RESIDENTIAL ALTERNATIVES FOR WOMEN
ON VANCOUVER'S SKID ROAD
by
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ABSTRACT

Unattached women with problem backgrounds are repeatedly using crisis related services in Vancouver's skid road. These services consist of emergency shelter accommodation, counselling, and housing referral. The women requiring these services have an urgent problem locating and maintaining stable, long-term housing. Such women are usually between the ages of 19 and 55 years and live without spouses, dependents, or other significant attachments. They are likely to be physically, mentally, or socially handicapped, and unable to support themselves. Most of them are defined by social service and health agency workers as "hard-to-house" in most private market housing.

Members of this group have personal problems characterized by psychiatric difficulties, mental instability, and drug and alcohol problems. Their present residential environment and the lack of suitable residential alternatives, exacerbate their problems, causing extreme psychological and often physical hardships. Agency workers express urgent concern that, while the provision of emergency services may temporarily stabilize a client, the constant moves and the repetition of these services is not only therapeutically disruptive, but does nothing to meet the clients' long-term needs. As most of the target group is unable to cope with independent living and requires 24-hour living supervision, the need for residential care is perceived as a remedy.

There is evidence that the occurrence of deinstitutionalization has added to the numbers of skid road residents by releasing ill-prepared patients or inmates of institutions into the community. Hotels and
rooming house operators express concern over a hard-to-house population who are burdensome. Mental health professionals have expressed concern over the lack of residential alternatives available to former mental patients in Vancouver. The recent trend in the care of deinstitutionalized mental patients in North America, point to the provision of supportive housing. This is housing which provides social supports designed to assist the resident in coping with daily living while integrating into the community.

The purpose of this thesis was to investigate the nature of these women's housing problems in their current residential environment; to discover their dissatisfactions and requirements with regard to housing; to examine the supply of residential options; and to explore the type of residential alternatives that would be most suited to their needs. Three data sources were used: skid road agency workers and their clients experiencing housing related difficulties; key informants in the community involved in the provision of social housing and residential care programs; and the mental health literature.

Interviews with agency workers and their clients found that hotel and rooming houses are highly inappropriate living arrangements for the subject group. Several conditions related to the skid road residential environment were found to render unattached women especially vulnerable to physical and sexual assault and other forms of harassment. These conditions included poor security; limited supervision; discrimination; as well as the fact that women are a minority population. The interviews also found that women prefer safe, secure, self-contained suites or sex-segregated bathrooms and toilets.
The inventory of residential options in Vancouver revealed that most were unsuitable, and of those considered suitable, the supply was extremely inadequate. The mental health literature suggests that residential programs encouraging independent living, have been successful for other populations with characteristics similar to those of the target group. This thesis recommends further study of the population, their capabilities, and the extent to which they can be rehabilitated, as well as the necessary support services required, to be followed by the initiation of a pilot project. The thesis also recommends that skid road hotels and rooming houses be improved in ways that would reduce the hardships imposed on unattached female residents.
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CHAPTER 1. INTRODUCTION

1.1 The Problem

Unattached women with problem backgrounds in Vancouver’s "skid road" are experiencing difficulties related to lack of suitable residential alternatives. Generally, skid road is a "home" for both men and women who, for a variety of reasons are unlikely to find shelter in other urban neighbourhoods. The population of this area is older, less educated, and economically disadvantaged, relative to the Vancouver population. Most of the local residents receive some form of government assistance, and live in housing that is priced within the social assistance maximum shelter allowance. The majority of this stock is generally in poor repair and does not meet the City's physical health and safety standards.

In recent years the special physical and health problems of women on skid road have become increasingly apparent. The female population in this area is between 10-25% of the total study area population, is younger than the male population, and on the average has a worse physical and mental health status than its male counterpart. For example, City Health Department research has found that causes of death and ages at death for women living in the skid road area are highly abnormal, relative to male residents in the area, and even more abnormal relative to the average Vancouver woman. It has been pointed out that these disparities reflect that women's health and social needs are underserved in the area. Other research by mental health professionals suggests however, that these problems are strongly tied to the inadequacy of residential opportunities for this population, rather than the lack of social services.
Staff of emergency shelters, housing referral, and counselling services in the area, express urgent concerns that their female clients have extreme difficulty obtaining suitable housing and that their current living situations impose physical and mental hardships on them. Agency workers report that some clients continually return to emergency shelters due to an inability to cope within the existing residential environment. Women living in the skid road area of Vancouver are likely to be experiencing other difficulties, only one of which is obtaining and maintaining suitable shelter. Evidence suggests that much of this population has psychological problems, making independent living extremely difficult. Moreover, exogenous factors related to skid road lifestyles and living conditions, exacerbate these characteristics and affect the ability of women to locate and maintain stable, long-term housing.

A review of the literature is necessary in order to ascertain whose responsibility it is to provide for the subject group and the way in which this care should be provided. This chapter will review the past and present treatment of skid road and disadvantaged populations and will demonstrate that current programs reflect an integration of Canadian housing and social policy. It will then describe the subject group in the context of the skid road environment and will provide background information concerning their personal-social characteristics.

1.2 The Historical Treatment of the Skid Road Problem

The principal distinction between approaches to tackling the "skid road problem" is whether the phenomenon is defined as a physical one or a social one. Ascribing the responsibility for a "solution" to any one government body is difficult. With the revision of Canada's National
Housing Act in 1949, slum clearance, urban redevelopment, public housing, and urban renewal programs were initiated at the local level. They were designed to provide financial assistance to seriously deteriorating neighbourhoods. In retrospect, housing experts agree that these programs failed because they did not end the "cycle of poverty" inherent in these neighbourhood's residents. As one observer states, "...deeply rooted patterns of living are not changed overnight, simply by improving living conditions". Implied here is that attention must be made to social needs as well as physical needs.

Criticising this "physical" approach, one slum researcher states:

It is the deficiencies, imbalances, and shortcomings of the entire community that produce slum conditions and that must, therefore, be the objective for corrective or preventive action...indirect approaches are likely to have a greater pay-off than direct. Slum clearance for example, will eliminate some physical manifestations of the slum problem but it will not get at the causes, which by now all agree are not primarily connected with deteriorated real estate. Very often slum clearance simply has the effect of moving the slum somewhere else, or hastening the deterioration of another area to which the residents of the cleared slum are forced to move.

The point here is that relocation of residents or redevelopment of a geographical area is not sufficient to eliminate skid roads.

At the same time that some planners were treating the skid road problem as a physical one, local governments and charitable organizations were treating the situation as a social one. The trend for Provincial and Federal governments to assume more responsibility for the unemployed, handicapped, and aged was just beginning in the 1960's. Various agencies identified their roles as social service providers to "Homeless and transient men". In keeping with the attitude that each community must "care for its own", public assistance for this group at this time came largely from charity, churches and missions.
Their concerns were for providing financial and material aid as well as rehabilitative services.

The Canadian Welfare Council's report on homeless and transient men defines the "homeless person" as:

One who is completely cut off from or has no relatives or friends. Though he may be receiving some form of outside support, he has few independent resources, other than the clothes on his back, has no immediate means and in some cases has little future prospect of self-support. He is without a home and lacks most of the social and economic supports a home normally provides. 1

The same report defines a "transient person" as one who is passing through a community and although he is likely to be homeless is not necessarily without a home". Homeless men were believed to be composed of three groups; unattached men who were skid road inhabitants; migratory seasonal or casual workers; and tramps or hobos. 16

The emergence of this population was described in the following way:

Increasingly, the homeless transient man has turned to the large cities where opportunities for work are more available and where resources to meet his needs in times of emergency exist in greater abundance. At the same time, there has developed within the modern industrial city a corps of resident unemployable men, less mobile and predominantly occupationally, physically, or mentally handicapped. Having few resources, the homeless man congregates in older and poorer sections of the city, generally known as skid row. 17

There is virtually no mention of the presence of women on skid road that could be found in the Canadian and American literature. The problem is consistently defined as one attributed to males. The one exception to this was found as an aside in an address made during a conference on homeless and transient men in 1963. A point was made in the summation of the proceedings that consideration must also be given to homeless
and transient females. The speaker described these women as "prostitutes" and lesbians", and speculated that they were likely to be less transient than male members of this group. 18 In recent years the combined efforts of Canada Mortgage and Housing, and the Department of Health and Welfare have attempted to ease the burden on skid road residents. In 1968 it is reported that the Federal Minister of Labour made a range of program assistance available for residents of rundown urban areas. These included physical, social, education and health objectives and also included the work of private social agencies. 19 The main emphasis however, seems to rely on local governments.

1.3 The Integration of Housing Policy and Social Services

The responsibility for providing for skid road women cannot be seen as any one social, health, or housing problem. However, the Canadian Conference on Housing held in 1968, sponsored by the Canadian Welfare Council, produced arguments from representatives of all these fields which support the idea that housing policy should encompass social services as it directly impacts the poor and homeless. Several Conference contributors explained why housing planners should take a stronger direction in providing for this group. Some of their arguments are presented here as follows.

The content of the Conference proceedings indicate a trend in Canadian housing policy calling for an integration of both physical and social planning. This concept is based on the premise that housing is more than shelter and that public policies regarding housing should consider the physical, social and economic context of a community, as well as the dwelling itself. Furthermore, this line of thinking addresses the issue of poverty by inferring that social policy alone
cannot eliminate social inequities. One participating housing policy analyst states:

"Housing policy must address those with housing problems closely linked to poverty problems, as housing is a central feature of our living standards and plays a large part in determining our life chances and social status."^{20}

These considerations are directly applicable to the subject group of this thesis. In discussing "those belonging to a culture of poverty" such as those in depressed areas or downtown neighbourhoods, Wheeler states that the lives of people who are physically or mentally handicapped, or those who never recovered from a crisis, are preserved and eased by better housing conditions. He suggests that "people who are more vulnerable to crises which may therefore develop into long term dependencies" require different type of strategies. The solution for deprived downtown neighbourhoods is "long-term planning which provides wider opportunities for people in these areas".^{21}

The concept of public housing is strongly supported by those in the social and health care field who believe that economic and social priorities must be linked with each other when devising housing policy.^{22} One Canadian housing policy expert believes that governments should regard their housing responsibilities as an aspect of their welfare policy and that the local community is responsible for providing housing for low income groups. He asserts that the objectives of re-distributing income cannot be obtained unless housing is allocated to meet social priorities:

"Governments intervene in the housing field to house special groups - homes for the elderly, disadvantaged children, delinquents, discharged mental patients and others, most of whom need special treatment."^{23}
The attitudes reviewed here provide convincing reasoning regarding the necessity for housing policy to go beyond the role of providing mere physical shelter. The positions reviewed here are summed up by a statement made during the conference in a policy workshop on housing and social development:

It is recognized that good housing is in itself not sufficient to supply new hope and opportunity to people. What is required is a more effective integration of social and physical planning so that the material character of the environment are accompanied by an enlargement of possibilities for social development and justice. 24

Social policy also extends to health considerations. Colburn, a National Health and Welfare medical consultant, believes that housing policies for the poor must be co-ordinated with personal health services and social development, and must fit into a community plan. He stresses the need of health services in planning for housing, especially for the chronically ill, the aged, and the handicapped, and suggests that planning to meet these objectives requires the input of more than the housing department alone. He argues that "healthful" housing is "livable" housing and that this implies "complete social, physical and mental well-being, not just survival and absence of disease". 25

This argument is strengthened when considering that the Health Department displays a minimal interest in the specific subject of housing, despite the inference of causation and the interrelationship between poverty, crowding, poor sanitation, and mental and physical illness. The logic here is that although one's basic need is for housing which provides protection against death, disease, and injury, social well-being is also a fundamental requirement of housing. This position is summarized in the following statement:
...the potential benefits of good housing should not be underestimated, particularly when integrated with a full range of supporting services geared to deal with the special needs and problems of the people for whom they are provided. 26

From the above viewpoints it is clear that economic, health, and social considerations must be included when planning housing for skid road residents. For sub-populations of skid road such as the women studied here, arguments presented by the preceding public policy representatives point to the obligation for providing special housing designed to meet the needs of this population.

1.4 The Purpose of this Study

The focus of this study is on unattached women with "problem backgrounds" who live on skid road. The term "problem backgrounds" refers to women who are clients of social and health care agencies. The word "unattached" is used in preference to "single" to emphasize that it is a social, rather than a legal designation of marital status. It implies an absence of ties to other dependents as well as a legal de facto mate.

For purposes of this study, these women are between the ages of 19 and 55, as those under 19 are not eligible under Ministry of Human Resource (MHR) guidelines for financial assistance 27 and those over 55 are eligible for social housing as seniors. This group characteristically have personal-social problems, which prevent them from improving their status. These women receive incomes well below the official poverty line and are likely to be without family or friends capable of offering support or other resources. In fact, most of this group have mental, physical or behavioural traits which render them "hard-to-house". This means that they have characteristics which
make private market housing unsuitable for their needs. They are also likely to be burdensome to most private landlords. Without 24 hour supervision, the physical and/or mental health of many of these women is in jeopardy.

Agency workers in the skid road area, express an urgent concern for their clients' often life-threatening situations. As much of the workers' time is spent providing housing-related assistance, they view the problems of their clients as a housing problem. Their services include the provision of counselling, emergency shelter placement, and housing referral and relocation. While the need for these measures appear to be legitimate, the agency workers perceive these stop-gap services as both costly and inadequate, and as an increasing source of frustration.

The occurrence of repeated use of emergency shelter and services by some clients and the lack of suitable placement facilities precipitated research by those responsible for planning and delivering services. The results of this research relevant to this thesis will be presented in Chapter 2. Agency workers perceive the problems of these women as ones which may be ameliorated by the provision of suitable shelter, which would take the form of a residence combined with support services. Support services can range from homemaking services to life-skills training. This type of residential care is a recent and successful form of after-care program used for former psychiatric patients, in an attempt to integrate them into the community and prevent re-hospitalization.

The present form of treatment for the subject group points to the use of emergency shelters as a very short-term stop-gap.
Emergency shelters provide temporary accommodation for people in crises who require food and shelter. They are funded largely by the Ministries of Human Resources and Health, and the City of Vancouver. Staff provide some assistance with obtaining social assistance, health care and other community resources. There are three emergency shelters in the skid road area, one of which is for women only, with or without children. Admittance to an emergency shelter is gained by referral through the MHR's "bed index" at Emergency Services, which also is located in the skid road area. Most of the subject group are referred by MHR workers, hospitals, or other agencies.

It is recognized that assisting this subject group involves more than addressing their shelter needs. These women also require the kind of care and opportunities that will reduce their dependence on social services and help them integrate into society. Alternatives are needed which will combine shelter with various levels of care and support services. Research indicates that similar populations have benefitted from this type of residential program. The suitability of this type of treatment, known as supportive housing, will be explored in this thesis as a possible alternative for these women.

The purpose of this study is to examine the problem of shelter provision to an "at risk" population living in an atypical neighbourhood, the skid road environment. Agency workers report that a female client is released from an emergency shelter in an improved physical and mental condition, but is not closer to a resolution of her shelter problems. Due to her inability to cope in her current residential and social environment in the skid road area, she eventually again requires emergency shelter and services. When the above is considered
in relation to the fact that it costs the public approximately $390.00 per month per person for emergency shelter accommodation and $64.00 administration cost for each emergency shelter placement, it is evident that a thorough study of the situation is not only desirable but necessary. It could result in recommendations that could lead to more effective use of public funds while improving the quality of life for many women.

From a cost effectiveness viewpoint, it is difficult to estimate the cost of supporting this group for which the community in return receives so little. Recent trends in mental health services indicates that a more positive approach is necessary if we are to alleviate this groups hardships and attempt to stabilize them. The physical and mental suffering that these women endure, due to inadequate shelter and care, cannot be measured. Providing shelter, combined with co-ordinated and appropriate services, may be far more beneficial than the current emergency band-aid approach. In addition, it could reduce the demand for costly acute care in hospitals and emergency shelters.

The provision of supportive housing is a major step which must be considered when planning improvements to the social service and health care delivery system for these women. As their requirements must be studied before alternative living arrangements are proposed, this thesis is intended to identify the special care required for this group and the forms in which it should be provided. The research therefore, examines the difficulties of unattached women with problem backgrounds within this context and examines appropriate alternatives. The following questions are addressed regarding this population:
1. What is the nature of their housing problems?

11. What are the present physical conditions and social circumstances in their current housing and why are they unsuitable?

111. What are the existing residential options?

1V. What are the minimal housing requirements that would satisfy their basic physical and personal-social needs?

The research will answer the first two questions by interviewing both agency workers and residents familiar with the unsuitability of the present skid road accommodation. The third question will be explored by compiling an inventory of options existing in Vancouver. This will be obtained by interviewing key informants in the field who presently provide for people with characteristics similar to these women. The fourth question will be addressed by examining the literature for examples of successful alternatives in order to suggest a model which may be appropriate for the subject group.

The topic of this thesis is of recent origin as it sheds light on a subject which has been traditionally dealt with in the literature as a phenomenon particular to older males. To date, the presence of women on skid road has been largely unreported or ignored. This topic received attention by Vancouver City Council in October, 1979, when these women were identified by Council as a priority group in need of housing. Since then, the information from this study has proved to be useful to those planning health care and social services for women who are dependent on these services for their care. It is also of value to those dealing with the skid road problem in general.
1.5 **Organization of this Document**

The material is presented as follows. Chapter 2 will present the background information on approaches to the skid road problem and the "homeless"; a more in-depth look at the subject group of this thesis; and an examination of the concept of supportive housing. Chapter 3 will present the findings of the interviews with residents and agency workers, and Chapter 4 will discuss these in relation to the findings of the residential options inventory. Chapter 5 will draw conclusions from the findings and will discuss planning policy implications.
FOOTNOTES - CHAPTER ONE


³ R. Bakan, "Report on Health Status of Census Tracts 57, 58, 59 "Vancouver: City of Vancouver, Health Department and Planning Department, December 19, 1978)."


⁵ D.M. Beggs, "Cost of Community Workers Services on Behalf of Clients with Psychiatric Illnesses Who are Very Difficult to House and Maintain in the Community" (Vancouver: City of Vancouver, Health Department, 1979) (Mimeoographed).


28 Lee with Angell, 1980.

29 Lee with Angell, 1980.


31 Lee with Angell, 1980.


33 Beggs, 1979.

34 Beggs, 1979.

35 See Appendix I for a description of participating agencies.

36 Personal comment by R. Shearer, Social Planner, Vancouver City Hall, (September, 1981).

37 Personal comment by A. Mears, Social Planner, Vancouver City Hall, (September, 1981).
CHAPTER 2. BACKGROUND

2.1 Types of Residential Options

Community residential programs were developed as a response to a reduction in the use of institutions as the only form of residential care. The process of "deinstitutionalization" occurs when people are released from costly government institutions into community-based centers, where they can live and be provided with community supports. Deinstitutionalization recognizes that "access to diverse forms of social and physical relationships are important sources of self-esteem and support."¹

Living arrangements of former institutionalized patients has commanded a greater priority in mental health planning over recent years.² In Ontario, the Ministry of Community and Social Services supports a variety of community based housing alternatives. The objective of these homes is to move people through progressively more independent living situations as their life-skills training prepares them to cope with day to day living. The types of homes available range from those suited to the multiply handicapped, to those people with temporary or short-term difficulties. Possible living arrangements such as co-op apartments; boarding homes; group homes; group apartment living; "half-way" or transitional residential living; and residential services in a psychosocial rehabilitative context have been developed in most North American communities.³ The following section describes various kinds of residential programs, and illustrates how the expectation of independence and self-support is an important rehabilitative aspect in housing the mentally or socially disabled.
2.1.1. Special Needs Housing

Special needs housing is a term used by those in human resources involved in the deinstitutionalized care of the physically or mentally handicapped by way of a residential rehabilitation program. "Special needs" refers to special design or support services not normally provided in modest priced or private market housing. The goal of special needs housing is to provide sheltered, secure, long-term housing designed to meet the special needs of a particular population.

This type of housing program embodies a strong rehabilitative component in that it attempts to "normalize" its residents. "Normalization", a process that aims at integrating and absorbing the handicapped as undifferentiated citizens, warns against overprotection and segregation. Health care researchers believe that institutional living isolates individuals and prevents them from obtaining support and care. This approach and practice has been replaced by those studying special needs housing with the idea that those with special housing needs should be treated as part of the population as a whole and kept out of institutions whenever possible.

Current social research on special needs housing, reflects the importance of the living environment as much more than shelter. Special needs housing incorporates elements such as concern for privacy, status, security and comfort, as well as the relationship between design and one's chosen living style. Added to this concept of shelter is "a concern for care, as some people with physical and mental handicaps have limited abilities to cope with daily living".
2.1.2. Residential Services and Supportive Housing

Supportive housing is the mental health field's response to the accommodation needs for the deinstitutionalized. Unlike special needs housing, it does not necessarily require that a client's needs are for "permanent" housing, nor that the support service be provided within the residence. Residential services are viewed as an important aspect of community care, aimed at "normalizing" clients by providing support services to the living situation and are known locally as supportive housing. A support service is any service which assists the client in coping with daily life. These are services designed to meet the accommodation needs of deinstitutionalized mental patients.

The effectiveness of residential services is highly dependent upon the degree to which individual client needs are met. Griffiths, an expert on this topic, points out that living alone in a light house-keeping situation, a common living arrangement for many ex-mental patients, does not meet the individual's "coping skills", or provide an "opportunity for experiences" which will strengthen these coping skills. He proposes a theoretical spectrum of "living accommodation resources" to meet the experiential and learning needs of the client. These resources would be developed in ways that would modify an individuals' behaviour and coping skills with the goal of eventually living independently of such a program.

The types of living accommodations on this spectrum vary according to the scope and range of the "emotional or mental problem of the client and the range of social resources available to that individual". Each arrangement must provide the opportunity for movement to a more independent and autonomous situation, while providing stability and the potential
for self development. Types of living arrangements, in order of least supervised to most supervised are: independent living, supervised apartment living, supervised boarding home living, and group home living. Support services provided would be in the nature of guidance, instruction, and supervision, provided by a staff ranging from visiting therapists and homemakers, to 24 hour live-in caretakers. The suitability of these types of arrangements for individuals vary according to the situational problems of an acutely ill or chronically ill person and the extent to which their personality is poorly or well integrated.

Fountain House, located in New York City, is an example of one type of supportive housing program. It operates a combined day care, employment, and housing program in a converted hotel. The facility teaches ex-mental patients some of whom have been hospitalized for years, to adapt to community life, to earn their own living, and to ultimately live on their own. Programs such as this are known to be successful because they operate on the premise that residential care, vocational counselling, skill training and on-going therapy must be integrated for optimal rehabilitation. In this way, the living arrangement provides a network of community support systems. A successful rehabilitation program requires workshop services, after-care training in daily living skills, and opportunities for socialization.

A local example of supportive housing is that of the Coast Foundation Society housing program in Vancouver, which operates two complexes in different locations for former psychiatric patients. It is funded mainly by the Provincial Health Ministry and facilities were obtained through CMHC funding. Coast's community based treatment method is designed to combat a high recidivism rate from psychiatric
institutions, and combines a residential, lifeskills, and recreation-resocialization program. The program is for people who do not require personal care, but who need social supports only in order to stabilize. Residents live independently in apartment blocks, which are minimally supportive. This means that there are minimal services and supervision attached to the living environment. A housing co-ordinator is responsible for liason with community care teams, therapists, and other Coast Foundation programs, and provides individual encouragement and support. Each building consists of approximately 20 studio suites, requiring housekeeping and maintenance by each unit's occupant.

Mental health professionals in Vancouver view the Coast Foundation housing program as successful in meeting its objectives "to stabilize living patterns in the community with minimal supports". The clients had characteristics of behaviour maladjustment, psychiatric disorders, and drug and alcohol problems, and were judged to be in need of a "supportive environment", "the development of interpersonal skills", and "time structuring". An evaluation of the program conducted by the Provincial Health Ministry found that 8 out of 20 residents had improved in a one year period, while the rest showed no improvement. A shift towards more independent living situations after a 9 month residency, and a decreased use of inpatient facilities was discovered.

2.1.3 Residential Care Facilities and Boarding Homes

Residential care facilities and boarding homes are less independent forms of living arrangements than the ones outlined in the previous section and are geared to a population whose chances for eventual independence are less optimistic. Residential care facilities are provided by the Provincial Health Ministry for the treatment of individuals who need
assistance in day to day living. They are geared towards populations who need both temporary and long-term assistance for a variety of reasons. Target populations can include the infirm, physically handicapped, mentally retarded, mentally or emotionally disturbed, drug and alcohol dependents and victims of domestic abuse. Whatever the particular problem of the individuals, the treatment provided is delivered according to their needs. Program titles and criteria may vary from province to province, but funding for operation and staff is generally provided by health and social service budgets and may even be provided on a cost sharing basis with municipal, federal or private sources.

To some extent, Vancouver has attempted to address the skid road problem by providing facilities of the kind described above. These are spread throughout the community in residential neighbourhoods. Presently there are a few agencies in the Downtown Eastside area that offer these type of services, but they are in the form of short-term emergency shelter. However, the prospects of placing any residential care program located in or close to the skid road area, casts doubt on the effectiveness of the rehabilitative aspects of that program. Considering that skid road represents "a lifestyle that is clearly separate from the mainstream of activities and responsibilities associated with the family, work, politics, and leisure", it may be counterproductive to provide residential care in this setting.

One type of residential care facility sponsored by the B.C. Ministry of Health, is the Mental Health Boarding Home program. The goal of this program is to assist patients to function successfully in the community. Boarding Homes can be operated by a private individual in the community.
or a society. The operator must provide adequate food, lodging, and laundry services, supervise medication, and keep proper records and accounts. Residents can include one or more members who must be assessed by the Province's Long Term Care program. This assessment is necessary in order to match the client with appropriate facilities, such as personal care homes, or intermediate care homes for persons with multiple problems. Some clients may be in need of continuing services and care, while others may be in need of rehabilitation.21

In recent years there has been a deep sense of frustration and concern on the part of professionals dealing with the problems of people with psychiatric difficulties in Vancouver.22 A need is perceived for housing facilities offering a continuum of services starting with crisis, to transition (1-6 months), to medium and long-term (7 months to permanent), in order to prevent hospitalization or rehospitalization. Strong support exists for the provision of apartment housing and group living homes for post-hospital care and rehabilitation.

It is believed that apartment complex and group living arrangements are more effective than traditional forms of residential care, such as boarding homes and halfway houses.23 This is because boarding homes are seen as "end of the road facilities" which lack "privacy and individual attention" and encourage apathy and dependence.24 Apartment living with home support services, such as workers teaching life skills necessary for independent living, are stressed as favourable alternatives. Effectiveness is measured in terms of "decreased re-admission, less stigma and dependency, and a higher level of community involvement".25 It is considered that apartments are cheaper, avoid complicated licensing
procedures, and encourage residents to have a higher expectation for functioning in a "normal" environment. They are particularly effective when integrated with vocational rehabilitative services.

2.2 Environmental Attributes of Rehabilitative Housing

A recent trend in the form of medium-long term facilities suggests housing no more than 15 people with psychiatric difficulties as any more would create a "mini-institution". It is recommended that the "concept of maintenance" be considered equally important as that of rehabilitation. One example of a "congregate living program" for the mentally ill attributes its success to simulating a life of independence while providing support services. The supports made available to ex-patients who lived independently in apartments dispersed in the community were a 24 hour on-call service and involvement in a day hospital or after-care program. The apartments continued to be sublet to the residents if they participated in a job, school, or rehabilitation activity five days a week.

There are several other models that offer examples of the effectiveness of different forms of residential care for different client types and suggest guidelines for rehabilitative treatment. The rehabilitation process has been defined by one author as "the resocialization and behaviour organization of the individual according to the norms, values and expectations of the larger community". This theory holds that when planning housing for persons with long histories of personal and social failures, housing as a microcosm of the community must reinforce the social skills necessary to cope successfully within the community. An evaluation of a group apartment sharing program for the mentally and socially disabled emphasized the rehabilitative aspect of living as a
family, particularly with regard to decision making and performing various household tasks. \(^{31}\)

One local theoretical paper on the role of boarding homes points to "self-esteem", "autonomy" and "self-actualization", as important rehabilitative needs in one's environment. \(^{32}\) The authors note how, in the case of Coast Foundation residents, the importance of interaction with others led to a greater degree of self-confidence. It is suggested that for those with a "higher level of chronicity", a more "structured, nurturing milieu" may be required. \(^{33}\) Environments which emphasized the "learning of living and socialization skills" and "an expectation of a fairly short-term stay" is necessary for those who have the capacity to change. The belief here is that the program must provide an opportunity in a controlled setting for the client to progress through his or her needs for "self-esteem", "autonomy" and "self-actualization" while involved in a support and follow-up system. Group living situations should involve living skills, education courses, and recreation and activity programs in order to assist progression. \(^{34}\)

In support of the preceding evidence that rehabilitation programs should vary according to client needs, one author suggests that there are two types of activity for the care and treatment of the disabled. In various types of residential facilities, characterized by the expectation of change and movement to greater self-sufficiency, the key link to effectiveness is the placement worker. This person must ensure that appropriate applicants are matched according to client type and facility available, as wrongly placing residents can have destructive consequences, especially in small community boarding homes. Furthermore, factors such as location, access to public transport, links to community
services, and the number of other residents and staff, play a major rehabilitative role in the residential program.\footnote{35}

Deinstitutionalized psychiatric patients are characterized by "low income, isolation from families and an inability to function independently".\footnote{36} In this way, they have characteristics similar to some members of the skid road population, particularly those who are the subject of this thesis. The recent trend in planning for those with psychiatric difficulties or those otherwise socially disabled, is to develop a range of community residential settings corresponding to their housing and care needs. As was outlined in Chapter 1, housing policy should reflect concerns for an individual's general well-being by the provision of combined housing and social services. Supportive housing addresses both the housing and social needs of these type of populations. As a rehabilitative form of residential care, it is the most desirable option for the target group. The following section describes the target group and helps to explain why this alternative is preferable.

2.3 Skid Road Women in Vancouver

Vancouver's skid road is contained in an area referred to as the Downtown Eastside. The study area is in Census Tract 57 and 58, which is similar to the Vancouver City Planning Department's Area 1.\footnote{37} Its boundaries include the waterfront on the north, Hastings Street on the south, Main Street on the west and Clark Drive on the east. A major commercial strip and Chinatown is located on its west fringes.

The area is characterised by its numerous residential hotels and rooming houses. These buildings were originally built in the 1900's to house single, male, migrant workers and are considered unsuitable
for permanent accommodation. Four of these hotels are operated by the City and are in good repair. Other types of housing include single family dwellings, occupied by a largely Chinese and Japanese population, and some apartment buildings, including three recently constructed buildings which are owned and operated by the City. Many of the privately owned hotels operate beer parlours, which cater to patrons both from within and outside the area.

There are several data sources that describe the housing conditions and social environment of Vancouver's skid road area. Most of these do not deal with women residents specifically or establish relationships between housing and sub-groups within the study area population. However, some of the data from these studies may help to establish a context for the housing-related problems of skid road women.

One study conducted by a City Health Department researcher, offers some pertinent comparisons of this area's inhabitants to the rest of Vancouver. Almost 70% of area residents had incomes below $3,000.00 per year, as compared to 36% in Vancouver, and 90% were found to be dependent on government assistance. According to the author of the study, Dr. Bakan, 62% had no higher than elementary school education as compared to 33% in Vancouver, and the unemployment rate was 41% in the Downtown Eastside area, as compared to 11% in Vancouver. She also found that the population has poor health, as evidenced by the following trends in the Downtown Eastside area:

- a higher hospital rate compared to the rest of Vancouver
- the occurrences of all deaths in the city from TB
- levels of alcoholism and drug abuse, often used as indicators of mental health, were related to death caused by accident and suicide
- the rate of suicide in the study area was approximately five times that of the rest of the city.

Women constitute a minority of the community; they account for somewhere between 10-25% of the total population. Estimates of the numbers differ because of the different geographic boundaries and different population sampling. Estimates of numbers of women range between 327 to 530. Men have an average age of 54 years and women have an average age of 46 years. Because of the small numbers, and/or their limited visibility, these women have been given less priority in the skid road area. Consequently, their needs have been overlooked by providers of social and health services. Women's poor physical and mental health status, compared to the male population, reflects this assertion.

Their vulnerability is made especially clear in the Bakan report. By analysing death certificates issued in Vancouver in 1977 according to census tract areas, Dr. Bakan determined overall causes of death, ages at death, and "years of life lost". The data offers some alarming indications of the inferior health status of women in the Downtown Eastside, relative to males in the area and the average Vancouver female. The major findings which are particularly illuminating about the health status of females in the skid road area are as follows.

The leading cause of years of life lost for women in the Downtown Eastside is from cirrhosis of the liver, while heart and circulatory disease is the leading cause of death for both sexes in B.C. and Vancouver. Dr. Bakan also found that study area females die at younger ages than their male counterparts and at very much younger ages than their Vancouver female counterparts. The data shows that skid road women die at an average of 14 years younger than their male counterparts.
in the study area and an average of 18 years younger than the average Vancouver female.

Dr. Bakan notes a lack of informal support systems for women in the skid road area. She concludes:

These discrepancies indicate that females in the study area are much more vulnerable than males to the hazards of life characteristics of their environment. Females comprise a much smaller proportion of the population in the study area than they do in Vancouver, (only 15%). Their limited presence may have diminished their visibility to those who plan and provide health services. This is unfortunate, since, despite their smaller numbers, they may have greater need for health services than do males in the area.

Other City Health Department research offers some mental health indicators regarding skid road women. Dr. Beggs' study questioned staff of 14 social service agencies dealing with "hard-to-house" clients with psychiatric disorders, in the North Health Unit area of Vancouver. These were clients who could not be maintained in existing housing because of their psychiatric illnesses or their disruptive behaviour. The majority of responding agencies were in the Downtown Eastside area. Dr. Beggs found that for a three month period in 1979, approximately one third of the clients were women. Ninety one percent of the total were categorized as suffering from psychiatric illness and of these, 34% were female. This is evidence of a greater utilization of mental health services among females, but only suggests that females are more psychiatrically disturbed than their numbers in the population might warrant. Women are only 10-15% of the area's population.

No evidence exists which indicates where women on skid road come from or what circumstances brought them to the area. The confidentiality of agency files or the absence of such data collection procedures makes
information on the number of the target group difficult to obtain. However, there is some evidence that deinstitutionalization of mental health and retardation centres has inflated the numbers of skid road residents. In Ontario, it recently became apparent that when emotionally disturbed and mentally handicapped people were released into ill-prepared communities, they began showing up on skid roads, suffering from neglect. Dr. Beggs' study on the hard-to-house population provides evidence that a similar phenomenon is occurring in Vancouver. She found that almost one third of her study population had a psychiatric treatment facility as their last address. In addition, it is well known by Vancouver mental health workers that housing alternatives in the community for discharged mental patients are few, and that skid road becomes a home to many former mental patients who are not involved in a supportive housing program.

2.4 Housing Issues of the Target Population

The Downtown Eastside Women's Centre conducted a survey of the attitudes of women in the area towards their housing, community and lifestyle in 1977. Although the sample included residents of all type of dwelling-units and included both attached and unattached women, some of the findings are relevant to this research and are summarized as follows:

(a) Female Population Characteristics

It was estimated that 1200 women lived in the area and almost half lived alone. The ethnicity of the sample was broken down equally into Caucasian, Native Indian, and Chinese. The latter group, who were older, perceived themselves to be better off in all respects. The majority of women, 78%, perceived themselves to have chronic physical health problems, and 8% indicated they had chronic mental health problems.

(b) Housing

Forty-eight percent of the sample, lived in housekeeping and sleeping rooms, 17% in apartments, 22% in houses and
10% in government lodges. Those in their own homes or in government lodges, indicated they were the most satisfied with their accommodation. According to interviewer standards, other lodgings ranged from "dingy" to "barely adequate". The least degree of "support" or "neighbourly feelings" was found in a government lodge and a few smaller hotels. The main satisfactions were "good landlord", "quality of accommodation", "poor supervision", "bad neighbours" and "expense". As a reason for dissatisfaction, "quality of accommodation" was more important than "poor management" and "un-cooperative landlord".

(c) Community

The study found that over 50% of the sample had lived in the area for over seven years and that those who lived there the longest had the most positive feelings towards the area. The most recent migrants to the area were said to be attracted by "inexpensive rooms and eating places" and "walkable access". Reasons given for liking the community were convenient location and close proximity to friends, relatives, shopping, Chinatown, agencies and social life. Reasons for disliking the area were related to "drinking", "noise", "bad area", "rough", "bad social life", and "theft". Almost half of the respondents perceived "alcohol" and "violence" to be the major problems in their lives. The study indicated that 53% of the sample stated that they did not have a close friend to talk to. It concluded that "poor physical and mental health, chronic poverty and constant moving, were isolating factors for women in the area".

Lee with Angell documents 65 unattached female clients of social service agencies in the Downtown Eastside who had difficulty finding suitable housing during the month of August, 1979. The data revealed that of the 65 women studied, the majority (73%) were Caucasian, 58% were receiving government assistance, and 63% were considered "hard-to-house". Of the women described as hard-to-house by the respondents, 75% had two or more presenting problems at the time of initial contact with the agency. The most commonly presented problem request to these agencies was for housing, followed by counselling services, and psychiatric mental health assistance. Women in the hard-to-house category,
requested either long-term (43%) or emergency (42%) housing.

Ninety percent of these women were seen by responding agency workers to have chronic and crisis-type personal problems, which affected their ability to remain housed. Agency workers' descriptions of problems affecting the study population's ability to obtain stable housing were categorized as drug and alcohol abuse, mental instability, and psychiatric problems. The latter category encompassed problems which were expressed in terms of "poor life skills" or "inability to cope". A total of 464 unattached women between the ages of 19 and 65 were reported to have requested housing-related assistance from the participating agencies between January and April of 1979, an average of 116 requests per month. Based on returned figures, the study indicated that 49 women in the month of August, 1979, could have been placed in some form of supportive housing if it were available.

2.5 Vancouver's Response to Skid Road Residents' Needs

The Downtown Eastside area provides affordable housing for single room occupants who have limited incomes. As previously mentioned, most of the population is generally living well below the poverty line, is poorly educated, and is largely unemployed. Some agency workers in the area have described it as a "dumping ground" for society's misfits; a place the "have-nots" drift to when they have nowhere else to go. The total population is estimated to be between 2,200 and 5,300. The area is reported to be almost entirely comprised of older single men living alone.

In Vancouver in the early 1960's, services to skid road residents involved several agencies as well as the City of Vancouver in the provision of financial aid, shelter, food, clothing, day and evening care
programs, employment services, and alcohol treatment. The City's Social Service Department provided social assistance allowance and other agencies provided some emergency assistance and cheque administration. Some shelter was provided by charities in the form of hostel accommodation. Social service providers proposed the following action for this population: extensive research, public and agency education, a day center, specialized services to alcoholics, and improved hostel accommodation. It is also important to note that a need was identified at this time, for a central registry for residents, as agency services delivery was not co-ordinated.  

The manner in which these services have been delivered has not changed substantially since that time, but the number of services and staff have increased in the skid road area. The City of Vancouver and The Province of B.C. and various charitable and non-profit organizations allocate funds, often in the form of grants, to skid road agencies to provide a variety of emergency and social services. Accommodation in the skid road area has been provided on a more permanent basis in the form of social housing, financed with the assistance of federal and provincial funds. The Provincial government, through the Ministry of Human Resources, has offices in the area which disperse financial assistance and counselling. Provincial health services are offered by a mental health community care team, a medical clinic and other health related programs.

The overall planning concept appears to be a problem-centered approach, based upon the identification of individual needs and the provision of services to meet these needs. Agency representatives in the area, are aware when they apply for public funding, that they are
competing against each other for limited resources. The current argument against providing more programs in the area is that these services may attract more potential skid road residents and in effect compound the social malaise inherent in this neighbourhood. 59

The housing conditions in the Downtown Eastside have been and are still the focus of much controversy among skid road residents and property owners and Vancouver City Hall Council. The Downtown Eastside Residents' Association (D.E.R.A.), 60 and the Downtown Housing Implementation Committee (D.H.I.C.) 61 reports focus on housing conditions and housing needs of the residents of hotels and rooming houses. Both these reports are concerned with investigating and improving the conditions of the deteriorating housing stock. They state that housing conditions in these type of dwellings are inappropriate for permanent accommodation.

The City has found that the by-law enforcement over the years has been an ineffective means of solving this problem. City officials feel that the economic viability of these rental units is marginal. 62 This is due not only to the age of the buildings, but to the transitional nature of the area, due to pending redevelopment. The City has recently introduced a by-law intended to upgrade housing without closing down hotels by assisting as well as penalizing negligent hotel and rooming house operators. 63

Hotel operators consistently raise concern over a hard-to-house population which is estimated, by recent reports on the skid road area, to be 5-10% of hotel and rooming house residents. These people are described as "chronic alcoholics, whose behaviour when they are drinking is disruptive and/or destructive", or are people who are "either anti-
social or mentally unstable, whether drinking or sober". It is noted that special living accommodation is required by this group and that some form of managed public or non-profit housing should be considered to house this population.

In 1979, representatives from agencies providing housing related assistance formed The Society for Women's Residences, and commissioned a study of the housing needs of women on skid road. This study provides a profile of the target population and is described in Appendix IV. It forms the basis for the research reported in this thesis.

2.6 Methodological Approach

There are two hypotheses to be tested here: one concerns the unsuitability of the present skid road accommodation and the other concerns the lack of suitable residential alternatives in the larger community. Two data sources were used to gather information regarding the above. One source consists of the agency workers in the area and their clients, and the other consists of those representing housing and residential programs which could be seen as possible placement alternatives for members of the target group. The data collection method used for each is presented under the titles "Interviews", and "Inventory of Residential Options in Vancouver".

2.6.1 The Interviews

In order to obtain a perspective regarding the existing housing available to the study population in the Downtown Eastside, interviews were conducted with social and health agency workers who regularly came into contact with clients having problems related to housing. All those interviewed were from social service agencies listed in Appendix 1. Seven in-depth (thirty to forty-five minute) interviews took place.
during the working hours of agency worker's in their place of employment. Five unscheduled partial interviews were also conducted. These interviews were not chosen at random, but informants were selected mainly because of their awareness of the situation and their availability to the interviewer. The data is therefore, not intended to be representative, but to be descriptive.

To obtain a picture of the housing situation from the perspective of women hotel and rooming house residents, some participating agencies were asked to arrange interviews with a typical client who had lived in the study area as a single room occupant and who would be willing to talk to a researcher. Appointments were difficult to arrange and interviews with these women were often unplanned and informal. The interviews were obtained from female clients of emergency shelters and the Downtown Eastside Women's Centre. It was known that previous researchers from the Downtown Eastside Women's Centre and from the Social Planning Department had encountered problems in the course of their research with hostile attitudes of local hotel and rooming house managers. It was therefore considered unsuitable to solicit information from typical residents of the hotel and rooming house premises.

Of the three shelters in the study area, one was unable to provide a resident willing to be interviewed. The residents referred by the Downtown Eastside Women's Centre for interviews, were not necessarily receiving housing-related assistance at the time of the interview but were in need of this assistance occasionally. The most important screening criteria for an informant was that she was or recently had been, a single room occupant in the study area and that she was currently or had been a client of one of the participating agencies. Again, those
interviewed are not considered to be representative of all women in the study area who are hard-to-house. Their experiences and observations are intended to illuminate the kinds of difficulties that may be encountered by women in general, and women who may be unable to cope on their own.

Four in-depth thirty to forty-five minute interviews took place with one woman from Powell Place, one from Lookout, and two from the Downtown Eastside Women's Centre. Three partial, unplanned interviews with other residents who were present during interviews were included. Four of the seven women interviewed were staying at emergency shelters.

In total 19 interviews were conducted: 7 formal interviews with agency workers; 4 formal interviews with residents; 5 partial unplanned interviews with agency workers; and 3 partial unplanned interviews with residents. All statements were recorded on audio-tape and transcribed verbatim and all interviewees were guaranteed confidential treatment of this information. As a result, sources are identified only as "agency worker" or "resident" when quoted in the following text. A few statements that would identify workers or their agencies have been modified or deleted to conceal their origin.

The focus of the interviews was on the nature of women's "housing problems" in general. This subject was treated as exogenous to a woman's personal-social, health or behavioural problems. The experiences and observations of the interviewees, both agency workers and area residents, were sought by asking a standard set of four questions:

1. Do women have a problem with housing in the Downtown Eastside, and if so, what is it like for a woman living in the area regarding housing?
This question is very general and was open to a wide range of interpretation of "housing problem". This term could have meant anything from availability to dissatisfaction with physical or social aspects of the area's hotels and rooming houses. Agency workers were more likely to interpret this term more comprehensively as their work dealt with housing placement, relocation, and or counselling.

2. What are women's/your dissatisfactions with the hotel and rooming house environment?

Where necessary, probes were used regarding kitchen and bathroom facilities, physical safety, sexual harrassment and sexual discrimin­ation. Agency workers reported before the research commenced, that these were the frequent criticisms of skid road women and were often reasons why they sought housing related assistance. These aspects usually arose naturally in the course of an interview.

3. What do women/you like about their/your accommodation?

This question was often treated as referring to the larger context of the total skid road environment, rather than women's individual dwelling units.

4. What do women/you need, want, and look for with regard to housing?

For area residents, this question could have invited the responses of wishful thinkers' unrealistic desires. Its intent was to find the minimal standards that would satisfy physical shelter requirements. Despite this danger, the responses to this question appeared to be entirely realistic and practical.

The agency workers' and the residents' perceptions of the sever­ity and the focus of the "women and housing" problem were different. This difference also applied, but to a lesser extent, to suggested
remedies. From the agency worker's viewpoints, the problems related to housing for the subject group appear to be long-standing, urgent and in need of special attention. Residents, on the other hand, although dissatisfied with their situations as it related to housing, seemed resigned to accept it as a feature of their lifestyle, which had little hope of improvement.

2.6.2 Inventory of Residential Options in Vancouver

It is necessary to explore the possibility of placing these women in other existing facilities before making plans to obtain new living arrangements. An inventory of mainly social housing with some private market housing included was compiled for the purpose of this research, to provide an idea of housing options available to women on limited incomes, who may or may not have other social or health problems. This included all social housing in the Vancouver area. Key representatives of agencies involved in providing housing, housing assistance or research related to available housing or residential care options were contacted. Some contacts were made in person and others were made by telephone. The types of housing examined also included projected social housing. Details obtained included the location; the number and type of units or beds; cost; age and sex criteria and other conditions of eligibility; waiting period; and other physical and social features. In addition, each option was judged according to the subject group's needs and will be presented later in this thesis in Chapter 4.

2.6.3 Data Analysis

The open-ended interview questions were not intended to yield quantifiable data. They did not therefore, lend themselves to a statistical analysis. Rather, the conversational accounts offered a
range of similar experiences and observations. Those responses which were repeatedly mentioned were itemized and summarized for each question asked, and quotations from the interviewees are used extensively. The analysis of the main data is presented in the following chapter.

The data collected for the inventory of residential options are listed under each item of information requested from informants. After this list was completed, a description of each housing option was summarized. Each housing option was categorized according to the type of living arrangement it offered and is presented in order of the most supervised to the least supervised form of supportive housing. Due to the complexity of describing client typologies and residences' operations, this data could not be tabulated satisfactorily. It is therefore, presented in written descriptive form and is included in the Discussion of Findings, Chapter 4.
FOOTNOTES - CHAPTER TWO

1 Social Planning Council of Metropolitan Toronto "Housing the Handicapped", (author, 1979), p.32


3 J. Goldmeir, ed., New Directions in Mental Health Care: Co-op Apartments (Maryland: Department of Health, Education and Welfare: Public Health Service; Alcohol, Drug Abuse & Mental Health Administration, National Institute of Mental Health, 1978).


9 Personal Comment by H. Hicks, Administrator of Support Services, Greater Vancouver Mental Health Services, July, 1979.


11 Griffiths, 1975, p. 15
12 Griffiths, 1975, p. 15.


18 Coast Foundation, 1977.


26 Patterson and Sanford, 1976.

27 Patterson and Sanford, 1976.


32 M. Stevens and D. Bigelow, "The Rehabilitative Role of the Boarding Home", (Vancouver: Evaluative Research and Planning Department, Greater Vancouver Mental Health (G.V.M.H.) Services, April, 1977) (Mimeographed).

33 Stevens and Bigelow, 1977.

34 Stevens and Bigelow, 1977.


See Appendix 11.


R. Bakan, "Report on Health Status of Census Tracts 57, 58 and 59" (Vancouver: City of Vancouver, Health Department and Planning Department, December 19, 1978).


Bakan, 1978, and D. Beggs, "Cost of Community Workers Services on Behalf of Clients with Psychiatric Illnesses Who are Very Difficult to House and Maintain in the Community" (Vancouver: City of Vancouver, Health Department, 1980), (Mimeographed).

Dr. Bakan found that the average age at death for females in Census Tract 58, an area which is similar to the study area, is 54 years of age as compared to 72 years of age for Vancouver females. The average age at death for males in Census Tract 58 is 69 years of age as compared to 69 years of age for Vancouver males.


A summary of this report is contained in the Appendix.
Ontario Public Services Employees Union, "Ontario's Mental Health Care Breakdown" (author, August, 1980), (Mimeographed).


Personal comment by A. Dwyer, Life Skills teacher, Coast Foundation Housing Program, (June, 1981).

Downtown Eastside Women's Centre, Profile of Women and Women's Needs in the Downtown Eastside", (Vancouver: 1972), (Mimeographed).

See Appendix IV for a detailed description of this study.


Personal comment by M. Davies, Housing Co-ordinator, Saint Francis Hotel, July, 1979.


Personal comment by A. Mears, Social Planner, Vancouver City Hall, July, 1980.


City of Vancouver, Standards of Maintenance By-law, No. 4370 (Vancouver: January, 1980).


An emergency shelter provides short-term accommodation and meals to people in crisis situations. Admission to a shelter is by way of referral, usually by social workers and hospital staff. The Ministry of Human Resources pays a per diem rate of approximately $13.00 per day (1980 rates).
CHAPTER 3. STUDY FINDINGS

3.1 Introduction to Presentation of Findings

In this chapter, findings from the interviews with agency workers and with their clients are presented. It was found that agency workers and clients emphasized different aspects of the hotel or rooming house environment. Agency workers' reports, for example, focussed on the social circumstances such as sexual harassment and violence against women and sexual discrimination from landlords and other residents as the cause of problems, whereas residents' reports focussed on daily, domestic concerns, such as food preparation and storage.

The findings were analysed according to sources of dissatisfaction and satisfaction, and according to the wants and needs of the women who live in this type of housing. Some pertinent excerpts from the interviews are included in the text to illustrate the findings. Findings on "sources of dissatisfaction" are organised into ten general categories. Findings on sources of satisfaction are presented in connection with desired changes skid road women would like to have in their residential environment.

3.3 Resident Complaints

The major complaints mentioned above will be expanded in the following section in connection with the issues and concerns they raise for female residents. Other complaints related to social circumstances of the hotel and rooming house environment are included. The type of complaints have been categorized below in order of perceived importance to the interviewees. Descriptions and examples of these complaints are provided and direct quotes are used where most illustrative.
1. Personal Safety

The interviews related personal safety to non-functioning locks and doors, and limited supervision. These factors contribute to assault and to a lesser extent, theft, as well as the general fear of these occurrences. One agency worker phrased her observations in the following:

They (women) fear physical, not only sexual harrassment. Physical violence is so great in some of the rooming houses, that they want to get out for fear of their lives, but they can't go anywhere.

Agency workers concerns were especially urgent about women's vulnerability, both inside and outside her room. These workers frequently deal with problems stemming from male intruders, who were persistent in their efforts to enter a woman's room. Almost all agency workers stressed that these conditions are the main cause of women being forced from hotels and rooming houses. Their emphasis is understandable, given that the workers have first hand experience in dealing with women who have been sexually harrassed, assaulted or physically violated by men who are on the premises. The following account is typical:

I've heard that someone will be in the room when they get back. So they have to lock the room every time they leave and sometimes the door lock doesn't work, they can try again and again, eventually the lock will break.

All agency workers mentioned that most hotels were unsafe for women and several stated that they would not make visits alone. A typical explanation as to why hotels were unsafe was because "most of the rooms have been broken into". One agency worker was concerned for her client's safety, because she was "constantly being beaten up,
harrased and was in danger all the time", because a man was repeatedly breaking into her room, despite her attempts to secure her door. Accounts revealed that front entrances to hotels were "usually left open at night", that men often gained access to hotel hallways and rooms by climbing exterior fire escapes and that there was often no 24 hour supervision.

Clearly, poor supervision is another factor contributing to the safety of women residents in hotels and rooming houses. One agency worker offered a partial solution and alludes to the need for increased supervision:

Separate bathrooms and toilets would be certainly much safer. But, people get pushed into these places and no one ever knows what goes on.

2. Sharing Bathrooms

Privacy is another issue associated with sharing bathrooms and toilets. The following statement suggests that, not only must a woman be selective about her attire when she leaves her room for a bath because of harrassment she might encounter, but that she must plan to take her bath during the least active hours of the day:

I know of one woman who will not go to the bathroom until everyone is asleep and it quiet, then she'll run down the hall to the bathroom and lock it 'cause she had gone out several times and was harrassed by men. She couldn't walk down the hall with her bathrobe on! You know, she had to wait till everyone was asleep before she could have a bath.

A woman must also take precautions while she is in the bath or toilet. A long time area resident, staying at an emergency shelter, describes the kind of situation a woman may encounter when sharing a bathroom with male residents:
Sharing bathrooms is bad. Men and women do share bathrooms and to top it all off, there's no locks on the doors. Recently I went to use the washroom and a man walked in on me. I didn't get angry or anything, but I got a little upset because I don't want to go to the washroom and run into that. I think its not a good policy for men and women to share the same bathroom or tub.

From this account, it is obvious that privacy goes beyond the issue of safety. It was mentioned repeatedly in a tone which reflected feelings of person violation and loss of dignity.

Sharing bathrooms was also related to concerns of theft and cleanliness, and was considered distasteful. One resident stated that using the same bathroom as a "strange man" was "really not that pleasant". Another stated that using the bathroom in some hotels could be "pretty rough" because "you'll find a drunk lying in the bathtub or on the floor". Several other comments regarding bathrooms related to sharing with people who have lower standards of hygiene, or who steal personal belongings of other residents. One woman explained that people "leave it in such a mess that you don't want to go in it".

The resident's concern for what is appropriate loungewear in public spaces of hotels and rooming houses, adds a new consideration for what appears to be another kind of stress on women living in a predominantly male environment. The fear associated with having their bath during normally active hours, suggests that as well, women may be concerned for intruders or other kinds of harrassment, while they are in or on their way to the bathroom.

3. Inadequate Cooking Facilities

Inadequate cooking facilities was mentioned as a cause of considerable inconvenience in terms of shopping patterns, eating habits, and
budgeting. The following account describes how one woman coped with a hotplate and a half fridge:

The problem is, there's only so much room in a fridge to keep food. It's got a tiny little freezer and you can store, maybe, two pounds of meat in it. As she said, "I can only go stick so much in a freezer, which means I have to go shopping every day or at least three times a week, and that's very inconvenient." When you're paid monthly, a lot of people like to stock up on food so they know that for the month they are safe and they are not going to have to worry about eating.

Another resident described a situation of a woman who lived on canned food because she lacked a fridge.

Those residents who live in sleeping rooms and who have access to community kitchens, complain of unhygienic kitchens and theft of food. These responses by residents were typical:

Some hotels have community kitchens, which means you have to share with everybody in the hotel, so you can just forget about keeping anything clean, 'cause its dirty the minute you turn around. I tried cooking, but if there's a fridge, the food gets stolen.

and

If you manage to go out and buy some food for yourself and you have to use the same fridge as somebody else, say you've got yourself some meat ... and its gone, they just help themselves! You can't stand guard on that fridge for twenty four hours to ensure that nobody takes your food! That is a real problem.

Other complaints related to the physical aspects of the hotel and rooming house environment were related to poor upkeep and maintenance, and the presence of cockroaches, mice, and fleas. Some comments from workers concerned complaints of inadequate room size and shabby furnishings.
4. Sexual Harrassment and Other Forms of Violence Against Women

Reports of sexual harrassment and other forms of violence against women committed by men, include indecent exposure; breaking into and entering women's rooms; rape; and extreme sexual abuse. One third of the accounts pertaining to the above category involved activities of males who were in positions of power, in that they were either landlords or caretakers. One agency worker reported a client's experience with the caretaker at a city owned and operated hotel, who was indecently exposing himself to her at the door of her room. When the client reported this occurrence to the manager, the allegation was denied and no action was taken. The client and her worker remained concerned that this or other occurrences would continue.

Another agency worker stated that landlords cause problems in that they "ask for favours the woman may not want to give".

The landlord is in a situation of power; he holds the keys to her (a woman's) room. That is pretty frightening! The fact that you could be asleep in your room one night and if this fellow is angry or feels like he wants to, he can just open your door and walk in. But you don't want to be out on the street. It's really difficult.

Another stated that landlords would offer to "deduct rent if they could have visiting privileges".

Managers and other men may be seen as protection from male attackers. As one long time skid road resident stated:

If you got a good manager you were O.K. My friend knew the manager at the Drake and he used to give me a knife with my key, for protection. If they liked you, they would watch out for you and my friend was a long-shoreman.

Other accounts of harrassment and violence against women depict situations wherein the women are powerless, unable to protect themselves
and are willing to go to the trouble of relocating to avoid further victimization. One agency worker recounted the following incident:

There was a lady in Oppenheimer (a City owned and operated hotel) and she had only been there a few days. She got continually harrassed by the guy who lived next door and he climbed out on the fire escape and into her window, finally she had to move out to Cordova House (a local facility for the hard-to-house). And her leg was in a cast; she couldn't run or go down the stairs - she needed help!

Rape was reported to be a common occurrence. It seems that not only are women unable to protect themselves, but that they are also reluctant to complain formally afterwards. Personal embarrassment, difficulty in proving the offense, and fear of eviction were all reasons given for not reporting the incidents. The following quotes are illustrative:

I've heard of several rapes in the local hotels, where a man will ask a lady to his hotel room and the next thing you know, she's been raped. Generally, the woman gets very upset but she doesn't press charges. The problem with rape is that it's very hard to prove.

and

I know one woman who is handicapped. I've known her for awhile - she was staying down at the Pennsylvania, and one night a man broke down her door and raped her. She's fifty three. She came down here and told us. She wouldn't tell the police. She didn't want the embarrassment.

Other accounts offered in response to the occurrence of sexual assault were particularly gruesome. Two ended with the woman's death. One agency worker stated that she often had cases referred to her from hospitals in which women in the study area have been admitted for reasons of sexual abuse.

5. Sexual Discrimination

Interviews stated that sexual discrimination was practiced by
both hotel management and the male population in the Downtown Eastside. The following statement made by a handicapped woman in her forties, who was socializing at the Downtown Eastside Women's Centre, illustrates most clearly, all aspects of the problem and epitomizes the discriminatory attitude of men towards women occupants and the general low status treatment given to them by managers:

The men follow you to your room and then they try to get in. They see you walking down the hall and they say which room is she in and they wait for you and keep coming around. And this isn't just me, it's all the women I know too. They all have this problem. I've had this happen many times. It's been going on for years. They think 'cause you are a woman alone, they can pester you. I get so sick and tired of this attitude. They think because you're here you are for their convenience. Especially at my place. They are all like that. They see a woman walk by their room and you hear them saying "hey, what room is she in?" and they think they can go after her. All they think about is how to get her and break down the door or the lock or get in the window somehow. If you tell the landlords they say "Well, what did you do to entice them?" They're no good. The landlords, they don't care about you anyway. It's always the women they will yell and scream at or kick them out. They never do that to the men. Its discrimination and its obvious!

Discrimination against women by the general male population was evident by numerous statements that women in general were exploited, not respected and were treated by men as if they had no rights. All agency workers mentioned this attitude and emphasized its prevalence. The following statements by agency workers illustrate this:

There is so much of this - the woman is the sexual exploitation object and the exploitation of women is the accepted norm.

and

Women have difficulty keeping their act together because of the attitudes of men. Women are to be fought over; they are passed around. They are not
held in very high esteem at all. Women's lib has not hit this area. Any woman living down here on her own, in maybe all the five or six hotels I can think of, is going to have problems of one sort or another. If they don't want harassment, they have to totally keep themselves above and beyond other tenants in the hotel. Most women can't do that - that is why they end up in a place like Lookout, (an emergency shelter).

Often landlords refuse to let rooms to women because of "fuss" or "hassles" created on the premises as a result of women being harassed:

Women have an unbelievable problem finding housing down here. There are a lot of hotels that will only take men - and that is a problem. They just will not take women in! They will not even let women stay 'cause when you put a woman in the place and the guys start harassing her, they will fight each other and try to break down the door. Then they'll be taking them one way or another, financially, physically or whatever happens to be the desires of the man at the time.

One worker explained why hotels will not take women tenants in terms of easier management:

Things get complicated and they (managers) get hassles - men get drunk or women get drunk and they (men) just take advantage of them (women) and then there is a fuss. The management is much more simple if there are just men. Otherwise its just a big headache.

Several accounts by agency workers illustrate the existence of a double standard regarding behaviour appropriate for men and women. For example, women are said to be left "homeless" as a result of being "hassled" by the landlord or the other tenants or because "trouble" occurs during a woman's presence. Reports of women being evicted when men "are in the wrong" was said to "happen all the time". The existence of a double standard in relation to men's and women's rights regarding activities or guests, is not confined solely to
independent hotels and rooming houses. This passage explains how a City owned and operated hotel gradually became a male-only hotel by practice, rather than policy:

They (women) used to be there but one by one they got pushed out by the men. The men get drunk and make advances and one by one, the women go. But the fact is that men get excused for this behaviour and the women have to pay the price. The management will excuse a drunk guy, but if a woman gets drunk she gets chucked out on her ear. This happens in all these places. There are two sets of rules. Women get thrown out much more often than men. You see them here all the time with all their belongings. They will get thrown out for taking a guy to their room, but not the guys - they take women to their room and the management just turns a blind eye. No hotel by rights can refuse to take women, but in actual fact, it is men that bother the women, as though men have a right to bother them. It makes my blood boil! The men make the trouble. If there are any women around the men will follow her. Women should be allowed the same freedom as men are, and not just get chucked out for any old reason. If you complain to the manager he will just say, "if you don't like it, then shove off". They won't say that to a man. They think women bring trouble.

6. Women's Vulnerability and Exploitive Relationships

Agency workers were victimized by men who were "protecting" or "governing" them. Several accounts were given of situations where women were being "taken advantage of" both sexually and economically and in other ways that were negative and destructive. Statements indicated that often women share their rooms at the risk of being evicted and that they share their welfare cheques or food vouchers with men, as well as other women. The following social workers statement helps to explain the vulnerable situation women are in when they are on their own in the skid road area:

You hear about sexual abuse all the time. The type of women downtown, that is unattached, and when I say "unattached" I mean someone who doesn't have a common-law spouse or a boyfriend, she's at
the mercy of any male that wishes to have her.
The only thing a single woman can do in the area,
is form a solid relationship that is a protection
to them. This is why the unattached woman is in
terrific difficulty. And of course, unless she is
attached to someone or she has a pimp to govern
her activities, she is in danger.

A double bind that can occur when women seek protection from men.
For example, it was reported that often women are "being offered some
protection outside and having the shit beaten out of them behind
closed doors". One woman who was being "protected" by some men, was
held captive for a long period of time, was encouraged to participate
in self-destructive behaviour and was then prevented from receiving
badly needed medical attention. The majority of workers spoke of the
dangers encountered when women strike up relationships with men. An
emergency shelter worker made the observations that "the desire to
have male company" leads to women being "beaten up in their rooms"
then going from hotel to hotel being harassed".

Although the first aspect of women's victimization is sexual, the
other is economic. There is a problem in the men "follow", "prey on",
"pursue" and "attach" themselves to women. This was explained in terms
of financial gain for the men and was perceived by agency workers to
be detrimental for women. Women were often described as being generous,
kindhearted, sympathetic and gullible. Concerns were that these
character traits would lead to situations in which they would be
easily cheated out of meals or welfare cheques.

7. Management

Management was frequently mentioned as a problem for women. The
main complaints against managers concerned refusals to refund rent
after eviction and lack of protection. Some interviewees stated that
management offered no protection to women because they (the residents) could not speak the same language, or they were drunk. Some hotel managers "just kick people out and refuse to give their money back".

Most references made about management were associated with the lack of protection:

Most of the hotels are not well managed. The managers are either drunk or they turn a blind eye to these things or they're not really aware, and the woman is afraid to approach the manager to say anything about any harrassment regarding other tenants. Most managers won't do anything, unfortunately.

Management may be unaware of problems occurring on the premises, because of their visual and audio inaccessibility to other parts of the hotel or rooming house. One long-time area resident, staying at an emergency shelter, offered the following:

In a lot of hotels down here, the management tried to keep them (women) as close to the office as possible, that way they can keep a close eye on them, so they don't get harrassed. But if you're up on, say, the 2nd or 3rd floor, you get attacked or somebody kicks in your door - there's very little possibility that the management will be able to hear you yell. You know? A lot of sexual harrassment goes on.

Another resident presented a grim picture of landlords in general:

The woman alone has lots of problems. It's O.K. if they have a good landlord. They ignore a lot; just let it go; they don't care. Sometimes they steal mail; and anybody can get it 'cause they leave it out. As soon as you get a welfare cheque the landlord tries to put the rent up. They did it last year when they found out welfare went up $15.00. That's true. My landlord is not bad but a lot, especially a lot of foreign ones, they can't give you what you want, 'cause they don't know the English language. The others are alcoholics and then the tenants are too, and there's a lot of stuff going on.
8. Noise

Noise created on the premises by other occupants and their guests, as well as other noise from traffic and social activity occurring outside the premises, was another complaint. One area resident stated that men generally were noisier than women and describes how they are at a disadvantage if they try to deal with the problem:

The noise is bad. Granted men and women make noise, but in my experience, men are more inclined to be noisier than women in a lot of cases. Men curse and swear and they're boisterous, loud and all that, you know. And if you're trying to sleep, it's very annoying. A woman can't go and tell a man off or she'll get punched in the eye, or something and so she can't do it. She has to move or else stay in her room all the time and just tolerate it.

Other comments regarding noise were in reference to street noise, created by rush hour traffic, public works, pub patrons and club music. This noise was described as "outrageous" and often prevented people from sleeping. One agency worker summarized the noise situation aptly:

It's a noisy area. In most of the hotels here, you've got the noise inside the hotel and the noise outside the hotel.

9. Accessibility of Alcohol and Drugs

The accessibility of alcohol and drug-related activities was often mentioned as a dissatisfaction by both residents and agency workers. The presence of beer parlours and "partying" reinforced this problem socially and physically, and made it difficult for some women to cope with a drug or alcohol problem. According to an emergency shelter worker:

If they're trying to battle an alcohol problem they haven't got a hope in hell down here.
A residents account of her struggle with alcohol supports the preceding statement:

I've lived downtown here for a lot of years. I managed to get away for awhile. I lived in some of these skid road hotels and there are a lot of problems. If you're trying to stop drinking, there are a lot of men who will knock on your door and try to get you to start drinking. I, myself, have an alcoholic problem. Voluntarily, I haven't had a drink for two weeks and if you'll pardon the expression, there are times when it's been pure hell. I live right across the street from the Mar hotel and sometimes it's like there's a big hand coming out of the Mar hotel, trying to draw me in and I guess I'm not actually avoiding drinking, because there's probably somebody in there who would probably buy me a drink.

One social worker told of a woman who did not like the hotel or the area she was in because "she had a fear of getting back into drugs".

Another social worker was very concerned about a client's alcohol abuse because of its affects on her health and her behaviour, the results of which led to her eviction.

10. Isolation from Other Women

Another reason for dissatisfaction appeared to be isolation from other women. Women do not get the opportunity to socialize with other women and therefore, lack the companionship and support, stemming from friendships with members of the same sex.

In answer to the question "How do women in the area have special problems different from men?" an operator of an emergency shelter stated emphatically:

I've got files and files on them! Social problems, emotional problems, whatever. Women in need of support. They don't want to be alone, they like to be around other women. They often don't know how to relate to them, because they haven't had a chance to, but they don't want to be alone.
Another worker commented:

Loneliness seems to be the biggest problem. It's difficult to make friends. It's hard to know who you can trust. You've got to find a place around where you can do that. There are places around. The Downtown Eastside Women's Centre is an excellent place for that or the "44" has a drop-in, but, it's still very difficult.

The most illustrative explanation of the dynamics and effects of social isolation as it relates to women in the area, was offered by an emergency shelter operator:

Most of the women coming here like to meet other women and talk to them, but they don't know how to talk to other women. It doesn't happen very often and most of them are not used to it. They don't know how to relate to other women, because most of the population down here is male. They have a lot of difficulties with being able to develop relationships with women. Most women don't want to go to places where they will be the only woman. They prefer to be in a place where there is going to be another woman or, at least, a couple of other women.

3.3. Sources of Satisfaction

The responses to the question "What do you women like about living in hotels and rooming houses?", were not related to the specific residences, rather, they invariably pertained to the residential environment within the context of the Downtown Eastside. The reasons for satisfaction with living in hotels and rooming houses were attributed to affordability, convenience in terms of proximity to services, shopping and friends, and a special atmosphere of social acceptance. A sense of community is evident; behaviour regarded by most social standards as unacceptable is accepted; and much socializing takes place in the streets. An agency worker commented:
This area of town has a special atmosphere; one you don't find in any other area of Vancouver. What I've found is that it's almost got a small-town atmosphere down here. You'll see the same people all the time. We all know each other. It's a slower pace. A lot of people are not working and they have lots of time on their hands. There are a lot of drop-in centres around. There is a community spirit down here and everyone knows and likes each other. I can't walk down the street without bumping into three or more people I know, without having a chat. You really keep in touch with your neighbours. Most people know one another and it's very friendly and neighbourly. A lot of people want to stay here for that reason.

The following statement also made by an agency worker, adds the economic dimension of convenience:

Well, the fact that they're (women) so close to things. Right here in the Downtown Eastside is very close to things. There is a clinic around the corner, the mental health team is four blocks away, the women's centre is three blocks away, it is very accessible to shopping. It is great to live so close to things when you're on welfare. You don't have a lot of money, so if you can save bus fares and you are right next door to things, it seems so much easier. All the women who come here are on social assistance. It is their only source of income.

A typical distinction between agency workers' and residents' perceptions was the emphasis on affordability of skid road accommodation. Residents, on the whole, felt cost was the major factor in choosing a place to live. One resident made this more explicit:

Actually, the only thing good about them, hotels and rooming houses, is that they are cheaper. I mean, granted we could have gone to hotels down the way, but they would have been more expensive. When you're only getting $130.00 a month for a hotel room, you can't afford to pay for it. You got to buy clothes and everything. I live here because its cheap.
Agency workers, on the other hand, were more likely to view the women's situations within a social context. An emergency shelter worker describes one resident's activities:

It's like a village in a way. You see the same people all the time. The streets are full all of the time of people who know about each other. This lady came to us and told us that she likes to play bridge and that's the only thing that she wanted to do, so she chose to live near the "44" (a drop-in centre) because she could always play bridge there. She always carries around a deck of cards and her tobacco, and that's what makes her happy.

Street activity and "people in the streets to talk to" was mentioned several times as a source of satisfaction. An important advantage of living in the Downtown Eastside is the acceptance of what would be considered socially unacceptable or peculiar behaviour outside the area. The following comment offers a description of some behaviour characteristics of two individuals that are tolerated in the skid road area and demonstrates how those with social, physical or emotional handicaps, may feel more "at home" in this neighbourhood:

There's a lot more acceptance of handicapped of any type in this area, than any other part of town. There's a woman who is a prime example of this, who lives at Victoria Hotel. She's a beautiful, sweet lady. You want her for a grandmother, but she has this one little thing that she does - she turns in circles all the time. She stands in one place and dances up and down and turns in circles. She'll do it in your car. I don't call it a handicap, but it's something out of the ordinary. When she goes downtown and turns in circles on the street, people think she's a freak. Yet down here nobody looks at her. Nobody thinks it's strange. I asked her why she did it once, and she said, "because I've got a lot of energy". One guy takes incredible seizures - the loudest and noisiet seizures you've ever seen and he does it and nobody bats an eye. Whoever's around takes care of him. But he's accepted. He's not seen as a freak or anything.
3.4 Housing Needs and Desired Changes

The interviewees stated that women wanted or were looking for safe, clean, warm suites, with cupboard space and full-sized stoves and fridges. Some stated that ideally, they wanted self-contained suites, while some said that sex segregated bathrooms were necessary. "Safe" seemed to refer to secure locks and doors, the provision of keys and responsible management, and the elimination of sexual harassment. One resident allowed herself to fantasize about the improvements she would make if she were the manager:

If I was running a hotel, I'd make sure it was clean. I would make sure they had their privacy and that the locks on the doors are firm and secure. I'd try to keep the women there in such a place that, if they did need help, they'd be able to call for it by having a buzzer to push. Something like this so they could give me notice and I could help them. This is what I would change. This is all you can do.

There was a difference in the perceptions of agency workers and residents in identifying housing needs and wants. Agency workers considered both physical and social conditions of housing, in that all said that their clients wanted safe, warm, quiet, self-contained units. Residents tended to concentrate on the physical aspects of the residential environment. Both residents and workers stated that self-contained units were preferable and that segregated bathrooms and toilets were necessary. Some stated that a "women only" hotel or residence would be a solution, with several residents commenting that they would like to "be around other women". Residents and workers also mentioned support and close proximity to services as desirable aspects of the residential environment. One agency worker stated:
They want some place to live with some dignity. They want mutual support; they want a supportive environment; they want access to community resources or access to someone who know about them. Some of the problem is that women do not know what is available.

The one women-only emergency shelter, Powell Place, was said to be "enormously successful because of its staffing" and because "they (women) have someone to talk to there".

The following comments by agency workers, indicate that women have preferences which cannot be met in present hotel and rooming house accommodation:

They complain about size much more than men. Even the Central (the New Central, a City owned and operated lodge) where the rooms are a half decent size.

and

They need kitchens. Men and women do, but you can see from their luggage that women are more concerned with food. They always have milk or tea or biscuits, which says they want to have a snack in their rooms. I've been in some of these rooms and I've seen that women, if they get a nice room, they make it nice. In the hotels I've visited you will see them all fixed up. They look after a room. When they have been evicted I'll see a potted plant, a picture, a cushion, a doily. It shows they like to make their homes nice.

and

Women are more into cooking than men. They like to cook. They want totally self-contained suites. There's no ifs, ands or buts - they want a fridge and they don't want a little, tiny hotplate. They want a proper sized stove and they want cupboard space and they want the toilets and the bathtubs and everything self-contained, so they can live a decent life inside that. They want to be able to take their friends that they wish to visit there, without any fears of them being harrassed in the hallways of the hotel and that happens very, very frequently.
In response to what women need or want in accommodation, safety is very important. An agency worker made the following comment:

One of the first things is safety. That would be so important - to know that when you close your door you're safe, totally safe. That's really important. I know it is to me. I can lock my door and know I don't have to worry about robbers or rape.

To solve the safety issue, several workers and residents suggested that women should have their own bathrooms, sex segregated bathrooms, or sex segregated living quarters:

They want a clean, safe place to live, where there is no danger and no fear of being sexually abused or harrassed. They want decent furniture and a bathroom.

and

All hotels should have women's baths and toilets. Even here the men walk into the women's and we have problems with that.

and

What we need is another Oppenheimer, a City hotel, that's just for women, then we wouldn't have any problems.

and

Women need a place where they can go, a special place that's just for them. I think it would be good if women had their own places.

3.5 Summary of Findings

The previous sections have identified women's needs and requirements as well as their dissatisfactions with their current hotel and rooming house environments. From the research it is clear that women prefer self-contained suites or sex segregated bathrooms and toilets, functioning locks and doors, and their own cooking facilities, with full sized stoves and fridges. It is also evident that social conditions related to the hotel and rooming house environment render
unattached women especially vulnerable to physical and sexual assault and other forms of harassment. This is due to limited supervision and poor security, as well as the fact that women are a minority population. Concerns for personal safety, privacy, exploitive relationships with men, and isolation from other women, were major implications stemming from these circumstances.

The accounts by both agency workers and residents, describe a social environment wherein women are especially vulnerable to poor living conditions compared to men. Their repeated concerns for privacy, their sexual and physical vulnerability, and their desire for protection, supports this. In addition, agency workers stated that women find certain living conditions more objectionable than their male counterparts. For example, women demonstrated their pride in their "home" by their desire to cook, their concern for hygiene, room size, decor, and noise. The words "decent" and "dignity" were repeatedly mentioned when referring to women's living quarters.

The accounts indicate that the residential environment in the skid road area provides many opportunities for the exploitation of women. Supervision on the premises was seen as a legitimate need. A traditional attitude towards women as property was found and was evident in reports of males pursuing and claiming women. Ironically, it seems that women were penalized for this when they were evicted by hotel managers or police for "causing" trouble. Women were reluctant to report sexual attacks because of embarrassment. In addition to being sexually vulnerable, the women were perceived as having caring and generous natures and therefore, were easy targets for economic exploitation.
The data indicates that the skid road environment provides easy access to drugs and alcohol. The insights into women's roles in this milieu reveal them as passive beings, who have extremely dependent lifestyles. Isolation from other women reinforces their solitude and vulnerability in the event of a crisis. It is also clear that women value their sense of community and belonging to the area, because of its tolerance of skid road lifestyles.

The current residential environment of women in Vancouver's skid road is physically inadequate. When considered with the social aspects of the skid road residential environment, the hardships women endure are alarming. The data indicates the women's lives and health are in jeopardy. This is especially true for women who have chronic, physical or emotional problems. The question that must now be addressed is this: "What other housing options in Vancouver do these women have?".
CHAPTER 4. DISCUSSION OF FINDINGS

4.1 Who are the Women Requiring Housing-Related Assistance?

The interviews suggest that Vancouver's skid road women, whether they are hotel and rooming house residents or clients of emergency shelters, are more diverse than previously thought. Agency workers' comments especially, indicated that they experienced different sets of circumstances; presented different problems, and had different needs and wants for housing and assistance.

Descriptions arising from the interviews give some examples of women presently receiving emergency shelter: one woman has a chronic health problem, which required her to be close to toilet facilities; one woman has a very dependent personality and has trouble coping with problems but did not want to live in a mental health boarding home; one woman came to the area because she had been robbed on a train; and some women had run away from their husbands. A familiar pattern of emergency shelter clients emerged: some women are in transition, i.e., they have just left husbands; some have left psychiatric or correctional institutions; and some are there because they have psychiatric problems or exhibit unacceptable behaviour. These circumstances were offered as partial reasons why women have "nowhere to go".

There were many accounts in the interviews of circumstances where a woman had become dependent and passive through not being encouraged to be independent and self-supporting by their families and friends. Comments indicate that these women had trouble coping and that they needed care. Women who came to the area were described as having
"lost a lot of pride", and "want and need some degree of support and independence". Comments suggest that most women need care and supervision, combined with some degree of independence. Some workers described examples of how rehabilitation had taken place even on a short-term basis in emergency shelters.

Several agency workers expressed frustration at having to refer women to Riverview, a psychiatric hospital in a neighbouring municipality, just because they had behavioural problems, or because they had no other place to go. Some accounts revealed situations where women refused to go to boarding homes because they did not offer independent living arrangements. It was suggested by one worker that women wanted a "nice place", and that women could get their "pride back again" if "decent" housing could be obtained". It was stated in conjunction with this idea that clients needed a place where they could "develop some sort of program themselves".

This mention of a possible rehabilitation program that would take place in a shared residence, gives rise to another issue: that of locational requirements. Positions taken by agency workers and residents are contradictory. Interviews with residents indicated that some women wanted to stay in the area and would be satisfied with physical improvements to their premises. For example, the provision of secure locks and doors, and full-sized stoves and fridges. Others wanted and/or needed assistance or support to improve their lives.

According to both agency workers and residents, some women who wanted to or needed to leave the area were outsiders. They were
unfamiliar with the area and its lifestyles, and were reluctant to
consider the area as a future residential environment because of
its "rough character". For example, one agency worker reported that
women new to the area were "frightened to death" by the drunks,
beatings, and muggings. The interviews also revealed that women had
problems related to the environment from which they were trying to
escape, such as pimps, ex-partners, and the availability of drugs,
alcohol and alcohol-related activities.

Most comments indicate women's attitudes towards the area is
negative. For example, a social worker referred metaphorically to
the Downtown Eastside as "the jungle" and described how a female
resident was "at the mercy of any man". One skid road resident who
had recently left her husband, stated that she would not have walked
down the street late at night unless she was accompanied by her
husband. Another resident mentioned that teenagers had attacked her
and snatched her purse. One agency worker who was concerned about the
vulnerability of women, mentioned particularly those who were handi-
capped. She explained that handicapped women were "easier prey" to
"people walking around with all sorts of mental and emotional problems".

Reasons for wanting to leave the area varied. One resident's
reason was precipitated by extremely stressful circumstances. She
considered leaving Vancouver because she could not afford to live
in one of the suburban areas. An agency worker described available
accommodation as a last resort before Riverview, and stated that one
of her clients hated living in the area but she had no where else to
 go.
Despite the reports of the dangerous and destructive aspects of living in the area, statements on whether or not women wanted to live outside the area were conflicting. Some interviews indicated that women already living in the study area preferred to live there, while others saw themselves as trapped because of economic circumstances. It is likely however, that this "preference" is attributable to the affordability of the area, which was seen by both residents and agency workers to be the main advantage of living in the hotels and rooming houses. Although the majority of agency workers stressed this economic dilemma as a reason for "wanting" to stay in the area, the data already shows that some women enjoy a sense of community and the feeling that they belong in the area, to the extent that they would want to stay, even if they had a choice to move out.

4.2 The Use of Emergency Shelters as Transition Houses

Almost all agency workers spoke of the desperation of battered women in emergency shelters. The term "battered" refers to physical and psychological abuse or women in marital situations. It was found that the emergency shelters in the study area deal frequently with women having "marital difficulties". When agency workers referred to "battered women" they seemed to refer to women who came from outside the area, although women living in the area were also reported to be victims of this kind of abuse. Battered women from outside the area were reported to have problems adjusting to the Downtown Eastside and the fact that they were alone.

Powell Place, Lookout and the Saint Francis, the three emergency shelters in the study area, operated by the Ministry of Human Resources,
all have 24 hour supervision. Powell Place has 11 beds and a community kitchen. Staff consists of one worker per shift and a supervisor. Lookout has 40 beds, and a kitchen, dining room and small common area. Staff consists of one worker per shift, a supervisor and a cook. The Saint Francis, formerly a hotel, has 23 beds. Staff consists of a desk clerk, a housekeeper, and a supervisor. There are no dining facilities, but there is an attached cafeteria for which meal tickets are issued.

Statements indicated that Powell Place, the only emergency shelter which accepts women and children exclusively, acts as a transition house for some of its clients. A transition house is a residence that provides time limited shelter, counselling, and referral to women leaving situations of domestic violence. Powell Place however, does not have the staff to perform a counselling function, nor does it take exclusively battered women. Statements indicate that it could not effectively act as a transition house for these reasons. The idea that grouping together one client type for its rehabilitative benefits is one that is highly favoured. Excerpts from the data demonstrate the importance of the presence and support of other women and female staff.

A perceived high demand for a transition house located outside the skid road area was evident. Several statements illustrated the problems the emergency shelter workers have with keeping up to the need for crisis accommodation for battered women. Another frustration was with the practice of the social service delivery system in referring battered women to inappropriate emergency shelters. These
placements were considered inappropriate because of conditions such as crowding, noise, and the presence of "other people's problems" and were mentioned as being intolerable because of the battered women's need for "peace and quiet to recuperate and think". In sum, it is apparent that emergency beds are used inappropriately, and that there is a need for residential alternatives for battered women in Vancouver, and that these should be in the form of facilities based on the Transition House model located outside the skid road area.

4.3 Reasons for Women's Difficulties Obtaining and Maintaining Hotel and Rooming House Accommodation

The interviews revealed that there are various reasons why women have difficulty obtaining and maintaining housing; reasons which are extraneous to women's personal social problems and circumstances. Low vacancy rates and problems of eligibility were repeatedly mentioned as reasons for not being able to obtain rooms in hotels considered by the interviewees as "good". Discrimination by hotel and room house management and the practice of withholding room deposits was mentioned several times as another reason. Affordability and unsuitability were also given as explanations of limited access to women.

In relation to low vacancy rates in "good" hotels, interviewees explained that most hotels did not accept women and the ones that did, had six month waiting periods. Others commented that "the good places are taken" and have long waiting lists. One woman said that the cost of bus fares prohibited her from looking outside the area, and that she could not afford to pay the deposits required by "good" hotels. City-operated hotels and other social housing in the area, the majority
of which had an age eligibility criteria of 55 years or over, were also referred to as "good hotels". Comments from many residents indicated that they were too young to be eligible; and one handicapped woman was afraid to go to a local social housing project as she considered it unsafe because of the recent occurrence of a rape.

Discrimination against women by hotel managers was frequently mentioned, and both agency workers and residents stated that only a few selective hotels accepted women. It was reported that these places were always filled because they were the only decent housing for men or for women. Other interviews suggested that hotel operators "assume the worst" about unattached women, i.e., that they have alcohol problems, and/or are promiscuous.

Finally, several agency workers expressed their frustration with not being able to locate housing for women under the maximum shelter allowance of $130.00 per month, many felt that several of their clients wanted to move out of the area to a "nice district" but could not afford it. This financial limitation was referred to as a major restriction: one that keeps a client "stuck down here in a dirty, old housekeeping room". The idea of sharing the rent with another women in order to afford better accommodation was viewed by one worker as unlikely to succeed, owing to the dependency and lack of social skills of most of the women.

4.4 Existing Residential Options

The preceding discussion makes the research problem considerably clearer. Members of the subject group have different types of backgrounds and are in varying sets of circumstances. However, what they
all have in common is the need for affordable housing and some degree of support and independence. The accounts suggest that, at least for some, removal from the skid road area in itself would be a major step toward reducing their hardships. This applies especially to battered wives and other women who are brought to the area because of its crisis-related services. The accounts also suggest that not all of the subject group are "rehabilitable". The findings from the interviews have demonstrated that housing in the Downtown Eastside is inadequate in terms of meeting women's needs.

Prior to the assessment of existing potential residential alternatives, a review of the characteristics and requirements of this population is necessary. The Lee with Angell (1980) study found that the subject group is a multi-problem group, with chronic problems related to mental instability, psychiatric disorders, poor life skills, and drug and alcohol abuse. Furthermore, this study defines most of this group as hard-to-house. It also found that the majority of clients preferred to live independently in self-contained suites in either multi-unit or single unit supportive housing. Twenty four hour supervision by qualified staff was judged by agency workers as the most preferable support service that should be included with the living arrangement and personal decision making was the next most preferable component. An all female environment was considered most desirable for those women in need of a group living arrangement. The findings from the Lee with Angell (1980) study indicate that a residential care solution that would satisfy the needs of most of the women would be to establish a multi-unit residence for women only with 24 hour
supervision and other support services.

The findings reported in the previous chapter indicated that women's needs were for long-term, safe, secure, clean, affordable housing located within walking distance of shopping and services. The respondents stressed the need for the company of other women and proximity to other social supports. They also expressed strong needs for autonomy and independence in relation to individual housekeeping.

In order to judge what type of living arrangement would be appropriate for these women, it is necessary to establish some criteria regarding housing suitability for this group. Firstly, a client's main concern is affordability, as most of these women are social assistance recipients, and receive $130.00 per month shelter allowance allowed by the 1979 Ministry of Human Resources G.A.I.N. guidelines. Secondly, most of the clients need some degree of support to assist with their ability to cope with daily living. Depending on their capabilities and the social resources available to them, they may require services ranging from visiting therapists to 24 hour live-in supervision.

There are several types of living arrangements which may be considered as possible residential options for women who are living on their own in the study area or who are brought to the area by way of admission to an emergency shelter. Some descriptions of these will be reviewed in this chapter and will be outlined according to the concept of supportive housing formulated by Griffiths and previously described in Chapter 2. Griffiths' model is useful in delimiting the types of residential resources required by former mental patients who require
assistance with functioning independently in the community. In order to classify their living arrangements according to their needs a spectrum of living arrangements ranging from least independent to most independent was described. This model will be used here to categorize the type of residential services and housing programs partially available to skid road women in Vancouver.

Most of the alternatives fall in the category of "social housing" in that they are largely subsidized. The majority have been documented as "placement resources" for the formerly mentally disabled and are known by mental health workers as "supportive housing". Most of these residential services and programs are listed in the Greater Vancouver Directory of Community Services. This source offers current information on programs and facilities available, and is used extensively by social service and health professionals as a reliable placement resource guide. Interviews with key informants administering housing programs or residential services, and sponsoring Ministry reports were used as supplementary data sources. The inventory of residential options is described in the following section. It contains a description of the most common residential options and an evaluation of their suitability for the target group. All data relates to 1979.

4.4.1 Supervised Group Living

There are several residential options which fall under the category of supervised group living. They may range from highly supervised to minimally supervised depending on the resident's ability to cope on their own, but the main feature is the presence of 24 hour professional or para-professional staff. The facilities also provide meals and
housekeeping services. Although a per diem rate user fee is charged, the sponsoring Ministry subsidizes those who are unable to pay. Whether or not this type of living arrangement is considered to be "institutional" depends on the degree for independence or dependence allowed in daily, personal decision making. The level of care provided depends on the assessed needs of the individual. Some examples of supervised group living are:

1. Hospitals, Intermediate Care Facilities, and Specialized Residential Care Facilities

The most structured level of supervised group living is represented by large institutions such as Riverview Mental Hospital, a 1200 bed facility. Less institutional facilities such as intermediate care facilities and specialized residential care facilities provide varying levels of supervision and programming. They range from large intensively staffed 75-150 bed intermediate care facilities allowing greater mobility and community involvement than a hospital, to smaller 10-24 bed specialized residential care facilities providing a higher degree of independence and less professional staff than either hospitals or large institutional care facilities. Specialized residential care and intermediate care facilities are financed under the Provincial Health Ministry's Long-Term Care Program and are used mainly for the elderly and the handicapped.

A supervised living arrangement of this kind should be evaluated in terms of its rehabilitative potential for the target group.
As discussed in Chapter 2, mental health and social housing experts are currently of the opinion that living in large institutions is not generally constructive in this respect. The Lee with Angell (1980) study found that according to agency workers' judgements, "institutional living" was least preferable for the study population. As the purpose of institutional care is for "treatment" rather than rehabilitation, institutional living tends to generate greater dependency in the target group. Furthermore, most of the subject group expressed the need for independent living arrangements, and there are long waiting lists for most of the smaller facilities. For these reasons, supervised group living in these settings are not considered suitable for the subject group.

2. Mental Health Boarding Homes

The Provincial Ministry of Health, through its Long-Term Care Program, funds group homes that provide live-in supervision and various levels of care. These are primarily for people with psychiatric difficulties and are known as mental health boarding homes. Some are predominantly custodial in nature while others have a strong rehabilitative focus aimed at independence. They attempt to simulate a family-like environment and usually accommodate between 10-24 clients. The number of residents per home is stipulated by its operating license. Boarding home placements are difficult to obtain due to low turnover. Due to the structure of the home and the provisions of meals and housekeeping services, the relationship between the resident and the program is
one of expected dependence. Although boarding homes may be
suitable for some of the subject group, they are not likely to
meet the needs of the majority because of the lack of independence
permitted for the residents.

3. Emergency shelters

Another type of supervised group living is that offered by
emergency shelters. The interviews revealed a utilization
pattern of emergency shelters as a residential option. A
description of the emergency shelters located in the study area as
follows:

Powell Place which has 11 beds, takes women only,
with or without children, who are emotionally
handicapped, or who have living problems which
include drugs and alcohol, and/or who need emerg­
cy shelter.

Lookout which has 40 beds, takes men and women
who are emotionally handicapped, or who have
living problems which may include alcohol or
drugs.

The St. Francis Hotel which has 23 beds, takes
clients in need of emergency accommodation.
These facilities have the most varied eligibil­
ity criteria.

The Ministry of Human Resources funds these shelters and pays
the per diem rate for each client. All of these living arrange­
ments allow up to one week stays, with some flexibility for cases
where the crisis situation continues. As length of stay is short­
term, they do not satisfy the need the subject group has for stable
long-term accommodation.

4.4.2 Communal Group Living

1. Group Homes for the Disabled
The Ministry of Lands, Parks and Housing under the Group Home for the Disabled Program assists non-profit groups with the development of group homes which are generally not staffed on a 24 hour basis. Such group homes are operated by non-profit societies who purchase or lease residences. Rents are paid on a federal and provincial cost sharing basis. Residents live communally usually in single family dwellings in groups of 3 to 4 per house, sharing housekeeping and cooking responsibilities. These homes are often sex-segregated. Where necessary the Long-Term Care Program provides home support services such as home-making and care services. While living in a family-like setting may be a possibility for some, communal living requires a great amount of inter-personal skills. Given the majority of the subject group's expressed need for individual housekeeping, it is unlikely that most would fit into this type of living arrangement.

2. Mental Patient's Association Houses

The Mental Patient's Association (M.P.A.) operates five communal residences in Vancouver. Residents living in M.P.A. homes share cooking and housekeeping responsibilities. Two housing coordinators per home are provided by the Long-Term Care Program. A history of psychiatric disorder is a condition of eligibility, although this is not mandatory. Applicants must be assessed and meet the Provincial Long-Term Care Program criteria and must be accepted by the other house members before
admission. Referrals come from agency sources such as hospitals and community agencies. Four of the five houses are mixed sex and contain approximately 11 beds with two people per room. Room and board costs $179.00 per month which is within the 1979 G.A.I.N. shelter and living cost allowance. Although this living arrangement may be suitable for some members of the subject group, for the most part, it is likely to be unsuitable because of their communal nature and because of the mixed sex occupancy.

4.4.3 Multi-Unit Independent Living

This type of living arrangement is typified by units in a building in which people can live independently with minimal supervision, usually sharing some common facilities. Some examples of this are:

1. Coast Foundation Residences

Coast Foundation refers to its residences as "minimal housing", the purpose of which is to provide housing for the integration of mental patients into the community. The Ministry of Health provides a liaison worker and a social co-ordinator who work closely with the residents. Applicants must be referred by hospitals or social workers and a three to six month waiting period is common. The two apartment buildings operated by Coast comprise several one bedroom and studio units, each sharing a common room and a laundry. Capital costs were provided by Canada Mortgage and Housing and operating costs are provided by the Provincial Ministry of Health. The rents are determined according to a sliding scale adjusted to residents' incomes and range from $70.00 to $170.00 per month.
These facilities are highly suitable for the subject group because of the minimal staffing, the relative independence of residents, and the supportive community atmosphere of each residence.

2. Roddan Lodge

Roddan Lodge is a City owned and operated residence located in the Downtown Eastside with 140 single housekeeping rooms, 16 double occupancy housekeeping rooms, and 12 modified for handicapped housekeeping rooms. Capital costs were provided by Canada Morgage and Housing. It is the only City operated residence available to people from 40 to 55 years of age. The rent is 25% of residents' incomes. Applicants are screened by a committee for eligibility and those considered eligible must be area residents of any age who are handicapped, or those in need who are ages 40 to 65 years. However, people who may be considered as potentially disruptive or those who require special health care or supervision are not eligible. The waiting periods for applicants is estimated to be six months. This type of accommodation is suitable for members of the subject group who are unwilling to leave the skid road area, who are not likely to be considered hard-to-house, and who are between the ages of 40 and 55 years. It is therefore, not an option to most of the subject group, as most of them are hard-to-house and more than half are under the age of 40 years.

3. B.C. Housing Management Commission's Single Women's Residences

The B.C. Housing Management Commission owns and operates several social housing projects in the Greater Vancouver Regional District and provides social, health and recreational programs
for its residents. There are two apartment buildings located in the Grandview Woodlands area for unattached women only. These are considered highly desirable and successful by several agency workers interviewed. However, they have extremely long waiting lists and very low turnover rates. The average waiting period is 2 to 4 years. Eligibility criteria are similar to that of other B.C.H.M.C. housing for families and seniors, which require applicants to have an income below $20,000.00 per year and a 5 year residency in B.C., with the exception that the age criteria for these women is 40-55 years.

The building offers independent living with shared lounge and laundry facilities. One building has 25 studios, and the other has 13 one bedroom units with 4 studios. Each building has a resident caretaker, an area property manager, and a community relations worker. The Greater Vancouver Housing Corporation which has the mandate for providing social housing in the Greater Vancouver Region, presently has no plans for more buildings of this kind that would be available to unattached women. This kind of living arrangement is likely to meet the needs of many of the client group because of the cost and the availability of support staff, and the degree of independent living offered. However, one shortcoming is the age restriction, as most of the target group are under the age of 40 years.

4.4.4 C.M.H.C. Subsidized Housing Co-ops

Most Canada Mortgage and Housing (C.M.H.C.) co-ops provide one and two bedroom units in multi-unit complexes which usually have a
common room and laundry facilities. There are several such projects scattered throughout the City. The cost of renting a unit is 25% of an individual's income or a ceiling market rent which is established by the co-op and C.H.M.C.25 Priority is given to low income singles and families. To be eligible, an applicant must be able to purchase a share in the co-op, the average cost of which is $1,500.00 to $1,800.00, and must demonstrate an ability to be a responsible member who is both willing and able to participate in the co-op philosophy.26 These pre-requisites make most of the study population ineligible for economic and personal reasons. Not only is it unreasonable to assume that a member of this population could afford a share in the co-op, but if an individual has a social, physical or emotional handicap, it is likely that he/she will be considered unsuitable and ineligible for co-op membership.

4.4.5 The Y.W.C.A.

The Y.W.C.A. operates as a low cost hotel for women located in the downtown area, outside the main skid road. It has approximately 200 beds in 1 to 4 bed sleeping rooms with shared baths. Some rooms have access to shared kitchen privileges. A cafeteria is available for staff and guests. Cost varies from $5.00 to $17.00 per night or $30.00 to $40.00 per week. Monthly rates are available only in winter months, due to high demand made by transients during summer months. Residency is restricted to a six month period. One of the hotel floors is reserved for male guests and 5 rooms are reserved for mixed couples. The "Y" provides recreation programs, a housing registry, and a counselling service. Also, each floor has a "don" who
supervises and assists occupants.

Historically, the "Y" has operated as a sanctuary for women and still continues its open door policy to women in crisis situations. This is for a 24 hour period or until arrangements are made with M.H.R. staff or other appropriate agencies. M.H.R. also refers clients to the "Y" for temporary accommodation. The "Y" is however, unsuitable for the majority of the subject group, in that it is not meant for long-term occupants, offers very limited supervision, and exceeds the economic constraints of women receiving social assistance.

4.4.6 Single Unit Independent Living

This type of accommodation falls outside the realm of social housing as it is offered by the private sector. Some "Y" housing registry referrals were examined as examples of housing options available to women on low incomes. There are some residences which are popular "Y" referrals, consisting of apartment buildings and rooming houses offering mostly furnished, shared apartments; single and shared housekeeping rooms; and single sleeping rooms. All are in high demand and have low vacancy rates. Some are for women only; some offer meals and chambermaid service. Rents for these range from $85.00 to $140.00 per month, depending on the accommodation. Those offering meals have much higher rates. Although most landlords using the housing registry specifically describe age and behaviour preferences of their prospective tenants, there are a few who accept "Y" referrals with social or emotional problems. This option may be suitable for some of the client group but because of limited supply of housing, this alternative is considered largely unavailable.
4.5 **Summary of Residential Options**

An overall view of the residential options inventory indicates that most are unsuitable for the study group, and that there is clearly a shortage of those considered suitable. Minimally supervised group living arrangements may be a possibility for some, but most of the client group does not require that kind of special and costly attention. Communal group living may also be a possibility for some, but again, most of the client group is able and prefers to live independently, rather than in shared living quarters. In general group living does not allow much flexibility in personal decision making.

Of those alternatives considered suitable, specifically, Roddan Lodge, B.C.H.M.C. residences for single women, and Coast Foundation residences, entry is restrictive. B.C.H.M.C. residences and Roddan Lodge restrict entry to women under age 40, and Roddan Lodge's location in the skid road area makes it less suitable. Long waiting lists for all three residential options further restrict entry to the subject group. B.C.H.M.C.'s residences and Coast Foundation's residences are considered the most suitable alternatives because of their affordability, and the combination of support staff and independent living within multi-unit buildings. These two preferred options are also located in residential areas away from the skid road area and are close to services and public transportation.

When the housing needs of women are overlayed with the types of housing available in the community it is evident that the subject group do not have any real housing options. Having concluded this, the following chapter will consider what can be done about the situation.


6 Personal Comment by K. Sanford, Co-ordinator of Mental Health Liaison Program, Greater Vancouver Mental Health Services, July 1980.


8 Personal comment by H. Hicks, Administrator of Support Services, Greater Vancouver Mental Health Services, July, 1979.

9 See Appendix 1V.

10 Hicks, 1979.


12 Hicks, 1979.


16 Long-Term Program criteria are as follows: applicant must be over 19 years of age; must be a Canadian Citizen or landed immigrant; must have 12 months residency in B.C.; and must be unable to live independently for reasons of health. Personal comment by Hicks, 1979.


18 Coast Foundation, "Coast Foundation Society", a brief history", (Vancouver: author, 1977), (Mimeographed).

19 Personal comment by S. Lang, Social Co-ordinator, Coast Foundation, June, 1979.

20 Personal comment by L. McCord, Assistant Director of Non-Revenue Housing, Vancouver City Hall, July, 1979.

21 See Appendix IV.


23 Personal comment by S. Rivkin, Co-ordinator of Community Relations, Greater Vancouver Housing Management Commission, June, 1979.

24 Personal comment by C. Evers, Housing Development Manager, Greater Vancouver Housing Corporation, July, 1979.

26 Personal comment by S. Schmidt, Director, Columbia Housing Advisory Association, June, 1979.

27 Personal comment by A. Gladstone, Counsellor, YWCA, June, 1979.

28 Personal comment by S. Taylor, Housing Placement Officer, YWCA, June, 1979.
CHAPTER 5 CONCLUSIONS

5.1 Review of the Problem

In the four preceding chapters of this document the following has been ascertained. Firstly, traditionally in North America, the skid road problem has been treated by the provision of social services such as emergency shelter, food and health care. Housing needs of skid road residents addressed by urban renewal or relocation programs have failed because they ignored the social causes of the problem or needs of the skid road residents. Secondly, Canadian housing analyst currently favour the integration of housing and social services when addressing the needs of the poor, handicapped and infirm. Although Canadian housing policy reflects the attitude that housing plays a crucial role in one's health care. Thirdly, the subject group of this thesis is a multi-problem group, which has characteristics similar to populations presently receiving residential mental health services. However, there is inadequate knowledge of the effects of social intervention policies on the target population.

This thesis has examined the generic types of residential services and housing programs and some of their environmental attributes. The supply of suitable living arrangements available to members of the subject group were found to be inadequate. A demographic profile revealed that women are brought to the area for a variety of reasons: a belief in the availability of affordable accommodation; the acceptability of skid road lifestyles; and the presence of crisis related services. It also showed that those women who became residents of the skid road hotels and rooming houses have severe housing problems.
Interviews with agency workers and their clients identified women's shelter and social problems. The data revealed that unattached women with problem backgrounds have extreme difficulty maintaining and locating post-emergency shelter accommodation. The findings indicate that women on skid road are a minority population living in inferior accommodation, offering very limited security and protection. Their living space is not only inadequate, but is dangerous in that it increases women's susceptibility to assault and harassment. The women's situations are aggravated by the presence of discriminatory and exploitive attitudes towards them. These factors indicate that the use of hotels and rooming houses as post emergency shelter accommodation for women is highly inappropriate.

A survey of accommodation options, both within the skid road area and in the larger community, revealed that relatively few are suitable, affordable, and available for skid road women. Housing opportunities available outside the skid road area are generally unsuitable for this population due to resident eligibility criteria, length of stay limitations, and type of living arrangement provided. Suitable alternate residential options exist, but long waiting lists restrict admittance. In effect, women with problem backgrounds can only turn to skid road hotels and rooming houses, as no other options in the community are open to them.

The findings support the premise made by mental health workers, that repeated moves and the use of emergency shelter accommodation by this largely hard-to-house population is extremely disruptive to client care and treatment. It is costly in economic terms of duplication and repetition of services and in terms of immeasurable
human suffering. The above situation imposes extreme psychological and often physical hardships on the subject group. The current approach to treating this problem is to provide crisis-related services in the Downtown Eastside that include emergency shelter, food, counselling, and relocation assistance. Women who suffer from the effects of living in the skid road area, and women referred from other community agencies and hospitals, compete for these services. Provision of this kind of care is costly and at best, a stopgap measure that does nothing to solve their basic problems.

5.2 Constraints on Policy Intervention

Little is known of the origins of women on skid road. It appears that a "revolving door syndrome" is operating in that clients of services cannot become stabilized because of their repeated participation in and dependence on crisis-related social services. Some of this group may, in fact, be beyond the benefit of all intervention because they have never had the opportunities for self-improvement.

The present method of intervention provides short-term, case-by-case individualized treatment, whereby people in crisis are provided with food and shelter. This method is well established in the present social service delivery system in the Downtown Eastside area and is ingrained in the procedures of different provincial, civic, and charitable administrations. When considering intervention, the question which must be asked is this: "What are the benefits of allocating more programs of a band-aid nature to the same area?"

The second question that must be asked is this: "Is there enough information on the target group to say with certainty, that a longer term and more costly rehabilitative system of service will be a better
alternative?" The psychological dependence of this population suggests that it may be a "hopeless" group. Background information indicates that its members have problems related to psychiatric difficulties, mental instability, and drug and alcohol dependence. It is not known how rehabilitable this group is, and what the return will be on resource investment in this population.

Planners must recognize that supplying funds for this group's welfare may be never ending and that there will always be more candidates in line for necessary "rehabilitation". Another factor which must be kept in mind is that of the present climate of fiscal restraint in the Canadian and local economy. Resources for social services and social housing expenditures are limited and the cost-effectiveness of programs must be weighed very carefully.

In relation to cost-effectiveness of programs designed for the target group, consideration must be paid to the stage of intervention. Perhaps intervention should occur in the stage of precipitating circumstances, rather than after the target group becomes dependent on social services or channeled into a revolving door syndrome. Much more needs to be known about the origins of the target population members in order to identify the necessary follow-up and preventative measures that could be undertaken. The inevitable effect of early intervention is that those who are currently suffering from the effects of the skid road environment will not benefit. This is a cost which must be considered if this route is taken.

The issue of whether a housing program should be located in or out of the skid road area is another one which has important policy intervention implications. The position taken on relocation determines
whether a decision is made to improve the existing situation without making major changes, or making a major change by removing the target group to a better environment. It is evident that the housing problems of women in the skid road area are part of the larger interdependent series of problems that this group suffers in its present residential environment, yet two conflicting points of view are apparent. One view holds that women are generally comfortable in the skid road area because of the "atmosphere" and proximity to shopping and social services and that they would be alienated if removed from their community and informal support networks. The other view is, that living on skid road prevents rehabilitation and that this environment leads to loss of dignity and self-esteem. The argument follows that self-improvement therefore, requires leaving the area.

5.3 Possible Strategies of Intervention

Despite the number of constraints on policy intervention discussed in the previous section, a case can be made for designing certain changes. Changes could be made in two ways: by obtaining a rooming house for women only and making improvements to the existing hotel and rooming house stock; and by initiating a housing program for the target group located outside the skid road area. Both options would reduce the need for the existence of skid road emergency shelters and services.

Firstly, immediate short-term improvements are needed to alleviate the existing situation while long-term alternatives are developed. Improvements should be made to existing hotels and rooming houses. Floors and bathroom facilities should be sex-segregated, and supervision should be upgraded. The City should secure premises exclusively for women. These short-term actions will promote feelings of well-being and general
safety as well as reduce the demand placed on emergency services and housing related assistance in the area. They should be considered because not all female residents will require residential care or will want to leave the skid road area.

The provision of supportive housing may only "solve" the problems of the subject group to the extent that it would offer a stable therapeutic environment. It would not necessarily address the circumstances which brought them to the skid road area initially. As has been ascertained, the client population is a multi-problem group. In addition, most of this group is defined as hard-to-house, with the majority having chronic problems. A housing program may rehabilitate only some of this group, while others may be past the point of rehabilitation. What is most crucial to this group's improvement is the form of rehabilitation and the care that is to be provided.

The need for permanent accommodation for women on skid road is urgent. In the month of August, 1979, 49 women seeking housing-related assistance could have been placed immediately if suitable long-term accommodation was available. Agency workers would like to initiate the provision of some form of supportive housing for their clients. From agency workers' comments and from the findings of the inventory of residential options two examples of supportive housing in Vancouver were found to be desirable and successful models for the treatment of the subject group. These are the Coast Foundation housing for former mental patients and the B.C.H.M.C.'s residences for single women. Both are in the form of apartment complexes, which combine support services with housing in order to assist the residents with daily living and to prepare them for eventual independence.
A planning advisory committee could be established to implement and manage the residential program. The committee should involve the following: representatives from the Society for Women's Residences whose members are listed in Appendix 1; C.M.H.C.; The City of Vancouver Social Planning and Health Departments; and the B.C. Ministries of Health, Human Resources, and Lands, Parks and Housing. As the Society for Women's Residences have been responsible for studying women's needs in the area, and are involved directly in the delivery of social and housing services to women, they are the logical body to organize and establish the planning process.

The research provided information regarding the subject group's requirements and characteristics that form the basis on which to make program and design decisions. These have major design implications for such features as individual cooking facilities and bathrooms, or at least sex-segregated bathrooms. The interviews and past research on the study population indicate the preference for multi-unit independent living arrangements. However, the data is not strong enough to suggest that a secured residence should consist of self-contained units. If a supportive housing program is initiated, the following guidelines should be considered by those involved in the planning process:

- individual rents should not be more than $130.00 per month (1979 G.A.I.N. rates) or the maximum allowed by the current G.A.I.N. shelter allowance,

- the residence should be for women only and should foster a supportive atmosphere in which social interaction and group decision making may occur,

- the residence should have live-in support personnel, as well as other support services such as life-skills training and counselling and,
- the residence should be located close to public transport-
   ation, community services, and shopping.

5.4 Conclusions

The situation of women in the skid road area is different from
that of men and warrants special attention. The neglect and life
endangering circumstances which were uncovered during this research,
should be irradiated to prevent further hardship from occurring.
The decision to assist the subject group of this thesis is one which
cannot be discussed only in quantifiable terms. When addressing the
question "is this population worth helping and if so, how much?", the
answer comes back to one of social values. Given that Canadian
housing policy reflects the attitude that society has the obligation
to provide the psychological, physical, and social comforts of "home"
to its members, provisions should be made to meet all of its members' needs for shelter adequately. However, the problems of the poor and those without resources are likely to be a never-ending burden on society's resources. These two positions must be weighed in order to allocate resources in the most effective and humanitarian manner.

The problems experienced by women in the Downtown Eastside must be seen in the overall context of the skid road problem. Women on skid road are likely to be experiencing several problems, only one of which is related to housing. Skid road areas generally attract members of society who, for a variety of reasons, are unable to function in what are deemed as normal lifestyles. Its residents seek a social and cultural environment which tolerates, and to some extent, supports what would be considered in most neighbourhoods as unacceptable behav-

This environment is a symptom of a much larger social malaise;
one related to chronic poverty, unemployment and social resources.

This research has examined only one aspect of the skid road problem and did not attempt to examine the underlying causes. The broader implications of the findings, i.e., the skid road problem in general certainly warrants further research. The Downtown Eastside area is a typical skid road in that there are several agencies located there which offer services for different and overlapping client groups. The practices of these agencies may be geared towards directly improving the living conditions of the area residents, but this simultaneously creates an attraction to the area for people with problems who are or who become dependent on social services.

In effect then, a situation occurs whereby the existence of social services concentrated in one area, acts as a magnet and creates a clientele. The policy of concentrating social services in a particular geographical area may be exacerbating the skid road problem. All agencies and organizations providing social services in Vancouver's Downtown Eastside, should re-examine the current service delivery system with the goal of co-ordinating their efforts to solve the skid road problem. The issue of dispersing these services within the community is one which must then be addressed. Planners must recognize that other neighbourhoods may not readily accept services they consider potentially disruptive or threatening, and opposition is likely to be encountered.

The purpose of this thesis was to investigate the nature of the housing problems and the shelter requirements of skid road women. The question of rehabilitation, i.e., whether the provision of supportive housing will solve the problems of its residents, has been addressed
here, but more research is required to determine how their problems can be alleviated, and to what extent their situations can be improved. Their previous backgrounds, their present capabilities, and their capacity for improvement is crucial information, necessary for formulating program objectives. Decisions must be made about the expectations on this group to live independently, and whether the goal of the program is to gear its members for fully, independent living in the community and over what length of time. A pilot project is recommended in order to determine the effectiveness of supportive housing as part of rehabilitating these women. Philosophical approaches regarding the care and treatment of multi-problem people could be evaluated within this model.

In a broader sense, the original objectives of this research were to provide some answers to the question "What can be done for the female skid road resident?". From the findings, one major question emerges that relates to the skid road problem in general: "What social factors bring women to skid road?". This concern is raised for further research and must be considered when planning for Vancouver's skid road and its residents, and for social and health care services to women in Vancouver. In the meantime, improvement must be made immediately to hotels and rooming houses in order to alleviate the hardships experienced by female residents.
FOOTNOTES - CHAPTER 5


REFERENCES CITED


Beggs, D.M., "Cost of Community Workers Services on Behalf of Clients with Psychiatric Illnesses Who are Very Difficult to House and Maintain in the Community". Vancouver: City of Vancouver, Health Department, 1979.


PERSONAL COMMUNICATIONS


APPENDIX I

PARTICIPATING AGENCIES

Those agencies offering housing related assistance to women in the study area are described as follows:

1. The Downtown Eastside Women's Centre: a drop-in and resource centre for women offering counselling and assistance, housing referral information, and referral to other community information, and social services. Funding is provided by the City of Vancouver.

2. Lookout: a "last resort" emergency shelter providing short-term room and board for men and women who are in need. Funding is provided largely by The Ministry Of Human Resource (MHR), and partially by the City of Vancouver and private donations.

3. First United Church: a church organization providing housing referral, social services information and social programs for local residents. Funding is provided by church and other private donations.

4. Powell Place: an emergency shelter providing temporary accommodation and meals to women with or without children in crisis situations. Funding is provided mainly by MHR and partially by the City of Vancouver.

5. The Saint Francis Hotel: an emergency shelter providing temporary and meal tickets to men, women, and families in crisis. Funding is provided by MHR, and partially by the Ministry of Health.

6. Strathcona Community Care Team: a community based mental health clinic, providing counselling to individuals. Funding is provided by the Ministry of Health.

7. The Ministry of Human Resources Offices: two offices, Homer Street and Strathcona, providing financial aid and counselling to social assistance recipients. Funding is provided by the Ministry of Human Resources.
Downtown Eastside Area: .......

Census Tract 57 and 58: --- ---

City Planning Area 1: -------
SUMMARY OF DR. BEGGS' STUDY

Although the Beggs' study focused on clients with psychiatric disorders who are said to represent only a small percentage of the population considered hard-to-house, its findings are relevant to some of the hard-to-house population documented by the Lee with Angell report. The majority of the reports of clients considered "difficult to house" were submitted by agencies serving the Downtown Eastside area. Four of the 14 participating agencies used in the Begg's study were also participating agencies with the Lee with Angell study and two of these four were emergency shelters.

For purposes of Dr. Beggs' study the term "difficult to house" referred to those who could not be maintained in existing housing because of their psychiatric illnesses or their disruptive behaviour. The study notes that these clients are attracted to the Downtown Eastside Area because of its affordable accommodation. It also notes that facilities for the hard-to-house are extremely inadequate. The report states that agency workers in the study area were growing increasingly frustrated with their inability to find suitable housing for some of the clients, particularly those with psychiatric disorders. The study concluded that the repeated use of emergency shelters by the hard-to-house population was both economically wasteful and therapeutically disruptive.

Those considered difficult to place in appropriate housing were those who fit the following criteria:

1. Clients with psychiatric illness and/or a history of previous psychiatric hospitalization.
2. Client who is mentally retarded.
3. Client who is brain damaged (e.g. due to injury, chronic brain syndrome).
4. Client who is dangerous to self or others for mental illness reason.

5. Client who cannot perceive or deal with the reality of daily life-sustaining routines and therefore, cannot live alone without care.

6. Client who is chronically so emotionally disturbed that he/she cannot function without supervision.

The findings considered relevant to this thesis are as follows:

- approximately 1/3 (35% of 61 of 174 cases reported) were females, 62% of all cases were under age 35 (107 of the 174), and 47% (82 of the 174) were under the age of 30.

- 81% of 141 of the 174 clients were placed in emergency shelter accommodation 26.8 times during the 3 months study period.

- some cases were barred from all hostels and hotels, and of these, 14% or 7 cases were under the age of 35.

- 16% or 28 of the 174 clients came to the area from out of town. 25% or 5 of these cases were women. All 28 had histories of psychiatric disorders, and 27 of the 28 used emergency shelter accommodation.

- 29% or 7 of those considered dangerous to self or others for reasons of mental illness were women.

- 26% or 46 of 174 clients were reported as abusers of alcohol or drugs and almost 1/2 of these (44% or 20 of the 46) were females.

- 50% or 87 of 174 were identified as "unable to function without supervisory care."

- 28% or 49 of the 174 clients came to the study area directly from a psychiatric facility and required assistance in locating housing. Of these, 34 had Riverview (a mental hospital) as their last address. 14 of these were women, and 88% of these 34 cases used emergency shelter facilities during the study period for an average of 14 days per client.
APPENDIX IV

DESCRIPTION OF THE LEE WITH-ANGELL STUDY

The Lee with Angell (1980) study documented the existence of a largely hard to house population of unattached women in the Downtown Eastside community. The study groups characteristics in and of themselves explain to a large extent why its members have housing-related problems. A detailed account of the findings are as follows.

Part 1 Findings from the Survey of Clients' Questionnaire

A total of 73 questionnaires were returned by agency workers in the Downtown Eastside who documented each client who specifically requested housing related assistance for the month of August, 1979. Eight questionnaires did not fulfill the age criteria for inclusion in the study group, leaving a total of 65 usable cases. Of the six participating agencies who filled out Form A, the largest number of returns were received from Lookout (N=21), followed by Powell Place (N=13). Both of these agencies provide emergency shelter. The Strathcona Community Care Team documented 9 women and the Downtown Eastside Women's Centre documented 8 women. Three cases were found documented by two agencies, representing 5% of the 65 total cases. The rate of duplication was much lower than expected.

1. Age

The ages of the women in the study sample were spread fairly evenly between the ages of 19 and 55 years of age. The exception was for those aged 34 - 38 years; there were only three women in this category. Fifty-two percent of the study females were under 39 years of age. (N=33). Forty-seven percent, or 30 were 39 years of age or older.
TABLE 1

AGE DISTRIBUTION

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>N</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-23</td>
<td>7</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>24-28</td>
<td>12</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>29-33</td>
<td>11</td>
<td>17</td>
<td>52%</td>
</tr>
<tr>
<td>34-38</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>39-43</td>
<td>7</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>44-48</td>
<td>14</td>
<td>22</td>
<td>47%</td>
</tr>
<tr>
<td>49-54</td>
<td>9</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>99</td>
<td>99%</td>
</tr>
</tbody>
</table>

No response (2)

2. Ethnicity

The majority (75%) of women in the study are Caucasian. Twelve women or 19% are Native Indian, four women or 6% are Chinese ethnicity and there was one of another ethnic origin which was not identified.

TABLE 2

ETHNICITY

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>47</td>
<td>73</td>
</tr>
<tr>
<td>Native Indian</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Chinese</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

3. Income

Fifty-eight percent of the sample were receiving some form of government assistance. Of the remainder 37% were not dependent on government assistance, and 5% reported no response or the worker did not know if the woman was receiving government assistance.

TABLE 3

FINANCIAL ASSISTANCE

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37</td>
<td>58</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>Don't know</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>95</td>
</tr>
</tbody>
</table>
4. **Hard-to-House**

Of the 64 women for whom a response was received, forty or 63% were perceived by agency workers to be hard to house. Twenty-three or 36% were not considered hard to house. No response was received in one case.

<table>
<thead>
<tr>
<th>TABLE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HARD TO HOUSE</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hard to house</td>
</tr>
<tr>
<td>Not hard to house</td>
</tr>
<tr>
<td>No response</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

5. **Hard-to-House and Nature of Problem**

For those who are seen to be hard to house, 75% of these cases were also described as having chronic problems, 5% or 2 cases were described as having crisis or short term problems and 25% were thought to have both chronic and crisis problems. Clearly, 90% of the women in the study group, who are hard-to-house, have problems related to housing which are considered to be serious and ongoing.

<table>
<thead>
<tr>
<th>TABLE 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THOSE REPORTED AS HARD TO HOUSE</strong></td>
</tr>
<tr>
<td><strong>NATURE OF PROBLEM</strong></td>
</tr>
<tr>
<td>Nature of Problem</td>
</tr>
<tr>
<td>Chronic</td>
</tr>
<tr>
<td>Crisis</td>
</tr>
<tr>
<td>Both</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

6. **Number of Presenting Problems and Nature of these Problems**

Respondents were asked to check one or more presenting problem as expressed by the woman at time of initial contact. The breakdown and frequency of response is shown in Table 6.
TABLE 6

PRESENTING PROBLEM

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>36</td>
<td>26</td>
</tr>
<tr>
<td>Psychiatric mental health</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>Counselling services</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Financial aid</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Physical health</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Information</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Language aid</td>
<td>1</td>
<td>.07</td>
</tr>
</tbody>
</table>

Total

The majority (75%) or forty-eight of the 64 total responses had two or more presenting problems. In only 16 cases or 25% of the total was only one problem presented at the time of initial contact. The categories which have the highest rate of presentation among the study group are:

1. Housing (25%)
2. Counselling services (23%)
3. Psychiatric mental health (23%)

These categories are arbitrary in the sense that no definition was provided to ensure a common understanding of what each category entails. Responses rely entirely upon workers' judgement of what each category describes. They should therefore, not be interpreted in any strict sense, but only as indicators of the kind of help which is sought by women in the study group.

7. Hard-to-House and Term of Housing Requested

For those women seen to be hard-to-house (see table 7) 35% or 14 women, requested emergency housing. Only two women requested intermediate term housing. Twenty-four women or 60% requested long term housing. A cross tabulation of the housing requested for hard-to-house women, yielded somewhat inconclusive information. It seems that for those who requested housing assistance, the majority required emergency housing. For those requesting counselling services and psychiatric health services, the majority required long term housing.
TABLE 7
HARD TO HOUSE AND TERM OF HOUSING REQUESTED

<table>
<thead>
<tr>
<th>Term of housing</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency housing (less than 1 month)</td>
<td>14</td>
<td>35</td>
</tr>
<tr>
<td>Intermediate housing (1 month - 1 year)</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Long-term housing</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

8. Source of Initial Referral

The Ministry of Human Resources was the source of the initial referral in 29 or 45% of the reported cases. This is to be expected, since the Ministry of Human Resources operates an emergency bed index and refers on a per diem rate to several of the other participating agencies. Hospitals referred the next largest group, followed by self referrals. (see Table 8)

TABLE 8
SOURCE OF INITIAL REFERRAL

<table>
<thead>
<tr>
<th>Name of Source</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Human Resources</td>
<td>29</td>
<td>45</td>
</tr>
<tr>
<td>Hospital</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Self</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Other Social Service Agency</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Other, e.g. landlord, physician psychiatrist person on street</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

9. Housing Type and Age

There appears to be a relationship between age and type of "supportive" housing which is seen as most desirable. The term "supportive" with regard to housing type or living arrangement, refers to any service which may be required to support a person's ability to cope with a particular housing situation (e.g. professional supervision or support, lay supervision or support, homemaker services, etc.). Workers were asked to make a judgement, in consultation with the client herself, if possible, as to what type of supportive housing would be best suited to the client's needs. The housing types were presented in order of their most dependent to the most independent. They fell generally into two major categories.
dependent living arrangements and independent living arrangements. The results indicate that for the older women in the study group (39-55 yrs.) the majority (22) would prefer more independent living. Institutional type supportive living arrangements were judged to be least desirable for both age groups. (see Table 9)

TABLE 9

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19-38 yrs.</td>
</tr>
<tr>
<td>A. Dependent living arrangements</td>
<td></td>
</tr>
<tr>
<td>1. Institutions (e.g. hospitals,</td>
<td>4</td>
</tr>
<tr>
<td>Intermediate and Personal Care</td>
<td></td>
</tr>
<tr>
<td>Facilities, Prison)</td>
<td></td>
</tr>
<tr>
<td>2. Group Living-Supervised (e.g.</td>
<td>7</td>
</tr>
<tr>
<td>Powell Place, Lookout, Boarding</td>
<td></td>
</tr>
<tr>
<td>Homes)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
</tr>
<tr>
<td>B. Independent living arrangements</td>
<td></td>
</tr>
<tr>
<td>1. Group Living-Communal (e.g.</td>
<td>6</td>
</tr>
<tr>
<td>MPA Houses, Group Homes)</td>
<td></td>
</tr>
<tr>
<td>2. Multi-unit Independent (e.g.</td>
<td>7</td>
</tr>
<tr>
<td>Roddan Lodge, Coast Foundation</td>
<td></td>
</tr>
<tr>
<td>apartment or units in an unidentifi-</td>
<td></td>
</tr>
<tr>
<td>able building</td>
<td></td>
</tr>
<tr>
<td>3. Single-Unit Independent (e.g.</td>
<td>8</td>
</tr>
<tr>
<td>dispersed apartments)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
</tr>
<tr>
<td>Total No. of Cases</td>
<td>32</td>
</tr>
<tr>
<td>No Response</td>
<td></td>
</tr>
</tbody>
</table>
10. **Descriptions of Problems for Hard-to-House Women**

Written descriptions of problems affecting those perceived to be hard-to-house are analyzed in terms of four general categories. Category 1 is mental instability and includes psychiatric illness; category 11 is poor life skills and this includes problems having to do with coping with life and people; category 111 is poor health and includes physical body deterioration, physical handicap, drug and alcohol abuse. Category 1V is other problems. These are listed below in order of frequency of mention. The labels given to identify problems associated with hard-to-house women are those stated by respondents (i.e. agency workers), where these problems were listed more than once, the number of times it occurred is noted.

**MENTAL INSTABILITY: Category 1**
- mentally unstable (4x)
- psychiatric problems (4x)
- moody (2x)
- previously hospitalized (psychiatric hospital)

**POOR LIFE SKILLS: Category 11**
- inability to care for self (3x)
- loneliness and insecurity (3x)
- sexual promiscuity (2x)
- too young (2x)
- constantly being evicted
- chronic complainer
- over reliance on men
- unable to make judgements
- poor motivation
- poor life skills
- rude to neighbours
- over reliance on family, parents

**PHYSICAL HEALTH: Category 111**
- drug and alcohol abuse (6x)
- poor health, epileptic, deaf, physically weak needs hospital care
- brain damage
- retarded
- too institutionalized

**OTHER: Category 1V**
- U.S. immigration
- no resources
- language problem
- husband beat woman
The above list indicates that for those women considered hard-to-house by agency workers, other problems have an influence on their ability to locate stable housing. In this study, the major problems are drug and alcohol abuse, mental instability and psychiatric problems and poor life skills. These are meant as a classification of problems rather than client types, and although they may be problems of women who are hard-to-house, they are not specifically related to their housing problems.

11. Mix of Housing

Respondents reported that 42% of women would be best served by the provision of supportive housing for women only 30% for men and women and 14% each for women and children only and men, women and children. If self-contained suites were provided, these findings may have less significance.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Women only</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td>2. Men and women</td>
<td>19</td>
<td>30</td>
</tr>
<tr>
<td>3. Women and children</td>
<td>29</td>
<td>14</td>
</tr>
<tr>
<td>4. Men, women and children</td>
<td>9</td>
<td>14</td>
</tr>
</tbody>
</table>

PART 11: Findings from the Survey of Agencies Questionnaire

Information about the extent and nature of agency involvement with the housing problems of single women was collected on form B of the questionnaire. In each agency, the co-ordinator or supervisor completed the questionnaire except in two instances where it was completed as a group process.

1. Time Spent in Providing Services

Agencies reported spending an average of 60% of their time per month in providing personal support and services. This was followed by agencies providing supervision on an average of 16% of their time
119

and other services an average of 16% of their time. Only 9.5% of agency time on the average, is spent in actually providing accommodation. This indicates that the agencies participating in the study provide very little actual housing but do provide a great deal of support to clients.

2. Number of Women Seen in a 4 Month Period

The total number of women who identified housing as a problem to a participating agency during the period January to April, 1979 was 464. The month of April showed the largest number of women requesting housing assistance. (see Table 11). This coincides with interviews with a number of workers which indicated that the spring sees an upturn in the number of women who identify housing as a problem. This figure makes no allowances for possible duplication of clients among agencies. An average of 2.8 agencies are involved in solving the average women's housing problems. (see Table 11). If supportive housing were immediately available a total of 49 women could be referred by the reporting agencies. This figure does not account for possible duplication in clients among agencies. Results from Form A indicates that approximately 5% of clients are seen by two agencies.

3. Size of Potential Housing Group

If the month of August were indicative of the number of women seeking housing and in need of support for other months of the year, then a demand of 49 women who could be referred to new housing might be projected for each month of the year. Not all of these women, of course, would be interested in new, permanent accommodation. Increases in demand would occur in the late spring.

4. Providers of Housing

The results of the questionnaire indicates that a wide range of housing is used by reporting agencies. No one provider of housing predominates. However, for housing referral agencies, the Red Door, which is not a housing supplier, nor is it located in or particularly near, the study area, is used most frequently by all agencies who responded to this question. This suggests that the Red Door should be involved in future discussions of housing needs of single women in the Downtown Eastside.

5. Nature of Supports to be Provided

Respondents were asked to rank the importance of supports to be integrated into "second stage" housing. The results indicate that 24 hour live in supervision is most important, followed by 2. personal decision making supports, 3. professional consultation (intervention and prevention), 4. life-skills training, 5. group decision making supports tied with homemaking services, and medical care and services.
6. **Amount of Time Spent on Housing Needs of Single Women by Agency Workers**

An average of 52% of all single women seen by agencies was reported as having a housing related problem. Each woman requires an average of 10 contacts per month with a worker concerning housing and related problems. If an average of thirty minutes is the estimated length of time per contact, then on a monthly basis, each woman would require approximately five hours of consultation with an agency. These figures are estimates and should be interpreted as an approximate indication of time spent by agencies on housing problems. If 49 women were taken as a constant monthly demand rate, the total hours per month invested on single women's housing problems by the six reporting agencies is approximately 245 hours per month.

7. **Unsatisfactory Housing**

All but one agency felt that housing conditions for single women in the Downtown Eastside community was very unsatisfactory. In the questionnaire, these terms were not defined. It is not known why there is a difference in perception of these labels by respondents. This agency felt that housing was unsatisfactory. The written comments offered as causes for unsatisfactory housing are summarized below:

- **X1** - lack of privacy, physically unacceptable, too expensive, noisy.
- **X2** - harassment (both sexual and physical), abuse by residents, inadequate living conditions, toilet and tub down halls, no security, no proper cooking appliances, etc., not having other women about, and generally not having special resources. This all, of course, applies to all individuals down here.
- **X3** - to my knowledge, there is no accommodation for single women other than the Y.W.C.A., Beaconsfield/Strathcona - neither group will accommodate women with any sort of difficulty - other than with physical handicaps.
- **X4** - hotels do not provide adequate living (hot plate and window sill fridge). Ratio of men to women is disproportionate - this creates an environment of isolation for women (harrassment by men) hotels have no lounge areas.

In summary, reasons for feeling that housing conditions in the Downtown Eastside are very unsatisfactory have to do with both the general deplorable physical shape of housing available and the male/female imbalance which leads to concerns about personal safety and isolation. These reasons are similar to comments received in the case interviews, reported earlier.
### Table 11

**Number of all women requesting housing assistance, Jan. to April/79**

<table>
<thead>
<tr>
<th>Month</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan.</td>
<td>100</td>
</tr>
<tr>
<td>Feb.</td>
<td>100</td>
</tr>
<tr>
<td>Mar.</td>
<td>129</td>
</tr>
<tr>
<td>Apr.</td>
<td>135</td>
</tr>
<tr>
<td>Total</td>
<td>464</td>
</tr>
</tbody>
</table>

### Table 12

**Average amount of time spent in providing services for all agencies reporting**

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Personal support</td>
<td>60</td>
</tr>
<tr>
<td>B. Providing physical services</td>
<td>12</td>
</tr>
<tr>
<td>C. Providing accommodation</td>
<td>9</td>
</tr>
<tr>
<td>D. Providing supervision</td>
<td>16</td>
</tr>
<tr>
<td>E. Other</td>
<td>15</td>
</tr>
</tbody>
</table>

### Table 13

**% of women with housing problem seen by agency in average month**

<table>
<thead>
<tr>
<th>Agency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downtown Eastside Women's Centre</td>
<td>70</td>
</tr>
<tr>
<td>Lookout</td>
<td>100</td>
</tr>
<tr>
<td>Powell Place</td>
<td>100</td>
</tr>
<tr>
<td>Strathcona Community Care Team</td>
<td>40</td>
</tr>
<tr>
<td>First United Church</td>
<td>30</td>
</tr>
<tr>
<td>MHR St. Francis</td>
<td>50</td>
</tr>
<tr>
<td>Emergency Services (MHR)</td>
<td>10</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>57%</strong></td>
</tr>
</tbody>
</table>