72	1.11	0.43	0.51	0.48
Grad	-1.88	1.25	2.29	0.13	0.15
Household Income: <$10,000			2.92	0.57	
$10,001 - $30,000	0.78	1.00	0.60	0.44	2.18
$20,001 - $50,000	0.34	1.06	0.10	0.75	1.41
$50,001 - $70,000	-0.05	1.21	0.00	0.97	0.95
$70,001 +	-0.55	1.21	0.20	0.65	0.58
Employed	-0.98	0.64	2.36	0.12	0.37
Kids in HH	0.06	0.53	0.01	0.91	1.06
Age: 18-24			3.63	0.60	
25-34	1.74	1.10	2.52	0.11	5.71
35-44	1.84	0.99	3.42	0.06	6.27
45-54	1.48	0.99	2.24	0.13	4.37
55-64	1.77	1.11	2.54	0.11	5.89
65+	1.44	1.16	1.54	0.22	4.21
Year in Community: 0-4 year			6.63	0.16	
5-9	1.02	0.74	1.92	0.17	2.78
10-14	-0.37	1.05	0.12	0.73	0.69
15-19	1.72	0.83	4.28	0.04	5.59
20+	0.13	0.68	0.04	0.85	1.14
Attended Public Forum	-0.23	0.53	0.18	0.67	0.79
Constant	-4.40	1.82	5.85	0.02	0.01

Appendix J – Additional Comments from Survey

The following is a list of the comments that residents wrote on the final section of the survey.

- More community involvement and public forums that include the community in the decision making process

- Good luck with all your future endeavors

- In favor in movement to disburse treatment of drug addicts from DTES to relatively safe neighbourhoods. Not a threat.

- Not enough parking; inadequately staff ratio.

- To Q11, less confrontational, more info and consultation

- Already have several group homes and homes for mentally ill in area.

- Now that the word is out in an inept way its time to rethink how the public is kept up to speed or informed for the first time about future projects of this nature

- People shouldn't be put in categories boxes. People shouldn't have to live according to their categories all in one area. People should be free to move about.

- Concern is because of the closeness to elementary/high schools

- In order for this and all communities to be healthy, its inhabitants must take an active role, a committed role in the real people in that neighourhood. (unconditional support)

- Didn't attend public forum because it was at night.

- Triage has no idea what they are doing. They putting people in drugs where drugs are sold openly in the street. If they need place put them in Riverview. Why did prov. Govt close the place?

- Good work

- We need to support one another!

- While I don't object to these facilities, they need to be spaced evenly thru-out the city.

- Strongly opposed to any kind of controversial facilities in my neighbourhood.

- Because of funding dollars its hard to effectively improve individuals lives in group home. Consistant staffings and dollars are very important

- Did not attend public forum b/c I knew it would be a zoo!

- I'm concerned about the model of care proposed. Mental illness and D&A requrie very different forms of intervention

- Need more info other days of the week.

- I think this kind of help for people with this illness is fantastic and should be supported by everyone that feels human.

- I think every community should have facilities of this nature. These problem people come from all walks/areas. Help not just the east side. We're all responsible to provide services for them.

- I still have safety issues that I'm concerned with, this community needs more police! Not just the middle of the afternoon standing in the stores saying we don't have much security needs . The youth (boys)are a terrible problem

- Need improvements with traffic and cross walk access to clinic

- Good work. More help!!

- Communication has been the largest problem. The spuply end of drgus in the community should be a priority to protect Triage clients.

- All the best - good luck. We all live together.

- I have no issues with the proposed Triage as I work with youth who are high risk - mental health/d&a/etc

- There's a group home at the end of my block and the kids there smashed my windshield twice and go on my roof.

- Concerned about increase in property crime.

- Forums didn't change anyone's mind. City will do what they want no matter what the neighbourhood says.

- Triage wouldn't be appropriate in this neighbourhood b/c of 3 schools nerby, parks, business. Security proposed is also too minimal.

- Facility be placed in a less conspicuous business area.

- Not distributed enough throughout city.

- Mixing people with d&a abusive problems and mental illness is a bad idea.

- Not helpful to those seeking help due to their addiction/mental illness as the welfare office, drug dealers too vulnerable. Bad choice of address. Need more centers and funding but better/safer address.

- The Triage meetings happened on evenings I had other commitments. I would have liked to attend. I feel that special housing is important but feel it is better to have houses on smaller scale. 30special needs residents in open home is too large

- Not a nice location for them to put this kind of institution. Govt should find somewhere else to put it b/c of schools in the area.

- We need it.

- We are new to community but I would like to integrate this facility with the community.

- We don't want any facility on (sic) our neighbourhood.

- No way in this area against their own bylaws.

- I am fine with having such a facility - the community needs them. However, I want security, and not guard dogs, but within the facility.

- When a meth house opend [sic] down my street my garage got broken in to [sic] 3 times!

Reference List

California State University. (2005). Policy Analysis 670: Establishing Analysis Criteria. Retrieved March 20, 2005 from http://www.csulb.edu/~msaintg/ppa670/p&sch5.htm#EQUITY%20CRITERIA

Cesar, J. *Crocan Construction Limited*, President. Personal communication. December 26, 2004.

Clark, T. (1973). *Community Power and Policy Outputs*. London, England: Sage Publications.

Connor, D. (1988). Breaking Through the 'NIMBY' Syndrome. *Civil Engineering*, 58(12), p.69-71.

Cowan, S. (2003). NIMBY Syndrome and Public Consultation Policy: The Implications of Discourse Analysis of Local Responses to the Establishment of a Community Mental Health Facility. *Health and Social Care in the Community*, 11(5), p.379-386.

Cowan, S. (2002). Public Arguments For and Against the Establishment of Community Mental Health Facilities: Implications for Mental Health Practice. *Journal of Mental Health*, 11(1), p.5-15.

Cowan, S. (1999). Understanding Public Opinion Relating to the Establishment of Community Mental Health Facilities: Implications of a Discourse Analytic Approach. *Journal of Community & Applied Social Psychology*, 9(4), p.289-307.

City of Vancouver. (2004a). *Zoning and Development By-Law, Definitions, Section 2*, p.1-16. Retrieved January 05, 2005 from http://www.city.vancouver.bc.ca/commsvcs/BYLAWS/zoning/sec02.pdf

City of Vancouver. (2004b). *Fact Sheet: Housing 2.3.3 Arbutus Ridge/Kerrisdale/Shaughnessy*, p.1-2. Retrieved December 4, 2004 from http://www.city.vancouver.bc.ca/commsvcs/planning/cityplan/Visions/arks/factsheets/233SNRFs.pdf

City of Vancouver. (2004c). *Special Needs Residential Facility Guidelines*, p.1-4. http://www.city.vancouver.bc.ca/commsvcs/guidelines/S005.pdf

City of Vancouver. (2004d). *Community Webpage – Statistic*. Retrieved February 1, 2005 from http://vancouver.ca/commsvcs/Census2001/Sunset03.pdf http://vancouver.ca/commsvcs/Census2001/RileyPark03.pdf http://vancouver.ca/commsvcs/Census2001/Kensington03.pdf

City of Vancouver. (2001). *How To...Development Permit Process in Vancouver*, p.1-6.

City of Vancouver. (2005). *Southeast False Creek Draft Official Development Plan (ODP) By-Law*. Retrieved March 28, 2005 from http://www.city.vancouver.bc.ca/commsvcs/southeast/draftodp/pdf/section4.pdf

Davidson, J. (2004). City of Vancouver. *Policy Report Other*. RTS 04401, CC File No 4659. Retrieved January 8, 2005 from http://www.city.vancouver.bc.ca/ctyclerk/cclerk/20041102/rr1.htm

Dear, M. (1992). Understanding and Overcoming the NIMBY Syndrome. *Journal of the American Planning Association*, 58(3), p.290.

Dear, M., & Taylor, S. (1982). *Not on Our Street: Community Attitudes to Mental Health Care*. London, Canada: Pion Limited.

Field, A. (2000). *Discovering Statistics: Using SPSS for Windows*. London, England. Sage Publication.

Forester, J. (1999). *The Deliberative Practitioner*. Cambridge, Massachusetts: The MIT Press.

Garr, A. (2004, October 17). MLA Stirring Up Mob's Fears. *Vancouver Courier*, p.10.

Giuliani, R. (1998). *Fair Share Criteria: A Guide for City Agencies*. New York City Department of City Planning: New York.

Gibbons, W., Anderson, D., & Garm, A. (2002). *The Therapeutic Community Treatment Model: Overview and Analysis of Key Themes and Issues*. City of Vancouver. Retrieved December 28, 2004 from http://www.city.vancouver.bc.ca/commsvcs/socialplanning/initiatives/alcohol/pdf/TherapeuticCommunity.PDF

Halstead, J., Luloff, A., Myers, S. (1995). An Examination of the NIMBY Syndrome: Why Not In My Backyard? *Journal of the Community Development Society*, 24(1), p.88-102.

Holden, C., Lacey, A., & Monach, J. (2001). Establishing Secure Mental Health Facilities: The Outcome of Public Consultation Exercises. *Journal of Mental Health*, 10(5), 513-524.

HomeComing. (2003). Yes, In My Back yard: A Guide for Ontario's Supportive Housing Providers. HomeComing, Community Choice Coalition: Toronto.

Housing Centre. (2004). *Homeless Action Plan Draft*. City of Vancouver. Retrieved January 8, 2005, from http://www.city.vancouver.bc.ca/commsvcs/housing/pdf/homelessactplan04nov8.pdf

Kloppenborg, A. *City of Vancouver*, Social Planning Department, Social Planner. Personal communication. October 28, 2004.

Ministry of Community, Aboriginal and Women's Study. (1996). *Towards More Inclusive Neighbourhoods*. Retrieved December 28, 2004 from http://www.mcaws.gov.bc.ca/housing/NEIGHBOUR/index.htm

Ministry of Community, Aboriginal and Women's Study. (1999). *Research Counters NIMBY*. Retrieved January 21, 2004 from http://www.mcaws.gov.bc.ca/housing/NIMBY.html

Ministry of Health Services. *Community Care Facilities*. Retrieved January 8, 2005 from
http://www.healthservices.gov.bc.ca/ccf/

Ostreicher, L. (2002, February). *When the Neighborhood Doesn't Want It*. Gotham Gazette.
Retrieved March 23, 2005 from
http://www.gothamgazette.com/article/20020201/15/658

Piat, M. (2000a). The NIMBY Phenomenon: Community Residents' Concerns about Housing
for Deinstitutionalized People. *Health & Social Work*, 25(2), 127-138.

Piat, M. (2000b). Becoming the Victim: A Study on Community Reactions Toward Group
Homes. *Psychiatric Rehabilitation Journal*, 24(2), 108-117.

Rose, J. (1993). A Critical Assessment of New York City's Fair Share Criteria. *Journal of the
American Planning Association*, 59(1), p.97-101.

Smith, E., & Marquez, M. (2000). The Other Side of the NIMBY Syndrome. Society &
Natural Resources, 13(3), p.273-280.

Stake, R. (1995). *The Art of Case Study Research*. New York, United States: Sage
Publications.

Stein, D. (1996). The Ethics of NIMBYism. *Journal of Housing and Community
Development*, 53(6), 34-35.

Takahashi, L., & Dear, M. (1997). The Changing Dynamics of Community Opposition to
Human Service Facilities. *Journal of the American Planning Association*, 63(1), 79-
93.

Weisberg, B. (1993). One City's Approach to NIMBY: How New York City Developed a Fair
Share Siting Process. *Journal of the American Planning Association*, 59(1), p.93-98.

Whitlock, R. (2004). *Administrative Report*. RTS No. 4638, CC File No. 2605. City of
Vancouver. Retrieved December 23, 2004 from
http://www.city.vancouver.bc.ca/ctyclerk/cclerk/20041130/a10.htm

William, L. & Waugh, J. (2002). Valuing Public Participation in Policy Making. *Public
Administration Review*, 62(3), 379-383.

Wolff, G. (1997). Attitudes of the Media and the Public. In Leff, J. (Ed.), *Care in the
Community: Illusion or Reality?* (pp. 145-187). West Sussex, England: John Wiley &
Sons Ltd.

Yarzebinski, J. (1992). Handling the 'Not in My Backyard Syndrome': A Role for the
Economic Developer. *Economic Development Review*, 10(3), p.35-40.

Yin, R., & Yates, D. (1975). *Street-Level Governments*. Lexington, Massachusetts: The Rand
Corporation.

Yin, R. (1994). *Case Study Research: Design and Methods*. Thousand Oaks, United States:
Sage Publications.

Yin, R. (2004). *The Case Study Anthology*. Thousand Oaks, United States: Sage Publications.