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SKID ROAD: VANCOUVER

An exploratory Study of the Nature
and Organization of Skid Road and the
Effectiveness of Existing Social Policy.

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ABSTRACT

Similar to most other large North American cities, that area of Vancouver which at the beginning of the present century was at the hub of a young and vigorous regional economy, is now playing host to the castoffs of our society made up of those who are suffering from physical and emotional ill health or have fallen by the wayside because of poverty and lack of skills and education. The social agencies serving the area recognize that by and large their efforts are only of an emergency nature and leave the basic problems untouched. A comprehensive program to deal effectively with the problems of skid road requires resources beyond the means of these agencies and will require extensive support, financial and otherwise, from civic and senior governments. A number of the agencies serving the area have been instrumental in bringing the dilemma to the attention of civic authorities and in recommending remedial and preventive action. Studies and programs which have been undertaken on Skid Road in the United States, point the way to a solution of similar problems in Vancouver. At the same time research on the subject is still relatively limited, and much more needs to be known, especially of the situation as it exists at the local level.

The present study is intended to add to the fund of basic knowledge on Skid Road in Vancouver. This is a necessity if effective planning and action are to take place.

In the introductory chapter Skid Road is portrayed in terms of its historical and present physical and social characteristics. A review of two recent studies on Skid Road in Vancouver familiarized the reader with some of the problems of the area and suggests possible ways of coping with these. A few observations on newspaper coverage of the area conclude the chapter.

In Chapter II a summary of several studies and projects on Skid Road in the United States offers a means of comparison to the local scene.

The second half of the thesis focuses on an examination of the problems and social policy of Skid Road in Vancouver, as seen by representatives of social agencies serving the area and the clientele served.

The purpose of the study, its scope, and the materials and methods used, are outlined in greater detail. In chapter 4 the research data are classified and presented in table form where appropriate. A brief analysis of the data is also presented. The final chapter contains observations on the research project and its findings as a whole. The thesis ends with a number of recommendations and conclusions on the basis of the findings.

The study was intended primarily as a further exploration of the problem area. Definite conclusions were not expected. At the same time, the following observations deserve

closer consideration. It was felt that particular attention be given to the establishment of:

- a) a multipurpose agency in the Skid Road area
- b) a variety of hostels and halfway houses located throughout the city
- c) a coordinating body to deal with Skid Road problems

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SKID ROAD: VANCOUVER

CHAPTER 1

AN INTRODUCTION TO SKID ROAD: VANCOUVER

Almost every large city in North America has an area with the Skid Road characteristics of poor housing occupied mainly by men without family ties who live under severe hardship.

Skid roads are found primarily "in major ports and railway centers, regional centers of mining and lumbering, and in cities close to agricultural regions requiring casual labor for fruit picking and other purposes."¹

At one time the area had been a dynamic sub-culture of our cities, necessary for industrial expansion and providing the country with a pool from which to recruit labor. Today, the men who manned our ships and built our railroads, who harvested our grain, cut our lumber and constructed our buildings are no longer a force on skid road. Their occupations have gradually been altered by unionization and automation. Those who are now engaged in them are by and large stable citizens and respectable family heads who would hesitate to set up residence on Skid Road.

Left, is only a residual group made up of the physically and psychologically handicapped or otherwise underprivileged. The population on Skid road is primarily male.

1. City of Vancouver Planning Department. Downtown-Eastside, June 1965, pg. 19.

Almost all of it's inhabitants are considered poor. Many live in the area because they have little choice. They may be physically disabled and in receipt of public assistance; they may be pensioners who have come to the area because of low rents. About 1500 men over 65 years of age live in rooming houses and hostels, a high concentration when compared to the rest of the City.¹ Some of these, particularly west of main street, are sick and disabled. Because of drinking or other problems, some of the men have drifted automatically to this area for companionship and consolation. Many others choose to live here because of its diversity and constant activity and the convenience of nearby stores. It is believed that some of the men are ready to work but have lost their jobs at an age where it is no longer easy to find work, or they have few skills. Often when they do find employment, they are obliged to perform the most menial tasks under the poorest working conditions and at substandard wages. Many, in particular the chronic alcoholics and hopeless derelicts--the human tragedies of our system--never work at all. It is of this latter group that most citizens think when they speak of the typical inhabitants of skid road.

In addition to the above, Vancouver, which has long been the focus of a province depending heavily on seasonal employment, continues to draw transients from the prairies and the east.

1. Ibid., pg. 20.

Skid Road is found in the "weakening eastern section of downtown Vancouver and extends further east to include the area north of Hastings Street between Main and Heatley Streets."¹ To the west the area merges with the "city's highest concentration of major retail, office and government uses."² Chinatown to the south west is not part of Skid Road, neither is the National Housing Association residential redevelopment area nor the area to the east of Heatley Street which has been designated for industrial use.

Skid road is characterized by physical deterioration: "cheap hotels and rooming houses, beer parlours, cafes, pool halls, arcades and secondhand stores,"³ all in monotonous repetition. Most of the buildings were originally constructed in the late 1880's and the period from 1900 to 1920. Because the business area of the city spread to the west and south, this central area was not developed further after 1920. Instead, it was primarily used for housing the migratory labor force when, during the depression of the 1930's, hundreds of unemployed 'rode the rods' to Vancouver in search of work. Skid road became the refuge of "unattached men" who were poverty stricken and had no where else to go. As a result it "deteriorated socially as well as physically".⁴ Migratory workers were replaced by the unemployed, sick and poor because the area

1. Ibid., pg. 13.

2. Ibid.

3. Ibid., pg. 14.

4. Ibid., pg. 20.

could provide "the basic amenities at bare subsistence levels."¹

"Today many warehouses are vacant and many shops- especially on Alexander and Powell Streets-have long been in other uses. The demise of the North Shore ferries, the departure of the Japanese population during the Second World War and the removal of street cars, sounded the death knell of shopping on these streets, while Hastings street continues to draw shoppers, attracted by lower prices, from the entire city."²

Following the tradition of the English Poor Laws our treatment of skid road habitues is for the most part punitive. Society's attitude towards it's inhabitants is contemptuous, fearful and rejecting. Each year vast sums of money are spent to maintain skid road, but little attention is given to the possibilities for reducing or eliminating it through constructive, humane action.

Perhaps our "crimes of negligence are not less than the sins of actions, and pious hypocrisy is not less than unschooled rudeness. Just because we love comfort we don't really try to understand the strange world of those who are different from us. We are impatient and measure them by our standards. We dislike them because they are not our kind."³

1. Ibid.

2. Ibid., pg. 21.

3. Metzger, Frederick W. "The Skid Road Man", address given to the class of social workers of the University of British Columbia during their study of Skid Road in the fall of 1961.

I Vancouver Re-discovers It's Skid Road:

The Downtown-Eastside Report

In May of 1965, representatives of a number of church and social work agencies serving skid road presented a brief to city council outlining the problems of the area and criticizing the city's neglect to deal constructively with these. As a result of a subsequent study of the situation, the City Planning Department published a report entitled Downtown-Eastside in June of 1965. Briefly, they attempted a survey of the social characteristics and conditions of skid road, an area which overlaps the East End of downtown and inner part of the eastern residential and industrial redevelopment areas. The survey focuses on the human problems found in the area in the belief that any planning must first take the people into consideration before attention can be given to the area's physical aspects. Recognition is also given to the fact that many public and private agencies are trying to cope with the "day to day problems" and that a "concentrated effort is needed to tackle the fundamental social weaknesses."¹ The report strongly recommends that all agencies active in the area be brought together "to combine their efforts to improve or control the social ills that permeate this part of Vancouver.

The Planning Department has been interested in the Community Chest's area development project under way in the

1. City Planning Department, op. cit., pg. 312.

South East Section of the city. They were particularly impressed with the successful coordination of a physical planning program under a technical Planning Board. As a result, it was suggested that a similar body, which might be called a Social Planning Board, be set up to plan for the social needs of the people on skid road and to supervise the expenditure of public funds needed to improve the area. The report ends with a number of recommendations which will be dealt with later.

Having looked at some of the overall characteristics of the area under study it might now be appropriate to examine the findings contained in Downtown-Eastside in greater detail.

The City Planning Department, wanting to know who the typical inhabitants of Vancouver's skid road are, examined the census records and the files of the City Social Service Department. Their findings were as follows.

II The People Who Live in Skid Road.

Findings in the United States of America suggest that every Skid Road area has: a population almost exclusively male with 50% of the men between 45 and 65 years; the average income is low; a high incidence of disease, physical handicaps of various kinds and mental disabilities.¹

Refer to the Chart showing Basic Characteristics of the Population. (See appendix Chapter IV, appendix IV)

1. Ibid., pg. 25.

The 1961 Census for the Skid Road area revealed:

(1) a high number of elderly persons (1570 out of 5300 were 65 years and older); and (2) a high proportion of males: men outnumbered women by more than 4 to 1.¹

Census information tended to divide the area into two parts:

(A) Area west of Main Street (considered by the Planning Department to be the core of Skid Road, particularly the area north of Hastings Street between Cambie and Gore Streets.)

The population in this area in 1961 totalled 2508. Of these, 2200 were men; of whom 1373 were single. 756 were 65 years of age or older and 109 were below 20 years of age. 42% of the population were of British origin with 15% of Asiatic origin. 75% of the men were "married" persons but this is because the census definition classes a man as "married" even if he is living apart from his wife, for any reason, unless divorced.²

(B) Area east of Main Street.

The Skid Road character of this area refers more to the buildings and facilities than to the people who live here.

55% of the population is of Asiatic origin but they are traditionally not a part of the Skid Road problem. The population characteristics are closer to the city average than the area west of Main Street, although there is still a high

1. Ibid.

2. Ibid.

concentration of men and older persons. The area has three times the number of households than has the western area. 450 of the 550 persons below 20 years of age live here, which is an indication of the family nature of this part of the Skid Road area.¹

The City Planning Department's survey made four classifications of the male inhabitants in the Skid Road area. They were classified primarily on the basis of the social problems presented and specific recommendations were made to improve their welfare. A summary of the presenting problems and the recommendations made is included here and is shown under the four classifications of inhabitants, namely;

1. The Homeless Transient Men.
2. The Old Age Pensioner.
3. The Unemployed, Disabled and Handicapped.
4. The Police Court Drunkenness Offender.

(1) The Homeless Transient Men.

This classification referred primarily to the seasonal workers who inhabit the Skid road area such as miners, loggers, fishermen, et cetera, who are attracted to the area by the cheap rent. Frequently these men have social or personal problems: they may indulge in petty crimes; they may be alcoholics; and many are dependent on public assistance.

For these people, the City Planning Department recommended:

1. Ibid., pg. 26.

(a) a central agency to assess the needs of the homeless transient man so as to refer him to the most appropriate agency for help; and (b) the provision of vocational and training programs, particularly for the younger man, so as to return him to employment as soon as possible.

Because so many of this group are in receipt of social assistance, it was thought that hostel-type care might be better for them, particularly during an assessment period for rehabilitative purposes, than the granting of cash assistance without the rehabilitative assessment which the City Social Service Department presently offers.

(2) The Old Age Pensioner.

As mentioned earlier the 1961 Census indicated that about 1500 persons over 65 live in the area and most of these are men.¹ Why do they wish to live on Skid Road? As expected, the reasons are many. The rent is lower in this area than in the other parts of the city (accommodation averages \$30.00 to \$35.00 a month); there is companionship with other pensioners; this is an area of the city which has constant activity. Most of the inhabitants want to stay in the neighborhood even though studies show that 30% of the accommodation is classed as "poor" or unsuitable"; many say they dislike the Skid Road atmosphere but do not know where to move to; many treasure their independence.²

1. Ibid., pg. 28.

2. Ibid.

Many like to live in the area because it is possible to supplement their allowance by eating at the missions and getting good used clothing. This is an accepted way of life for the Skid Roader.

For the pensioners the Planners recommended:

(a) improved housing within their means, particularly light housekeeping rooms located in rooming houses and hotels which should be adequately staffed and have recreational facilities handy; low cost meals should also be readily available but should not be mandatory; (b) special centres for housing, care and treatment of the chronic alcoholic and the mentally disturbed; and (c) housing should be privately operated but under strict supervision and meeting agreed standards.¹

(3) The Unemployed, Disabled and Handicapped.

The records of the City Social Service Department indicated that there were about 500 unemployable people living in the core area who were under 65 years of age and in receipt of social assistance. Of these, their social histories showed that: 25% had alcoholic problems; 4% were known or suspected prostitutes; and 4% were known to be addicted to some form of narcotics. Fifty cases involved at least two of the above problems and often physical and psychological problems as well.²

These people live in the Skid Road area because they

1. Ibid., pg. 47.

2. Ibid., pg. 29.

can stretch their income further; they are close to the beer parlours and to the missions.

For this group of people, the Planning Department:

(a) recognized that many of them had an alcoholic problem along with their handicap and therefore were in need of a thorough medical assessment, particularly if disabled and unemployed. Reference was made to the Chicago Study in which it was found that medical aid was so helpful to this particular group that there was improvement in the physical well-being of the men as well as increased earning power for one third of them. In discussing the cost of medical treatment for this group, the Planners agreed that the amount spent in providing a man with social assistance for one year (12 times \$75.00 or \$900.00) could rehabilitate three "moderately handicapped" men or five "slightly handicapped men". Further reference to the Chicago Study is found later in this thesis.

(b) looked at the possibility of the administration of the social assistance cheques received by the chronic alcoholics. This has already been tried with a number of so-called "hopeless cases" and the City's right to do this has been challenged by a number of citizen's groups concerned with civil rights and liberties. However, the Planners suggested that hostel-type care should be considered, where these men can be housed and fed in lieu of cash assistance. Support for such a program would likely come from the Provincial Department of Social

Welfare where hostel services have met with success in several areas of the province in which housing for transients has been particularly scarce.¹

(4) The Police Court Drunkenness Offender.

See table which shows the number of arrests in the Skid Road area during the course of a year and note that this same area has less than 2% of the City's population. (See appendix, chapter IV, appendix V)

In the study of these statistics, it should also be kept in mind that the number of people involved is smaller than the figure suggests because many of the, particularly the chronic alcoholic, are repeated offenders. The Planners together with the police, recognized that the cycle of arrest, detention and release of the chronic alcoholic does not "reduce the problem; it merely perpetuates it".²

"The revolving door" policy, that is, the traditional way of treating the chronic drunkenness offender, is poor economics.³ To reinforce the accuracy of this point, the Planning Department referred to an estimate by the Vancouver coroner concerning the public cost of an Indian woman arrested 32 times for intoxication in six years. Each arrest costs about \$35.00 in terms of officers' time, booking facilities, use of vehicles, cells, court procedure, et cetera. With this in mind, the

1. Ibid., pg. 48.

2. Ibid., pg. 32.

3. Ibid.

Planning Department estimated the 13,800 arrests in the Skid Road area alone cost the City of Vancouver \$483,000.00 in one year.¹ They also estimate between \$4 and \$5 million dollars is spent by the City, directly or indirectly, in the Skid Road area each year, while in return only \$200,000 is collected in taxes, excluding school taxes.²

Another cost feature was presented by the Planners and it was estimated that the public cost of keeping an inmate in Oakalla is \$9.15 a day. Therefore, considering the minimum sentence is five days (and many receive thirty day terms), the cost of 8,170 arrests and minimum sentences for just SIPP (Seen Intoxicated in a Public Place) would be about \$400,000.00.³

In recommending a plan for this group, the Planners recognized that most problem drinkers are best helped by the Alcohol Foundation or the Alcoholics Anonymous. However, the police court drunkenness offender is usually in the later stages of alcoholism and has almost given up hope for himself. Again, as with the unemployed, disabled and the handicapped, the Planners looked to the report from the City of Chicago for inspiration. That city has an in-patient treatment centre for alcoholics who, after voluntary admission, receive treatment from a combination of medical, psychiatric, educational and religious approaches, as well as from the Alcoholics Anonymous.

1. Ibid.

2. Ibid., pg. 4.

3. Ibid., pg. 33.

The Planning Department believes, however, that the problem for Vancouver is so severe that it was thought that the court drunkenness offender should be given some form of compulsory treatment, noting that "the reason Scandinavian cities do not even have skid roads is largely because chronic alcoholics undergo enforced treatment in which they earn their way".¹ It was suggested that Vancouver consider trying an experimental program for those repeatedly arrested for chronic drunkenness, for instance, in a special section of Oakalla. Instead of the conventional sentence to a jail by the Court, they could be sentenced to this program.

This program would include group therapy and occupational training; a "half-way house" where they would be participants in Alcoholics Anonymous and other programs designed to help the alcoholic.

What about the cost of such a program? According to the Planners, these men are already in jail at the public expense but if the special program was "successful and was continued, the present waste of public funds would be considerably reduced."²

III What is Being Done at the Present Time.

The Planning Department mentioned the work of both public and private agencies who are directly and indirectly concerned with the Skid Road area. They recognized too, that

1. Ibid., pg. 49.

2. Ibid., pg. 50.

many agencies are working more or less independently with the problems in this area and with limited resources. They pointed out that most of the agencies assist the alcoholic, derelict and transient man to "maintain his way of life more easily and safely than in any part of the city." They concluded that the opportunity to do more for the citizen in this area was "hindered by limited resources and limited coordination".¹

The City Planners briefly referred to the work done by the following agencies:

- A. The City of Vancouver Social Service Department, 1530 West 8th Avenue.

This agency provides "cash allowances and supplementary services to those in need of and eligible for financial assistance"² under the Vancouver Charter and the Provincial Social Assistance Act. Besides financial assistance the district social workers try to provide a counselling service in an effort to rehabilitate as many persons as possible.

- B. The Central City Mission, 233 Abbott Street.

This is the largest organization of its type in Canada. They have a 300 bed hostel on Abbott Street and they also support three homes for boys. The Mission is primarily dependent on voluntary contributions of money, food and clothing. There is a staff of 34 persons and a budget of \$160,000 for 1964 - 65.³

1. Ibid., pg. 41.

2. Ibid., pg. 37.

3. Ibid., pg. 37.

The Mission provides temporary shelter for homeless men and from October to the end of March, they serve free breakfast and lunch daily to those in need. They also provide free clothing.

The Mission gives counselling service to those who wish it and acts as a referral agency to the employment office or to the City Social Service Department. Most of the men who seek shelter there are healthy but are unemployed. In 1963, 98,000 bednights were registered and during the same year, 115,000 services of food were made.¹

C. The Salvation Army Harbour Light Corps, 119 East Cordova Street.

This is a rehabilitation centre for men with alcoholic, narcotic or other problems and is the first of its kind in Canada.

The centre has 78 beds, 2 chapels, recreation and dining facilities.² This is not a transient shelter but is aimed at long term help and therefore, the rehabilitation program is from three months to a year. They have a special program called Miracle Valley near Mission, B. C. where their long term rehabilitation is carried out. They have a medical clinic (staffed by volunteer physicians), a group therapy program and an employment service which during 1964 placed 1092 men in permanent or temporary jobs.³

1. Ibid., pg. 38.

2. Ibid.

3. Ibid., pg. 39.

The centre also services meals daily and in fact, they report serving 800 to 1000 meals a day.

The yearly budget for Harbour Lights is about \$90,000.00.

The Salvation Army also provides a shelter for transients at 500 Dunsmuir and the bed capacity there is 248.¹

D. The Catholic Charities Hostel for Men, 150 Robson Street.

This hostel serves supper and breakfast and has 100 beds available for transient shelter. In 1963, about 5,000 men received 15,000 to 16,000 nights' shelter and about 30,000 meals were served.²

In 1963, the hostel operated on cash donations of about \$4,000.00 and food donations valued at \$6,000.00 to \$8,000.00.³

E. First United Church, Hastings Street and Gore Avenue.

This is the regional centre for the United Church and operates under the Board of Home Missions. During the winter months, the Church operates a daily breadline and serves from 50 to 150 men a day.⁴ It also offers a counselling service, gives the occasional meal ticket and helps find employment. They are planning to have a day centre where the elderly can drop in to read and relax and pass the time of day.

F. St. James Anglican Church, 303 East Cordova Street.

The Church offers counselling services and has an

1. Ibid.

2. Ibid.

3. Ibid.

4. Ibid., pg. 40.

active pensioners' club. It founded an Indian girls' club which was so successful that the parish social worker was able to convince a group of private citizens to establish a much-needed hostel for Indian women.

G. Franciscan Sisters of Atonement, 385 East Cordova Street.

This order was established in the 1920's with the specific function of working with the Japanese people who were then living in the area. This order operates a bread-line throughout the year. During the winter months about 800 people are served daily; in the summer from 400 to 600 are fed.¹

H. The Alcoholism Foundation of B. C.

The Foundation was set up by the Community Chest in 1953 and although it is an independent agency, it is officially responsible for the provincial public program on alcoholism. The Foundation's program is devoted to alcoholism prevention and treatment for those who wish to overcome this problem. The Foundation does not have the resources to help the chronic drunkenness offender who lives on Skid Road.

In 1964, the budget for this agency totalled \$135,000.²

I. Alcoholics Anonymous.

In Vancouver, this organization is very active: there are about 14 groups, totalling about 1200 members.³ The premise for working with alcoholics is the recognition that the alcoholic must want to be helped and this must be kept in mind

1. Ibid.

2. Ibid.

3. Ibid., pg. 41.

when considering how much help the A. A. or the Alcoholism Foundation can offer to the chronic alcoholic.

IV Suggested Policies and Recommendations:

The Planning Department believes that a re-application of present resources and activity would help to overcome "the human problems" in the area. They suggested the following:

A. For those who wish to remain in the area, a choice of adequate accommodation within their means and a chance to live free from the disturbing elements of Skid Road;

B. For those who wish to move away, a chance to live in a more pleasant environment, within their means;

C. For those who are ill, handicapped, unemployed (permanently or temporarily) or alcoholic, a chance for vocational and physical rehabilitation to reduce their dependency upon public funds.¹

Detailed suggestions for improvements in services have already been mentioned in the discussion concerning the four types of individuals found on Skid Road.

Further recommendations were also made by the Planning Department:

A. that the Downtown-Eastside preliminary report be made available to interested organizations and individuals;

B. that the City Board of Administration study the possibility of establishing a Social Planning Board, including recommendations as to staff, expenditures and terms of reference;

1. Ibid., pg. 45.

C. that the "Director of Planning be instructed to carry out further studies aimed toward the preparation of co-ordinated plans for the physical rehabilitation or renewal of the Downtown-Eastside area as part of the Urban Renewal Scheme No. 4 or 5".¹

Finally, the report adds that the eventual elimination of Skid Road depends on prevention. With this in mind, reference is made to the need for education of the young; the need for the treatment of the chronic alcoholic; the need for an increase in pension plans so as to reduce the poverty of old age; and, the need to provide the young with sufficient training to find their place in a rapidly changing world where only those with higher skills will be able to find employment.

V A Suggested Plan For Action.

Acting on some of the suggested policies and recommendations outlined in Downtown-Eastside, the Sub-committee of a Special Joint Committee of the Vancouver City Council prepared another report, entitled Skid Road: A Plan for Action, which appeared in September of 1965.²

In view of the major goals the Downtown-Eastside report had set, the following considerations to overcome the human problems on Skid Road were set forth in the Skid Road: A Plan For Action report.

1. Ibid., pg. 10.

2. Skid Road: A Plan For Action. Report prepared by the Special Joint Committee of the Vancouver City Council, September 1965.

Working on the basis of these objectives, the Subcommittee felt "that Skid Road requires special and concentrated attention from the various City Departments concerned with the human and physical rehabilitation of the area.¹ They felt that any attempt to alleviate and contend with the distinctive problems of Skid Road would require respective and concerted attention. Therefore, to execute and co-ordinate rehabilitation of the area the creation of a Permanent Mayor's Committee complementing overall social planning for health and welfare services was recommended. The Permanent Mayor's Committee would provide the necessary continuing direction to mobilize an effective Skid Road program.

The composition of this Vancouver area is unique with respect to its human components and it is for the following groups of individuals that services are needed and will be described as set out on a priorities basis by the Subcommittee.

(A) Unattached homeless men in need of financial assistance

This group consists of the unemployed employable and the chronic drunkenness offender. The services considered necessary here are (a) a short-stay hostel and (b) a long-stay hostel. The report considers hostel care rather than cash assistance as the most practical method of service.

(1) a Short-Stay Hostel - this reception centre is to meet the transient man's food and shelter needs, as well

1. Ibid., pg. 3.

as for those who have applied for social assistance. Individual assessments of the men will be available, in relation to health, clothing, employment and vocational training or retraining. Here, community resources could be called upon as specific services are required. It is suggested that a special unit of the City Social Service Department might be located in the hostel building and would provide the rehabilitation counselling and referral service. Caution would be exercised to ensure that chronic cases are not maintained there. The building and accommodations should provide for 250 men.

(2) A Long-Stay Hostel - this centre is designed for the chronic drunkenness offender. This was to be for those individuals who are in receipt of social assistance payments and for whom cheque administration cannot be satisfactorily arranged through an individual or agency, and/or they are unable to care for themselves. Co-operation from the Police Department would be sought here for those individuals found drunk in a public place, to be brought to the hostel, instead of the city jail, where social intervention can be influenced upon the interest of the man and of his rehabilitation.

Rehabilitation services although available, are not the primary purpose of the long-stay hostel. It is to provide domiciliary care and to prevent the abuse of social allowance payments. For the individual having independent means of

support, services of the hostel could be offered on a suitable fee basis. The building and accommodation should facilitate 250 men.

(a) Plan for Administration of the Hostels.

The above two plans for Hostels lend themselves to be administered in two ways according to the Sub-committee. Firstly, they could be administered as a direct part of the City Social Service Department's general program. Or, administration could come under existing private agency jurisdiction in preference to the creation of a new private agency for this purpose. Several private agencies are already attempting to deal with the area's problems in a similar approach as suggested by the Sub-committee. It is felt that presently existing agencies be explored first, in regards to undertaking the task before further thought be given to the setting up of a new agency. The Sub-committee feels positive however that one agency should undertake the operation of the hostels.

(b) Plan for Financing of the Hostels.

The present method of undertaking responsibility for the single unattached man who requires assistance and applies to the Vancouver City Social Service Department for social allowance, is through maintenance by the private agencies from a period of three to ten days before cash assistance can be obtained. And usually, before the next financial assistance issue, these men are again without funds and have to depend on the private

agency for a further period. This situation constitutes a considerable drain upon agency finances.

In the case of the single unattached man with an alcoholic problem, who may or may not be a recipient of public assistance, the expenses involved to the community are equally considerable. Here again, the private agencies may become temporarily involved from time to time. Also, "In the cases where these men are apprehended by the police for being drunk in a public place with no criminal involvement, they are taken to jail, charged, and committed to Oakalla for a period considered appropriate to the case. Their release after a short period of incarceration can and frequently does, start the whole process again. In these cases the private agencies, the police court and the provincial jails all are involved in considerable expense with little effort being made to prevent the repetitiveness of the situation by a concerted effort to help these men in a more constructive way."¹

Thus to alleviate financial drain of public and private funds as well as the great waste of human potential the hostels could serve both of the above situations. In the event that administration of the hostels was by a public agency, the initial capital expenditures would be the City of Vancouver's responsibility - e.g. in the purchase of lease of accommodation etc. The operating expenses (i.e. for the social allowance recipient and for the problem drinker receiving services)

1. Ibid., pg. 26.

would be available by social allowance funds for maintenance, where applicable and where no eligibility exists, funds would need to be available from the City and government treasuries as an alternative to present respective costs in police court, city and provincial jails. If administration is assumed by a private agency, then this agency would provide, on a fee for service basis, a community service complementary to the public welfare program and only for this purpose.¹ The capital expenditures to be financed privately over an appropriate period of time, and the agency would be reimbursed for expenditures relating to social assistance cases and those relating to the problem drinker not so eligible. A per capita per diem rate of return for service would be struck by co-operative agreement between the public agency and the private agency agreeing to operate the hostel.

To briefly summarize the services for the problems of the unattached homeless men in need of financial assistance, the Sub-committee recommends a short-stay hostel and a long-stay hostel with a focus on rehabilitation. Appearing next on a priorities basis of needs in Vancouver's Skid Road area are services for the following group.

(B) Elderly and unemployable men on Small incomes.

For this group, the Sub-committee felt that with the establishment of hostels as outlined above, more low cost

1. Ibid., pg. 27.

accommodation should become available in the Skid Road area. This would permit the more adequate rooming houses and hostels to become occupied by the elderly and unemployed who present no special problems, but who have from long standing resided in the downtown area. The magnitude of this need would be assessed and the appropriate housing facilities to be recommended to the authority responsible for slum clearance and urban renewal.

(C) Native Indian People

The native Indian population coming to Vancouver, also find their way to the Skid Road area because of the lower cost available for accommodation. For the unattached male Indian, services are available to him, as to men generally.

(1) Single Women - There are two organizations in this downtown area. One operates a social center for Indians and the other provides limited accommodation for these Indian girls.

(2) Families - The Indian families are settling here, likewise, because of the available low cost accommodation. The Sub-committee is recommending a modest hotel of one-hundred fifty room capacity providing suite facilities to accommodate them. The establishment of this facility for families would be situated down town but not in the Skid Road area, and would have the support and interest of the Department of

Indian Affairs.

(D) Drug Addicts and persons with other debilitating conditions.

It is suggested that a Special Unit of the Vancouver City Social Service Department to be established in Skid Road. They would through an assessment, identify problems of relative importance in order that these individuals could be referred to the appropriate community resources when indicated.

In summary then, the Special Joint Committee of the Vancouver City Council recommends that the following action be taken to alleviate the human problems in Skid Road:

- I. The creation of a short-stay hostel-reception center.
- II. The creation of a long-stay hostel for domiciliary care.
- III. The creation of a special unit of the City Social Service Department for Skid Road problems.
- IV. The appointment of a Permanent Mayor's Committee on Skid Road Problems.

VI. Skid Road Problems as Seen in the Newspapers.¹

The two reports outlined above were published in June and September of 1965, respectively, and mark an awakening by the community to the problems of Skid Road. A brief review of articles appearing in the Vancouver Sun and Vancouver

1. Refer to appendix on Newspaper coverage.

Province daily newspapers, and covering happenings and events concerning the area from 1961 to 1966, may provide the reader with greater perspective.

For purposes of analysis, the newspaper articles are seen as falling into two major time spans. The first covers the period from March 1961 to November 1964 and could be characterized as a period of ferment. Articles appearing during this time reflect a growing awareness of the undesirable aspects of Skid Road in terms of crime, alcoholism, and poor housing. There are some hints as to possible ways to improve the situation. A number of reports show the frustration and concern of the City Police over having to deal with mounting problems of crime and drunkenness in the area.

The second period ranges from May 1965 to the Spring of 1966 and may be described as a period of community action, assessment and planning. Reports indicate that social agencies dealing with Skid Road are showing increasing concern with its problems and are starting to coordinate their efforts to come to grips with them. Presenting a united front, a number of religious and welfare agencies exert pressure on civic and provincial authorities in an effort to enlist their support. This finally results in certain concrete recommendations and planning. The anticipated establishment of a large hostel for transients receives wide coverage in the papers, in particular since the beginning of 1966. The police continue to

point to the severity of the crime problem on Skid Road and to the high expenditure of funds and manpower required to deal with the area's drunkenness offenders.

In their overall treatment of the subject of Skid Road there seems to be little difference between the Vancouver Sun and Vancouver Province. In general, both newspapers appear to be fairly objective and factual in their reports. A lack of editorial comment and opinion on the subject is noteworthy, however, it could be argued that the titles of a few of the articles, particularly in the Sun, which contain such terms as "drunks", "harlots" and "derelicts", reflect certain biases. For the reader who would like to form his own judgement of the newspaper coverage, a summary of the articles considered appears in the Appendix.

Press coverage on Skid Road in Vancouver and the two reports referred to earlier have served as valuable background and framework in the preparation of the present thesis. This may be subdivided into two major parts. The first, including the present chapter, is intended to provide as accurate a picture as possible of the social and physical characteristics of Skid Road, and to familiarize the reader with a number of projects aimed at coming to grips with its problems. A review of the literature on the situation in Vancouver is followed by a corresponding summary of major studies and programs dealing with Skid Road in the United States of America.

The second part of the thesis focuses on an examination of the problems of and social policy on Skid Road in Vancouver. Research data was obtained by interviewing representatives of social agencies serving the area as well as the clientele served.

CHAPTER TWO

In Chapter One we reviewed some of the background history as given by newspaper reports concerning the current interest in Vancouver's Skid Road and the studies done by the City Planning Department and by a group of concerned citizens, called the Sub-committee of the Special Joint Committee on Skid Road Problems.

In this Chapter, we will now look at some of the studies made by various individuals and organizations in the United States of America. For an overview of Skid Road, its inhabitants and its problems, we will first review Sara Harris' novel, Skid Row, U. S. A., in which she has given an intimate portrayal of life on Skid Row as she saw it ten years ago. Then, we shall review an extensive and important study of the Skid Road areas in Chicago which began in 1956. Out of this study, a series of recommendations were made and a program of redevelopment was suggested. A letter was written to the City of Chicago to find out what aspects of this program had been implemented in order to obtain an up-to-date picture of Skid Road conditions today. The letter from the City of Chicago Department of Urban Renewal outlining their nine-point program will be found in the Appendix (Ch. 5, ap.1).

From Chicago, we shall next look at the City of New York and its program for Skid Road, called Operation Bowery. The Director of Operation Bowery, Morris Chase, sent us the

information for incorporation in this thesis.

Finally, we shall take a brief look at how the City of Seattle deals with its Skid Row problems. The information in this report was given in a letter from Jack A. Bartleson, Planning Specialist with the King County United Good Neighbors, Seattle, Washington.

I. A Summary of Sara Harris' Book, Skid Row, U. S. A.

Sara Harris has experience as a researcher as well as a writer in the field of practical sociology. She has probed Skid Rows across the nation in cities such as New York, Philadelphia, Chicago and on the West Coast. Her method of research has been to actually live among the people that she writes about and to make friends among them. Using a notebook and a tape recorder, she has come up with an account of life on Skid Row and the reasons behind it. Her aim is to kindle public awareness of the very real social problems which exist there and to give a portrayal of Skid Row that is meaningful to her readers. Her vignettes of the inhabitants are touching in their honesty and although the characters seem at times to be larger than life, they are believable.

(A) An Overview of the Skid Row Inhabitants.

The population of Skid Row represents a wide spectrum of people including the mentally ill, the retarded, the physically handicapped, prostitutes, all age ranges, a few egocentric fighters against society, and those that live on

old age pensions and old age insurances. There are also the young able-bodied men who have lost all semblance of faith in themselves, God, and humanity.¹ In the United States of America, Skid Rowers comprise well over half of the county jail population of every city. Many of them are addictive drinkers. Those that reach the stage of alcoholic convulsions or delerium tremens are admitted to mental or general hospitals. In freezing weather, some die of starvation or exposure and are buried in Potter's Fields.²

Jail, hospitalization and burial costs are believed to exceed the fifty million dollar mark every year. Skid Row inhabitants consider it "the last step before the grave. They wash their hands of themselves and say they're beyond caring what happens to them any more. No one else cares either. We have always been casual about Skid Row and have secured no adequate facts about its inhabitants. We do not know even exactly how many people live or die or have accidents on Skid Row, U. S. A."³

(B) The Young and Able-bodied Skid Rower.

According to Sara Harris' findings, the most irredeemable Skid Rowers were the young and able-bodied. They were the largest sector of the population, outnumbering all the other groups taken together.

1. Sara Harris, Skid Row, U. S. A., Garden City, New York, Doubleday & Co. Inc., 1956, pp. 15 - 16.

2. Loc. Cit.

3. Loc. Cit.

Most of the ones who were described as the able-bodied men had contempt for themselves and believed that they deserved to be on Skid Row. Their outlook was a fatalistic one. They did not seem to be angry about their situation nor did they whine about it. They simply went on existing with a feeling of hopelessness and worthlessness. To motivate a young man like this to seek employment was difficult to say the least. Untrained for any but the most menial kind of labor, with no roots any place, no attachment to any living person, and convinced that he deserved no better than what he was presently getting out of life - a bottle of alcohol, a place to rest his head for the night, and a meal whenever he felt like one - what reason would such a man have for working.¹

Harris looked for psycho-social causative factors and made the following observations: these ageless men, as a group, were inferior children, neither as strong nor as smart as the others around them, although by no means all of them came from poor families and overcrowded homes. Some came from homes which were marked by divorce or death in the family. Some never received any parental love. At least an equal number were overprotected but always by their mothers and no one else. Because a particularly strong attachment to their mothers was observed, it was not surprising that a number of

1. Ibid., pg. 31.

them carried thoughts of suicide after their mother's death, feeling that no one could ever take her place. There was very little difference between those that were loved too little by their mothers and those that were loved too much. As a result of their feelings of rejection and dependency and the feeling of hopelessness engendered by their personality make-up and the environment in which they found themselves, most of these men turned to alcohol as an escape because drinking is the accepted pattern of their world.¹ Harris described these drinkers as being egoless-dependent and passive, immature, and lacking initiative and self-direction.

Harris concluded that Skid Row, in a sense, duplicated their mother's home, in that here these men could live without any struggle - just as they had lived while still with their mothers. Similarly, everything was for free, just as it had been arranged for them in their youth.

(C) Aspects and Patterns of Skid Row Drinking.

As mentioned earlier, Harris theorized that most of the men on Skid Row drank heavily because this is the pattern of their world. Also, she concluded that basically these men were without ego's (or egoless) rather than addictive alcoholics. They were on the Row because they felt they belonged there and they drank because all of their companions did so.

Skid Rowers have usually been considered by objective

1. Ibid., pg. 27.

observers as hopeless alcoholics and the few treatment programs that do exist are planned around this designation. It is not surprising, therefore, that these programs have been almost universally unsuccessful.¹ The real alcoholics who have been drawn to Skid Row by their addictions are a small minority and this is the group who benefit by such programs as Alcoholics Anonymous. Unfortunately, the egoless alcoholics are not able to use these programs because they do not have the strength to overcome their weakness for alcohol.

Both types of alcoholics, however, suffer the same general feelings of hopelessness and have usually withdrawn from all contact with their families.² Many feel that no one has ever loved them and they find it extremely difficult to enter a meaningful and sustaining relationship with their partners in marriage. Most marriages, therefore, end in separation and this, in turn, helps to reinforce their feelings of inadequacy. They continue to drink to find oblivion. They know they cannot stop their drinking and hate themselves for being a weakling but go on drinking all the same.

Drinking groups are found all over the Skid Row. Their members are considered privileged because of the fact that they have friends and supporters and do not have to live in loneliness. In fact, most alcoholics on Skid Row, particularly the addictive ones, feel that Skid Row habitues are the

1. Ibid., pg. 57.

2. Ibid., pg. 62.

only real friends they have who will not look down on them.¹ Members of these groups are referred to as "lushes". It is interesting to note that among the alcoholics on Skid Row, just as in other segments of our society, there is a stigma attached to certain types of drinkers. Harris reports that many of the inhabitants look down on the lone drinkers called "rubby dubs", who drink hard alcohol, and on the "winos", who drink whatever they can get their hands on but always drink alone.

(D) Skid Row's Older Population.

Many Skid Rowers are men and women in their fifties and sixties, healthy and wanting to work instead of existing along Skid Row. Unfortunately, they are unable to get jobs. Unskilled workers all their lives, they were discarded from their jobs as they have grown older and have been replaced by younger and stronger men. They live in cheap rooming houses and shelters ("flops") and eat in the lower grade cafes ("greasy spoons"), supporting themselves by such jobs as dish-washing, on occasion, to working seasonally in summer resorts. Many of the older population over sixty-five are too feeble to care for themselves. Some of them beg for existence, sleep and eat in the missions when they can, and rest in alleys or doorways and scavenge garbage pails when there is no alternative. Some get Old Age Assistance and Social Security cheques

1. Ibid., pg. 77.

but the amount is not always sufficient to meet their basic needs.¹

Because of their pensions, the old are sought-after members of the "lush groups". Some pensioners live on Skid Row because they like it; others hate it but cannot afford to live anywhere else because of the higher costs of living on the outside. Some stay temporarily awaiting admission into old peoples' homes which are in rather short supply.

Loneliness is pronounced among the old. Many of the men would rather have company than eat. Most do not have the ingenuity to apply to a home for the aged. Some of the old hate Skid Row life at first, but after awhile, adjust to it. Others go for the independence and colour which it offers. A number of the "independent" ones often rationalize their loneliness with talk of freedom.²

(E) The Role of the Handicapped.

Skid Row is a refuge for the handicapped: the blind, the crippled, the amputees, the mentally ill and the feeble-minded. They blend in with the mass and are welcomed by any group they wish to associate with. Generally speaking, this group possesses a fighting spirit; they are hostile people, full of bitterness and anger.³ Many of them live on disability pensions and beg, often without success, when they need extra

1. Ibid., pg. 81.

2. Ibid., pg. 88.

3. Ibid., pg. 103.

money for eating, sleeping and most of all, drinking. There are some, though, who over a long period of time, have become highly successful beggars, collecting \$200.00 to \$300.00 a month. They could easily afford to live elsewhere but prefer to stay on Skid Row because the "egoless mass" provides them with constant ego lifts.¹

(F) Love on Skid Row.

Most amorous alliances are temporary on Skid Row. As a rule, those men that do end up married are considered to be the deviant ones. There are a few that "shack up" with women, but most do not approve of this. They are incapable of returning love and have contempt for the women who wish to have anything to do with them. The harder the women try to win their affection, the more able they become to reject the women. Most of the men prefer transient attachments to females who are "easy of affection".² Some can afford to entertain burlesque girls for a few weeks; others are satisfied with prostitutes. Many men who cannot afford to pay for prostitutes may enter transient homosexual relationships. Occasionally, two men stay together because they love and need one another.³ However, the vast majority of Skid Row inhabitants are not capable of forming a love relationship with anyone. Yet, there is a need for love in them - not so much to be loved, for they

1. Ibid., pg. 104.

2. Ibid., pg. 139.

3. Loc. cit.

feel too unworthy, but to love someone or something.¹ As a result, along Skid Row one can find the notorious "Lonely Hearters" who follow all the personal columns in the many newspapers and magazines and who exchange pictures and letters with female pen pals. They usually pretend to be something they are not in order to keep the letter tie. Others vent their love on objects and possessions such as blouses and stockings, or women's hair - something of sexual significance for them.²

There are some men who attempt to form relationships with women who do not live on Skid Row but these relationships seldom last.

(G) The Vanishing Hobos.

Genuine hobos are among the fringe people on Skid Row. Many are usually very old men now and remainders of another era. From 1870 - 1922, they were wandering workers and a vital ingredient for the development of the country. They worked as lumbermen, built roads and railroads, worked as cutters in ice harvests and mule and horse drivers during the days of horsepower construction. Today, even for the young and healthy of their type, these jobs have vanished.³

(H) Ways of Dealing With the Problem.

Self respect is a vanished commodity on Skid Row.

1. Loc. cit.

2. Ibid., pg. 140.

3. Ibid., pg. 169.

The inhabitants used to have "one big union, the International Wood Workers which was conceived and nurtured along the Row and offered dignity in identification but this has long since disappeared from the area".¹ Only the vast mass of egoless and handicapped people have remained. There are few movements which are consciously designed "to lift them up".² Such movements, to the extent they do exist, are organized by outsiders who have worked somewhat condescendingly, in spite of good intentions. Most of them have been unable to arrive at a true identification with many Skid Row members. All of them, in the final analysis, have limited operations in keeping with their motivations.³ Harris suggests that many missions exist primarily to "save souls for Jesus". All of their help is aimed around this primary purpose. The few municipal projects that have been set up are "motivated by the needs of the general urban population, upon whom unreformed Rowers are impinging, rather than by the needs of the people they are attempting to reach".⁴

Harris also goes on to state that the primary concern of Alcoholics Anonymous is to reach alcoholics, not Skid Row drinkers, and there is a difference between the two types. This organization's most efficient work, therefore, has been

1. Ibid., pg. 201.

2. Loc. cit.

3. Ibid., pg. 202.

4. Loc. cit.

with the ones who have not yet hit Skid Row. Their program is particularly successful with the addictive drinkers but they have not been able to reach the "egoless men". In spite of this, the program of Alcoholics Anonymous must be listed as one of the most effective of the rehabilitation efforts on Skid Row today.¹

There are some 1500 Gospel or rescue missions found in Skid Rows in the United States. Many share with Alcoholics Anonymous the belief that derelict Rowers cannot help themselves except through a "higher power" or "the Saving Grace of Jesus".² Facilities such as free beds, meals and washing facilities are provided in His name. Scoffing Skid Rowers refer to the mission staff as the "Soul Savers" or "Halleluja Boys" but on every mission staff there are members who have been helped to move out of the Skid Row way of life.

However, for every man who has been saved by a "mission miracle" there are thousands who have not.³ Year after year, they shuttle grimly between jail and their Skid Row homes. In court, most of them plead guilty to vagrancy and disorderly conduct charges over and over again.

"The court story, with rare exceptions, is the same from coast to coast. The Skid Row bunch lines up before the bar, filthy, disheveled, some with the look and smell of last night's nausea still on them.

1. Ibid., pg. 201.

2. Ibid., pg. 231.

3. Ibid., pg. 263.

Their names are called and they are advised of their rights to secure legal counsel and to have their trial postponed. Then they are asked to plead guilty or not guilty to a charge of disorderly conduct or bleating the same words out one after another, "Guilty, your honor". Some of them don't even bother to lift their heads as they mutter the words. The judges know most of the faces appearing before them because there are bound to be more old-timers than newcomers, men with records of, thirty-six, eighty-four, and two hundred arrests.¹

(This is the same picture one sees every morning at the Magistrates' Courts in Vancouver.)

Some judges and police officers become embarrassed over their ineffectuality and are callous toward the Rowers. They do their jobs routinely and only occasionally come out from under this routine, usually as a result of public pressure. Occasionally the newspapers arouse the public conscience. More often, though, the business men around or in Skid Row areas become indignant over conditions which directly affect their businesses and insist that some measures be taken "to clean up Skid Row".²

Some advocate that the alcoholics be controlled and that the "flophouses" be closed. These measures have not solved Skid Row's problems. Harris comments that New York, some time ago, had made an honest attempt to get away from largely punitive measures to a serious consideration of some rehabilitative possibilities. From 1950 - 1954, the Departments of Welfare and Corrections of New York cooperated in

1. Loc. cit.

2. Ibid., pg. 264.

setting up what was known as the Hart Island project for Skid Row men. These men who formerly would have gone to jail were given the opportunity to volunteer for treatment to Hart Island instead of being sentenced to jail. The success of the Hart Island project and details concerning how the rehabilitation of the inmates was accomplished is discussed later in this chapter. The success of the Hart Island project has served as a model for further rehabilitative planning in the City of New York and has influenced many researchers in other cities in the United States where efforts have been made to aid the Skid Row inhabitants, particularly those who come before the Courts for various offenses but mainly for alcoholism.

Sara Harris ends her book on the note that we cannot afford to shut our eyes to Skid Row in our cities. We must recognize its existence and do something about the possible causes leading to the need for people to seek refuge on Skid Row.

II. The Chicago Study: The Homeless Man On Skid Row.

The above title refers to an extensive and detailed study carried out on the Skid Row areas of the city of Chicago. The major part of this project was financed by the U. S. Federal Government under the 1954 Housing Act and the remaining third by the local community through a "Grant from the Weiboldt Foundation."

The study, carried out under the direction of a

general advisory committee, began in 1956. This advisory committee had a very broad representative base as all of the public and private agencies dealing with the problems of health, welfare, housing, unemployment and crime control, that were providing services in these areas, were represented on this committee.

The impetus for the study was a basic concern with the feasibility of skid row clearance and the redevelopment opportunity provided by the choice skid row location. The focus of the study was to provide a systematic comprehensive review of the skid row area and its residents. Because the area presented so many difficulties, because so little was known about the population involved and because a 'whole range' of services, including housing, was required to deal with the problems of the area, it was evident to the researchers that the urban renewal program for these areas must:

- (a) be preceded by comprehensive research
- (b) enlist the active cooperation of several interested municipal agencies,
- (c) be part of a program that is well organized and carefully designed to take both remedial and preventive action against the adverse conditions that exist in this area.

This report then reflects, in its approach, the three necessary factors needed to solve the critically human problems inherent in a skid row, in that;

1. The intensive analysis of the phenomenon provides basic and invaluable data on the nature of the area and its residents.

2. The report then develops techniques for enlisting and coordinating the activities of the various agencies concerned with skid row.
3. Finally it formulates a tentative program which deals with the unique problems of skid row redevelopment and which, if carefully followed, can cure the problems of the area.

During the course of the study, interviews were conducted by trained interviewers with residents of the area in order to obtain the detailed information that was required.

In reviewing the historical development of the Chicago skid row areas the researchers were able to discern the following points:

- "1. Skid Row areas in the U. S. are historically related to locations which make great demands for an unskilled and casual labor pool.
2. Technological advancements have reduced the demands for unskilled labor, and the number of homeless men is shrinking visably. While the population of Chicago almost doubled from 1910 to 1958, the skid row population was only 25% of its 1910 size.
3. Although the skid rows contain appreciable number of homeless men in search of a low skill labor market, a growing number of the residents are there primarily for the low scale economy of the area.
4. A rising number of "skid rowers" demonstrate personal and health needs and problems which cause them to be either rejected by society or unable to compete in its economy.
5. Any effective program designed to cope with skid row, must take into consideration both the factors dealing with welfare and with housing."¹

Skid Row does not serve a 'type' of person as is commonly supposed. Rather it consists of several different types

1. The Homeless Man on Skid Row. Tenants Relocation Bureau, City of Chicago., 320 N. Clark St., Chicago 10, Illinois. Sept./61., pg. 6.

and each type has a different set of reasons for living there. As a result of 161 interviews with a selected list of resource persons, the residents of the skid row areas were divided into six major classes.

Note: the men classified in the first five groups may drink but are not chronic alcoholics as defined in classification no. 6.

- "1. Elderly or physically disabled men--unable to work or retired; living on pensions, public assistance or private aid.
2. Semi-settled or settled working men--employed or not employed but seeking work. Such men usually work at unskilled or low paying jobs, are permanent residents of the area although they may frequently move from one hotel or rooming house to another.
3. Migratory worker--Seasonal or temporary workers who come to the city between jobs, to spend the winter, or to get a temporary job before moving to another.
4. (a) "Transient bums"--men who just wander from one place to another and make their living by begging and seeking help from charitable organizations in preference to work.
(b) "Resident bums"--semi-settled or settled panhandlers or other men who are capable of work but do not.
5. Criminals and men engaged in illegal enterprises--Professional thieves, gamblers and confidence men.
6. Chronic Alcoholic--Men who have passed beyond the excessive drinking stage and who cannot control their drinking enough to hold a job or care for themselves. These men are arrested repeatedly for drunkenness or disorderly conduct.
(a) rehabilitable alcoholics.
(b) physically rehabilitable alcoholics, mentally ill.
(c) chronic alcoholics unable to work--unrehabilitable."¹

These resource persons also felt that the residents of skid row were attracted by the area because of four basic

1. Ibid., pg. 7.

reasons. It provided;

- "1. The cities lowest cost of living area.
2. The labor market for unskilled and semi-skilled workers.
3. A focus of welfare activity.
4. Anonymity, tolerance and companionship."¹

Low Cost of Living

Many of the men in skid row choose to live in this area because, among other things, it provides them with the necessities of life at a minimum expense.

The homeless person with a small inadequate income finds it difficult to make ends meet in any neighborhood other than skid row. This applies especially to elderly pensioners with minimum pension benefits from old age security or old age assistance.

Not all of these economies come from the low cost of goods and services. The man on low income in the skid row area can spend a lesser amount on clothing, laundry, and dry cleaning without feeling embarrassed; whereas he would appear conspicuous in the average neighborhood if he dressed as he would normally in the skid row area.

The money thus saved can be used to acquire other goods and services or subsidize, if necessary, 'other needs' such as alcohol or drugs.

Social agencies, both public and private also contribute to the high density of 'second class' residents in

1. Ibid., pg. 7.

the area. Private agencies, limited by their budgets, have no alternative but to house and feed men in the cheapest possible place--on skid row. Public agencies limited also by the maximum ceilings, impose by law, on individual grants also contribute to the problem by forcing many men to seek the lowest cost of housing available--in the skid row area.

The Labor Market for Unskilled and Semi-Skilled Workers.

Skid row in the U. S. has been traditionally the pool for the unskilled laborer. Numerous employment agencies are located in these areas. They do tend to deal with the problem of the unemployed, but because of their function and their location they contribute as much to the problem as they do to alleviate them.

It is felt that in Canada, especially in Vancouver, the skid road area is much less of a pool for unskilled and semi-skilled workers. Fewer of these men, who have only the problems of unemployment, tend to live in these areas. Canadian skid road areas may soon be adopting these same functions, as in the last few years, a growing number of young unemployed men are gravitating towards the skid row areas such as the one in Vancouver.

A Locus of Welfare Activity.

In the vicinity of the skid row area there are many welfare services with staffs that serve homeless men. Many

of the older men reside on skid row because of the proximity of services. They often frequent the skid row missions for a free meal and bed. Despite their questionable motivation, these men are tolerated by the private agencies as, in, helping them, they are helping those in need. Mission activity performs a useful public service in that it controls the activities of the alcoholic and the professional beggar.

Many of these people are viewed with suspicion in any other community, while on skid row their needs are understood and help is offered. Rather ironically, they are also easier to police as they are concentrated in one area.

Anonymity, Tolerance and Companionship.

Residents of the skid row areas do not question fellow residents and do not talk much to suspected intruders. The area provides a very good place for the man who is trying to escape from a social situation which he found intolerable, for the social outcast, as well as the petty criminal fleeing from the police.

Skid row residents, especially the alcoholics, 'look out' for each other and form friendships and mutual assistance undertakings in which they pool their resources. When one has money for liquor he shares it with his 'buddy' and he, in turn is cared for when he is in need. Partners in these groups will share a bottle with other members who have none and will protect those who are drunk from arrest, or from the jack roller

or mugger. From his 'buddies' the alcoholic receives sympathy and understanding that no other group offers him.

Living Accommodations and Housing Conditions.

As might be expected, living conditions in almost all the skid row 'residences' are substandard. The Chicago study differentiates three types of living quarters available to homeless men on skid row. These are, cubicals, dormitories and single rooms (obtainable in either hotels, lodging houses, and/or missions.)

Their findings, in summary, indicate that the majority of the housing was found to be deficient in terms of either fire prevention regulations, housing regulations, or public health standards. For example, it was found that more than 2/3 of the hotels did not have sufficient plumbing facilities to meet the requirements of the building code. Evidence of vermin and even rats were found in a number of the smaller units.

Another factor that is highly characteristic of a skid row area, as found in this study, is that only 40% of the net acreage is related to the habits of the skid row residents. A disproportionately high number of hotels, taverns (or beer parlors) and restaurants can be found congregated in this area.

Some Characteristics of the Chicago Residents.

This study was able to discern that approximately twelve thousand men were living in the Chicago skid row. A statistical review of these men indicated a number of characteristics which may be summarized as follows:

1. The residents of skid row are, on the average, considerably older than adults in a general population. 37% of the men were 55 years old and over, and 66% were at least 45 years of age.
2. It was found that a total of 68% of the men were either receiving pensions or public funds of some type. 22% of these were on public assistance, 11% on unemployment insurance, and 10% were receiving social security benefits.
3. In 1957, while the median income of the average U. S. male was \$3684.00, the estimated median income of the man on skid row was \$1083.00.
4. 89% of Chicago skid row population was white, with the balance being composed of negroes, Indians, Mexican, and Puerto Ricans.
5. It was found that the area had extremely small number of highly educated men. On the other hand, 20% of the men living there indicated they had graduated from high school. The study concludes that skid row is neither a collecting place for the semi-illiterate and uneducated men of a nation, nor is it a community of alcoholics who, at one time, were successful business and professional men.
6. The 'spot job' is a unique characteristic of the area. Men are often hired for one day of work, or even a few hours work, and paid when the job is over. This permits, in Chicago at least, the business men of the area to meet emergencies with adequate man power without retaining men on the payroll when their services are not needed.
7. The marital status composition of these men is radically different from the general population. There is a much higher proportion of men in the area who never marry or who are widowed, separated and divorced. They found that the number of single men among the skid row population was about four times as great, and divorce about nine times as prevalent, as the average population.

8. Contrary to popular belief, the area is composed primarily of nontransient persons. Less than 10% of the men had been in the area for less than a month, whereas 10% had been on skid row for as long as 10 years or more.
9. It was also discovered that about 40% of the people in the area either do not drink at all or are only light drinkers. This was consistent with the fact that a substantial number of the people live in the area because of the low cost of living.

Alcoholism

From the statistics that were gathered, five drinking classifications were established for the men living in Skid Row.

- "1. Teetotaller - one who never drinks.
2. The light drinker - one who spends less than 15% of his income for drinking.
3. The moderate drinker - one who spends between 15% and 25% of his income on drinking.
4. The heavy drinker - one who spends 25% or more of his income on drinking.
5. The alcoholic derelict - one who qualifies as a heavy drinker and, in addition, has been arrested at least ten times for drunkenness, or who has a health condition because of his drinking and spends 65% or more of his income on drinking."¹

It was found that if a young man lives in the area there is a high probability that he is a heavy drinker, but if he is elderly there is a much better chance that he is a teetotaller or light drinker. In other words, only a small percentage of the alcoholic derelicts or heavy drinkers are 65

1. Ibid., pg. 18.

years of age or over. The study concludes, that this is, in part, due to the lethal effects of heavy drinking.

The men with most education tend to be the heaviest drinkers, while the men with the least education tend to be teetotallers or only light drinkers. This is partly due to the relationship between age and education. The younger men tend to be more educated.

Divorced or separated men were also found to be heavier drinkers. A higher percentage of the pensioners are rated as teetotallers or light drinkers, whereas the greatest percentage of alcoholic derelicts are found among those who have other sources of income (eg. unemployment insurance), or those who do not qualify for any type of pension. At the same time, 25% of the homeless men receiving public assistance were classified as heavy drinkers and almost 20% of those on all types of pensions were classified in the same manner.

Quite understandably, the more severe drinkers tended to live in much poorer living accommodations, while the light drinkers have the better housing. It is also found, that the heaviest drinkers of all were the Indians. More than 50% of the Indians living in the area were heavy drinkers and more than 25% were alcoholic derelicts. The percentage of immigrants who are either heavy drinkers, or worse, was much lower than the general skid row population.

The Handicapped and the Ill.

During the course of their numerous interviews with

residents of the area, it was found that only about 20% of the men reported no ailments, while 80% of them reported one or more. This averages out to be 2.2 ailments per man. In receiving the disabling effects of illness, the study concludes that during mid-winter, between $1/4$ and $1/5$ of the men on skid row are sick on any given day. This means that illness has roughly 2 to $2\frac{1}{2}$ times the disabling effect upon skid row residents as it has upon the male population generally.

Surprisingly, the highest rates for many of the chronic ailments are not found among the older men (over 65) but among the middle aged men (45 - 64). This was, at least in part, attributed to the accessibility to medical care, as the pensioners generally have much greater health benefits.

They concluded that, solely on the basis of physical health, 90% of the men in the area were capable of doing at least some gainful work to help support themselves. And further, that not less than 80% of the men in the area could be helped to become completely self supporting, from the point of view of physical health, if they did not have a drinking or other psychological problem.

On the other hand, they emphasize that physical handicaps are very prevalent among the residents of skid row, much more so than in a general population. Only one man in four is completely free from disability, and almost one in ten is so severely handicapped that he is unable to hold a full time

job.

The study concludes that; "A systematic program of medical treatment for the purpose of rehabilitation could transform thousands of the skid row men from dependent, unemployable, cast-off dregs on the labor market to self sustaining earners. It could make partially self-supporting, or even entirely self-supporting under sheltered work conditions, hundreds of men who are now severely handicapped."¹ Such a program must be accompanied, of course, by a program for treatment for alcoholism where the man is a heavy drinker.

They also indicated that the total cost of such a program, if carried out for all categories of men, would be three million dollars. They estimate that this would be a long range economy if one considers the amount of money that is now being spent to provide these men with a means of support and if this medical program were aimed at the residents who were better prospects for rehabilitation. In other words, the cost of rehabilitation would be greatly reduced if the people who were too old to work or too severely disabled to ever become fully independent were omitted.

The Working Man on Skid Row.

Of the residents of skid row that fell within the limits of this study, only 40% worked at any jobs during the week preceding their interview. However, 86% had worked sometime during the previous year. It was found that there were

1. Ibid., pg. 25.

many factors contributing to this unemployment. Some of these were disability, drinking, and involuntary employment. Of the 5 drinking classifications, they concluded that it was the moderate drinkers who had the highest percentage of men working. The teetotallers and light drinkers were often men who were too old or too disabled to work, whereas the alcoholic derelicts were incapable of working and were not inclined towards work. The moderate drinkers were better able to withstand long arduous hours in poor working conditions.

They concluded that involuntary unemployment was perhaps the most important single factor that explained the large scale unemployment found in the area.

'Pensioners'

The Chicago study of 'pensioners' in the skid row area reveal some of the following characteristics. Initially, the pensioners were grouped into three major types:

- "a. persons on earned retirement--men on social security, military, or railroad retirement pensions for elderly men. 14%
 - b. welfare pensioners--men on general public assistance, or old age assistance. 21%
 - c. temporary pensioners--eg. unemployment insurance." ¹ 12%
- total 47%

Thus, they conclude that; "of the total number of pensioners on skid row, 30% live on pensions earned while they were younger, almost $\frac{1}{2}$ are supported as public dependents, and

1. Ibid., pg. 33.

$\frac{1}{4}$ are temporary public dependents receiving such funds as unemployment insurance."¹

They also go on to state that very few men who are on earned retirement pensions are problem drinkers. Only 18% of this group of pensioners are heavy drinkers or alcoholic derelicts, which is only about $\frac{1}{2}$ of the proportion of heavy drinkers among the skid row population as a whole. A surprising finding was that 55% of the men on public assistance were teetotallers or light drinkers.

On the other hand, the men living on temporary pensions (eg. unemployment insurance) are highly concentrated in the heavy drinking and alcoholic derelict groups. Only 22% of these were either light or non-drinkers. Despite this last finding, the study concludes that the majority of 'pensioners' live on skid row against their will because inflation has destroyed the purchasing power of their monthly pension cheque and their ability to live elsewhere.

Mobility.

There is a mistaken notion that skid row residents are highly mobile and float from one city to another at frequent intervals. Except for a small percentage of migrant laborers, skid row is comprised of long term residents who do not move about very much. In Chicago, it was found that the vast majority of residents were legal residents of the

1. Ibid.

state, and a substantial percentage were born in Chicago.

The only groups of mobile men were found living in missions or sampled from mission soup lines and sleeping in and out of jail. It was these groups, small in comparison with the total skid row population, which they felt that social workers most often encountered and which might explain the tendency to over estimate the mobility of the skid row residents.

Death on Skid Row.

The Chicago study indicated that skid row men living in cubical type hotels were subject to death rates that were almost unbelievably high. "Death rates of the magnitude calculated for skid row never have existed among the general population at any other time in a nation's history."¹ They concluded that; "they are higher than the mortality rates of India, Africa, and other places where the level of medical care is very low."² They summarized the full impact of mortality upon the skid row population by saying that; "At most ages, skid row inhabitants may expect to live less than $\frac{1}{2}$ as long as the general population of the same age."³

With regard to the circumstances of death, significant observations were made. For example, a conservative estimate would indicate that about $\frac{1}{2}$ of the skid row deaths

1. Ibid., pg. 40.

2. Ibid.

3. Ibid.

occur under circumstances where medical attention was either not given or arrived too late. In a high percentage of cases, where men are not on some form of pension program that guarantees them minimum medical care, they are simply found dead in their residences either by maids, hotel owners, or by other residents.

It would seem that skid row residents suffer heavily from T. B., are subject to colds, that in winter almost everyone in the area has a cold, and are often prone to 'fatal accidents' (these accidents may be partly the result of natural mishaps, of fighting while drinking, or the work of jackrollers.) Winter is a very difficult time for these residents, as over 1/3 of them die during this 3 month period.

Selected Attitudes of Skid Row Residents.

In receiving the attitudes of skid row residents to the area and to the other men they live with, a number of significant findings were made. The data obtained presents a picture of the skid row social world that is far different from the public image. Their findings are indicated as follows:

"Here we have a neighborhood where only 31% of the inhabitants say they like their neighbors, and where only 16% have more than just a few close friends (with 39% having no friends at all.) When asked why this situation exists, they express strong aversion for the kinds of people who live on skid row,

and state bluntly either that they do not want to associate with these men, or else that they are not the kind of people with whom you can make friends. When friendships are formed, the friends are thought of as being "different" (in the sense of being better) from the other residents rather than being normal citizens of the area. If asked what he dislikes about these men, he criticizes them in terms that one would expect a critical outsider to use--the drunkenness, the laziness, and the lack of cleanliness. Moreover, this entire complex occurs in a situation in which the individual man dislikes living here, even though he may not dislike his particular hotel or rooming house.

Under these circumstances, one can only conclude that any concept of skid row as a tightly-knit, well integrated and organized community (where most of the residents interact freely and have a common culture and tradition) is a complete myth. Instead, skid row seems to be composed largely of discontented individuals who live in semi-isolation, who have few if any close friends, and who survive by being suspicious of everybody. Almost one-half of skid row's population is forced by weight of simple poverty--due to inflation, disability, small pensions--to live among a group of people it dislikes, fears and avoids. The men dislike living in a type of housing (cubicles) that give them no insulation from the sight, sounds, and smells of chronic alcoholism--either during the

daytime or at night. They resent the low social status that they acquire by reason of having a skid row address which identifies them with alcoholism."¹

Summary of the Problem--Chicago Skid Rows

A summary of the data collected by the study indicates a totally different picture of the skid row area than what has been traditionally maintained.

"At least one-half of the residents of skid row are either teetotalers or else men who drink in a controlled manner, whereas the remaining men are alcoholic derelicts or heavy drinkers, and moderate drinkers who soon may become heavy drinkers. This strengthens the conclusion that there are basically two kinds of homeless men on skid row:

1. the men who are here primarily because they are disorganized and have a drinking problem and
2. the men who are here primarily because they are poor and do not have enough income to live elsewhere or who choose to live here for personal reasons."²

The explanation of why many men on skid row do not work is quite simple. Five major factors are involved;

- "a) Many of these men work at occupations and for industries where involuntary unemployment is a chronic condition, and where seasonal variations in unemployment are very high.
- b) A high percentage of these men are physically disabled or handicapped. They are unable to hold a steady job as laborers because of their health and disability status.

1. Ibid., pg. 47.

2. Ibid., pg. 53.

- c) A high percentage of these men are past 40 years of age. Employers discriminate against older workers when hiring unskilled laborers. Rates of involuntary unemployment are very high, even among teetotalers and light drinkers, for men past their 40th and 45th birthday.
- d) Many of the minority of men who are heavy drinkers or who are chronic alcoholics are irregular in their work habits, and often do not care to work. They work only long enough to "get by."
- e) Low education, lack of job skills, and skid row addresses make it more difficult for these men to find jobs."¹

Quite often, drinking will be cited as the sole explanation for widespread unemployment on skid row. Evidence given previously, in our summary of the Chicago study, suggest that although drinking is involved it is a factor in less than the cases of unemployment. Even when alcoholism contributes to unemployment, other important factors are also present as was indicated.

At the same time, it was found that a high proportion of the men who are on skid row express an interest in obtaining vocational training or retraining to fit them for jobs higher in the social-economic scale. Their ambitions seemed to be modest and would be within the realm of possibility if they were sincere in entering a vocational training program. Occupational therapy, then, is a necessary part of the overall program to rehabilitate the men in this type of area.

The skid row population of Chicago contains a very

1. Ibid., pg. 55.

large number, and a high percentage, of pensioners who live there against their own wishes. There are two types of these captive residents:

- "a) The 'earned retirement' pensioners who are forced to live there because it is the only place they can get by on their meager retirement pensions.
- b) The 'welfare pensioners' who are either referred, or simply gravitate, to the area because they do not have a family and because of their lack of funds. More adequate welfare payments, therefore, become a prerequisite to the shrinking of the skid row area."¹

"The skid row man is much less healthy and less physically fit than the average person in the general population. However, the handicaps of the homeless man are not sufficient to fully explain their lowly economic condition. According to physicians' analysis, the homeless man is not supporting himself to his full potential. However, he should not bear the entire blame. Employers of unskilled and semi-skilled workers are notoriously prejudiced against middle-aged and older workmen, especially if they have health problems or even mild handicaps, as the majority of skid row men have. It appears that even if they were highly motivated, and if the problems of drinking were completely solved, the homeless man would need some kind of help in obtaining jobs if they are to become economically self-sustaining to the maximum extent."²

The Chicago findings have one very clear conclusion; skid row collects a substantial number of familyless men

1. Ibid.

2. Ibid., pg. 56.

suffering from chronic ailments, and many of these men do not drink or drink very sparingly. Thus, one of the very large groups of men on skid row consist of middle age non-alcoholic working men who have suffered a breakdown in health, and can neither afford treatment or command a steady job.

The outdated conception of skid row as a pool of migrant workers and transients should be replaced by a more realistic view. Skid rows are predominantly populated by men who may move around a great deal locally, but who move from one city to another only when forced by necessity--unemployment, trouble with the police, or a temporary job--with the expectation of returning. Therefore, most men in the skid row area are 'old timers' who have been in the area for a number of years. Strangers, are usually quite evident and often can be detected almost immediately.

In fact, death is one of the major sources of turnover in skid row inhabitants. High death rates cause 'old timers' to disappear at a substantial rate, and they are in turn replaced by newcomers who will stay many months, or years, until they die. This simple process of high mortality with continuous replacement contributes to the illusion of the high rate of migration.

The skid row housing, is quite often characterized by dilapidated and unsightly older buildings. The Chicago building surveys also show that where legal compliance with building and fire codes is an actuality, the physical layout,

facilities and construction of most of these older structures are unsafe, unhealthful and socially undesirable.

A surprising finding, was that even during a peak activity period (mid-winter) there was a minimum average of 15% vacancy rate in all types of skid row housing. It was also found, that only 40% of the net acreage of the three skid rows in Chicago was devoted to skid row or related uses. Significantly, they found that 17.5% of the total net acreage of these areas consisted of unimproved vacant land, vacant and abandoned structures and surface parking areas.

It was found that in the period 1956-57 the expenditure of money in the Chicago skid row areas was estimated at $5\frac{1}{2}$ million a year in excess of what would be spent in a normal community. About 87% of this total was spent by the public agencies to contain and control skid row. Only 3% of this percentage was spent in actively rehabilitating and redeveloping the area.

The study also indicated that the private agencies were doing the greater amount of work in trying to change the way of life of the men in the area. However, they felt that they were definitely limited by a lack of funds and a highly particularistic approach to skid row rehabilitation.

Suggested Program--Chicago

The following section points up the inadequacies of the Chicago skid row areas and poses a series of recommendations, which if acted upon by the combined efforts of the

existing agencies and carefully followed, could lead to the elimination of skid row.

"The material in this study serves to make a single conclusive point very clear: the redevelopment of skid row areas cannot be achieved without a careful program for re-locating and rehabilitating the residents of the area.

The program calls for greater cooperation and coordination between municipal planning, housing, and redevelopment agencies and the various public and private welfare agencies. Aggressive efforts on the part of these groups can lead to the correction of the conditions which create skid row. Specifically the programs call for:

The establishment of the Bureau of Migrant and Homeless Persons which will coordinate and direct the work of the various agencies in treating and relocating the residents of skid row. The Bureau will be responsible for research, public information, setting of standards, inspection, and operation of a central intake and referral division.

The program calls for the development of more creative and positive communication with the general public regarding the nature of skid row and the advantages of redevelopment of skid row and rehabilitation of the men living there.

The program calls for centralized referral, by the Bureau, of skid row men to appropriate treatment facilities in order to reduce their dependency and alleviate their problems. Programs of treatment would include;

Vocational rehabilitation and training.

Medical treatment.

Treatment of alcoholism.

Institutionalization for those who need it.

Care for the elderly and handicapped.

The program calls for the provision of decent, safe, and sanitary re-housing for the residents of skid row, based on their needs and within their means. This includes:

Immediate re-housing for the elderly pensioners in existing public or private nursing homes, foster homes, old age homes, and standard low rent rooms.

Provision of public housing or housing under Section 231- Housing for the elderly and low income working man.

Construction of primary treatment centers and half-way houses for alcoholics.

Erection of a public shelter for the temporarily destitute and migrant worker.

The upgrading of existing structures on skid row for those who will not live elsewhere.

The program calls for the redevelopment of the present skid row areas through:

The use of a comprehensive plan for the area.

Gradual acquisition and demolition of the worst structures.

Systemized and intensified code enforcement.

New construction and rezoning.

Licensing restrictions on liquor establishments.

This program calls for programs of prevention which will further decrease skid row as an entity or as a necessity.

These include:

Community programs for mental health.

Increased welfare and Social Security payments and minimum wage law compliance to decrease poverty.

Community programs for medical care."¹

They concluded that, "the present opportunity to detail and implement a comprehensive welfare-housing program for skid row is greater then ever before. The ultimate goal is in sight, to rid the city of its most obvious concentration of human misery. This report, its findings and recommendations, create a firm basis for positive action."²

III New York City Handles Its Skid Road Problem: Operation Bowery.

The following information has been obtained from a report called "Planning and Programming for Homeless Men on Skid Row" which was presented at the Annual Conference of the American Orthopsychiatric Association on March 19th, 1965, by Morris Chase, Director of Operation Bowery.

Planning and Programming for Homeless Men on Skid Row.

Skid Row (or Road, as it is known on the west coast of Canada and the United States of America) is the traditional "home of homeless men" and is considered an institution in

1. Ibid., pg. 69.

2. Ibid.

the larger cities of North America.¹ Recently, there has been renewed interest in Skid Row as a result of urban renewal programs which have been undertaken or planned for the "downtown" or center sections of a number of cities.² In many of these areas, the elimination of Skid Row is part of these urban renewal schemes and city planners have been concerned with what to do with the inhabitants of these areas so that the creation of other Skid Rows are avoided. The City of New York has been concerned about what to do with the inhabitants of the Bowery (as New York's Skid Row is called) as this area is scheduled for urban renewal. The urban planners decided to use the resources of a municipal agency called Operation Bowery - an agency already established to deal with the problems of the homeless transient - to establish a special research program.³

The program goals for Operation Bowery were twofold: to collect information about the origins, development and "current patterns of their deviant behavior";⁴ and, to try to understand Skid Row as a cultural institution; that is, "how and why it attracts its homeless population and how it functions in meeting the needs of its residents".⁵ Operation Bowery decided to ask the Bureau of Applied Social Research of Columbia

1. Chase, Morris, Planning and Programming for Homeless Men on Skid Row, Paper presented at the annual conference, American Orthopsychiatric Association, March 19, 1965, pg. 1.

2. Loc. cit.

3. Ibid., pg. 2.

4. Loc. cit.

5. Loc. cit.

University for a three phase study "to attempt to obtain answers to the sociological questions".¹ The pilot or first phase has been completed and funds from a federal research grant have enabled the second phase to begin, which will take three years to complete. The subject of this research is "Homelessness: Etiology, Patterns, and Consequences".² Operation Bowery will provide the psychological data from its "screening, testing and treatment activities of its action program."³

Description of New York City's Bowery.

The area is "confined substantially to a north-south avenue about a mile long, including for part of its length, one street to the east and one to the west. It has the classic missions, flop houses, bars, cheap eating places, second-hand clothing stores, specialized employment agencies and commercial blood banks".⁴

The people living in the area are typically of three general groupings:

- 1) the migratory workers, lumberjacks, soldiers and seamen;
- 2) the welfare client; and
- 3) the wanderers, the alcoholics the petty criminals, the fringe members of society at large.⁵

1. Ibid., pg. 3.

2. Loc. cit.

3. Loc. cit.

4. Ibid., pg. 4.

5. Loc. cit.

The staff of Operation Bowery have noted that the population patterns of Skid Rows in the larger cities in the United States have been changing in recent years due to unionization, automation, welfare and pension programs.¹ Because homeless men do not serve the economic function they once did (labor for the railroads, ships, farms and lumber industry), they are less mobile than they once were. The staff have also noted the "growing number of younger negroes who are there because of poor education and limited vocational skills."² Today, the men on Skid Row are predominantly residents of the local city or state in which they live;³ they are middle-aged or elderly men, casual workers, panhandlers, petty criminals and alcoholics. Many are physically and/or psychologically sick. Characteristic histories of many of these men indicate childhood deprivation and a subsequent pattern of extreme interpersonal maladjustment.⁴

The staff at Operation Bowery estimates that there are about 10,000 homeless men in the Bowery area and of this number, about 3,000 men are considered to be excessive drinkers or alcoholics; about 2,000 are elderly men, aged sixty years or more; and the remaining 5,000 men are classified as the unskilled, casual workers, the unemployed, the panhandlers,

1. Loc. cit.

2. Loc. cit.

3. Loc. cit.

4. Ibid., pg. 5.

petty criminals and drifters.¹ During an eighteen month period, 800 homeless men were screened by the Operation Bowery staff and it was determined that "physical, mental and emotional illnesses are prominent and that case findings to enable referral for appropriate treatment is essential".²

Operation Bowery is concerned with two serious problems affecting Bowery Men: alcoholism and vocational inadequacy or deterioration. They have also recognized that resources from treating homeless men with these conditions are practically non-existent in the City of New York.³ They therefore proposed a new facility for the "broad treatment of alcoholism and of vocational problems".⁴

Program for Operation Bowery's Rehabilitation Center.

Because of the marked pathological character of the population, the program for the rehabilitation center will be psychiatrically oriented,⁵ the goal of which is "the return or elevation to a condition of such physical, emotional and social health and sobriety as to enable employment at an attainable skill level and to permit social functioning in the community, away from the Bowery."⁶

The staff of the rehabilitation program will be multi-disciplinary and the services will include the

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1. Ibid., pg. 6.
 2. Loc. cit.
 3. Ibid., pg. 7.
 4. Loc. cit.
 5. Loc. cit.
 6. Loc. cit.

following:

"medical examinations and treatment; psychological examinations and testing; individual and/or group psychiatric care for diagnosis, treatment and counselling geared to alcoholism and related problems; assistance from Alcoholics Anonymous; religious services and spiritual counselling; social casework services; academic educational classes for the elimination of functional illiteracy; group work; recreation and leisure time activities."¹

For the client without an alcoholic problem but rather a predominantly vocational problem, the rehabilitation program will "focus on the re-awakening of work interest, the elimination of physical and/or psychological impediments to work capacity, and a wide variety of work experiences, through vocational classes and shop projects, for the purpose of equipping him with marketable work skills".²

The rehabilitation program also makes use of a Half-Way House, located in a normal community setting, to "serve as a supportive transition medium between the institution and the outside society".³ The client would reside at the Half-Way House while locating employment and would continue to receive counselling and any other services he might need. He could also continue to live there after obtaining employment until he is ready to function on his own in the community and then, if he so desired, he could visit the House after working hours for recreational purposes.

1. Loc. cit.

2. Ibid., pg. 8.

3. Loc. cit.

Selection of clients for the rehabilitation center and the Half-Way House is based on the individual's motivation and potentiality for improvement, particularly with regard to his ability to use the "therapeutic community" as the treatment method.¹ More details concerning the Half-Way House program are given later.

Tentative Measures for Other Categories of Homeless men.

The staff of Operation Bowery recommended these measures:

- 1) For the elderly men, a relocation program, and counselling if needed, was suggested using a variety of carefully selected, suitable living arrangements away from the Bowery; for example, foster homes, residence clubs, homes for the aged, boarding homes, hotels, Y. M. C. A.'s, et cetera.² If the client cannot afford the higher living costs in the new environment, financial assistance to supplement his present income could be applied for from the New York City Department of Welfare.
- 2) For the homeless men currently in jail, a program to be established to interview these men while incarcerated so that plans can be made to assist in the client relocating himself away from the Bowery when he is discharged.

1. Loc. cit.

2. Loc. cit.

- 3) A project to set up a "detoxification facility" for men who are intoxicated on the streets of the Bowery.¹ This facility would help these men "dry out", receive medication and treatment and a referral for further service. Public intoxication would no longer be treated as a "crime", but rather as a socio-medical problem.² The detoxification facility "would provide an opportunity to replace an inhumane, outmoded, expensive and ineffective practice (jail sentencing) with a rational, more appropriate and, hopefully, more constructive procedure."³
- 4) A day center program for Bowery men to be established to provide recreation and leisure time facilities as an alternative to "the present hanging around on the streets and the frequenting of bars".⁴

Further Developments as of December, 1965.

In the November-December 1965 issue of the N.C.C.D. News, a Publication of the National Council on Crime and Delinquency, it was reported that Operation Bowery was building its first rehabilitation and treatment center for derelicts at North Brother Island located in the East River. The stated aims of the Center or facility is to provide vocational training

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1. Ibid., pg. 9.
2. Loc. cit.
3. Ibid., pg. 10.
4. Loc. cit.

and long term treatment for alcoholics. This facility will take about two years to build. This article also mentioned plans to establish an experimental "detoxification" center in the Bowery for immediate and short term medical treatment. Along with this is a plan for the police to escort derelicts to the centers instead of arresting them. The article mentioned that the police in New York City make about 50,000 arrests annually on "drunk and disorderly" charges even though many of those arrested are not bothering anyone at the time of the arrest.¹

In view of the above mentioned plans, a letter was written to Mr. Morris Chase, Director of Operation Bowery, for further information about these rehabilitation programs and a reply was received enclosing two reports: the one just reviewed called "Planning and Programming for Homeless Men on Skid Row" and the other which will be reviewed now and called "A Rehabilitation Facility for Homeless Men".

IV A Rehabilitation Facility for Homeless Men.

Under the supervision of the City of New York Department of Welfare, a shelter care program has been established for homeless men in two institutions:

1) Men's Shelter on the Bowery. This shelter provides feeding and lodging on a short term but renewable basis

1. N. C. C. D. News, A Publication of the National Council on Crime and Delinquency, Nov.-Dec., 1965, Vol. 44, No. 5, pg. 7.

for as many as 3,000 men per night during the peak of the winter season.¹ It also acts as a referral service for employable men for unskilled jobs mostly.

2) Camp La Guardia. (50 miles from New York City at Chester, New York.) This shelter offers a combined program for 1050 men to give custodial care on a continuing basis for older homeless men and health-improvement and work-renewal opportunities for younger homeless men.² In addition, a small facility in the Bronx, called Bridge House, offers a lay therapy program for 15 male alcoholics on a residential basis and to an additional 35 male alcoholics on a non-residential basis.

The rehabilitation facility for alcoholic homeless men operated by the New York City Welfare Department at Hart Island in the East River from August, 1950 to July, 1954 proved the value of such a program.

"At the peak of its operation Hart Island had over 600 men enrolled in a problem of alcoholism rehabilitation and vocational reconditioning and redirection. The men came from two sources - by referral from the Men's Shelter (as mentioned above) and by routing of men picked up by the police for "disorderly conduct" (mostly drinking) and permitted by a Judge of the Magistrates' Courts to request a rehabilitation opportunity at Hart Island, instead of receiving a jail term. This alternative arrangement was part of a cooperative plan involving the Police, Courts, Correction and Welfare that had been set up to break the expensive and futile revolving door pattern that had then characterized - and again does - the City's handling of the homeless offender.

1. A Rehabilitation Facility for Homeless Men, unpublished article from Morris Chase, Director of Operation Bowery, New York City, pg. 1.

2. Loc. cit.

When the Hart Island facility closed in July 1954, because the Island was turned over to the Correction Department to meet a shortage of prison space, the Welfare Department lost a crucially needed mechanism for the dealing constructively with the problem of homeless men."¹

Operation Bowery has recognized the importance of having a rehabilitation facility for the homeless, if men who can be rehabilitated are restored to useful and productive lives.² A location for this facility has been chosen: it is at North Brother Island in the East River, the site of the former Riverside Hospital for Narcotic Addicts which has been unused since the spring of 1963. This plant has some dozen structures, with four major buildings and related workshops. About 500 homeless men would be sent her (350 from the Men's Shelter and 150 from the Courts), selected for their favorable potential for rehabilitation, to take a program for alcoholism treatment and vocational rehabilitation. Desirable age ranges for admission would suggest a limit of not older than fifty years of age. The probable length of stay at North Brother Island would range from three months to a year depending on individual progress. The importance of Operation Bowery's research program will have an obvious effect on the selection of inmates, the program, length of stay, et cetera, as these factors will be revised periodically on the basis of the research findings.³

1. Loc. cit.

2. Ibid., pg. 2.

3. Loc. cit.

Proposed Alcoholism Treatment Program.

Every attempt will be made to develop an individual treatment plan for each client and a multi-disciplinary approach will be used. The following services will be included:

- 1) A battery of medical services will be provided including:
 - a) general medical examinations to ensure treatment to bring about general good health;
 - b) individual and/or group psychiatric care to provide diagnosis, treatment and counselling;
 - c) psychological examinations and testing;
- 2) Regular meetings in accordance with the Alcoholics Anonymous philosophy will be held to provide fellowship and support;
- 3) Chaplains of the three major faiths will give spiritual counselling;
- 4) Staff of social workers will provide assessment and social planning;
- 5) Each client will be required to participate in a compulsory work assignment for its therapeutic value;
- 6) The facility will provide wholesome meals, fresh supplies of clothing, and satisfactory sleeping quarters for the building up of good physical health and improved morale;
- 7) Recreational facilities will be available for evenings and weekends;
- 8) Leisure time activities will be provided, including library facilities, radio, television and movies.¹

The client's progress in all areas will be evaluated, discharge plans will be developed for each client and follow-up counselling will be provided after discharge.

1. Ibid., pg. 3.

Liason planning for this treatment program and professional guidance will be sought from Rutgers University School of Alcohol Studies and the New York City Medical Committee on Alcoholism. There will also be studies made as to whether it is possible to have a municipal or voluntary hospital operate and staff (on a teaching basis) the medical program on North Brother Island.

Proposed Vocational Rehabilitation Program.

This program aims to reawaken the work interest on the part of the client and an awareness of the importance of work and self-maintenance in normal society.¹ This will hopefully be brought about by the restoration of work skills, vocational redirection or retraining.

The clients who are enrolled in the vocational rehabilitation program could assist in the provision of food, clothing and shelter as well as in the crafts and recreational activities, with emphasis by the social workers and the chaplains on stressing desired vocational adjustment.² The medical staff would focus on the "physical and/or psychological impediments to work capacity and the development of positive attitudes toward work".

The work assignment for clients in this category, like those on the alcoholic treatment program, would be

1. Loc. cit.

2. Loc. cit.

compulsory.¹ These assignments would be in the various operating sections of the facility: kitchen, dining room, maintenance, sanitation details, et cetera. Then, on the basis of individual assessment of each client, the vocational rehabilitation counsellors would plan with the client the selection of appropriate work assignments that would be related to the vocational plans on the Island and also point towards long term vocational objectives for later use after discharge from the Island. These selected work assignments would include woodworking, painting minor building repairs (electrical, plumbing and carpentry), tailoring, cooking, kitchen and dining room tasks, laundering, office practice, et cetera.²

Vocational courses would be set up with the guidance and cooperation of the Department of Welfare's Division of Employment and Rehabilitation and the Board of Education.³ The Board of Education would also be asked to set up specially adapted academic classes to eliminate illiteracy and provide the clients with additional marketable skills.⁴

As with the alcoholic, evaluation of the client's progress in all areas would be made, a discharge plan would be formulated and then implemented. If possible, arrangements would be made for a representative of the New York State

1. Loc. cit.

2. Loc. cit.

3. Ibid., pg. 4.

4. Loc. cit.

Employment Service to interview men who were ready for discharge for placement and job-finding just prior to discharge.

Proposed Half-Way House Program.

The importance of the role of the Half-Way House as a medium for aiding the homeless man in the reintegration into the community has been recognized. It is particularly appropriate for these men because they almost universally show a pattern of dependency that requires adjustment if they are to be resocialized and self-maintaining.

The Half-Way House would be located on the mainland and would provide residential care for 50 men who have "graduated" from the alcoholism treatment program or the vocational rehabilitation program at North Brother Island.¹ Clients who were referred would be those who could benefit from a further period of residence and services in this facility before functioning on their own in the community. The length of stay at the Half-Way House would vary with the progress and needs of the individual client but would not exceed three to four months.²

The program would attempt to "provide a therapeutic community for which the client could make efforts in the general society to find work, housing and the re-establishment of social and other relationships."³ Full-time and part-time staff would be available to provide such "supportive services

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1. Loc. cit.
 2. Loc. cit.
 3. Loc. cit.

as medical, psychiatric, vocational, spiritual, Alcoholics Anonymous, alcoholism counselling and social service."¹

The Half-Way House Manager would "live in" and would be a recovered alcoholic who would have the knowledge, ability and personal qualities to lead the program at Half-Way House.² The clients would be expected to assist in the handling of much of the housekeeping operations and routine maintenance during their available time and when not taking treatment and searching for outside employment. When employed and until he leaves Half-Way House after locating outside accommodation, the client would be expected to pay a moderate fee for his room and board - \$20 a week.³

Half-Way House should be located in a residential neighborhood, near public transportation and in a building housing no more than 50 clients. Accommodation would include "kitchen, dining and sleeping facilities (on a non-dormitory basis), social, recreational, library and meeting rooms, as well as staff offices for interviewing, counselling, treatment and administration."⁴

Clients using Half-Way House would include: those receiving "post graduate" care and treatment; those working in the community and returning to live there until ready to function on his own in the community; the "alumnus"; those

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1. Loc. cit.
 2. Loc. cit.
 3. Ibid., pg. 5.
 4. Loc. cit.

self-maintaining and living in the community but using the recreational facilities of Half-Way House to continue social relationships with residents and other alumni, to receive occasional supportive help from the staff and to use the facility as a "club" so long as desired.¹

Financial aid to establish the combined North Brother Island Program or its three components will be sought from the Federal Government of the United States by a request for a three to five year Federal grant or grants.

V. Seattle Deals With Their Skid Road Problems.

Because the Vancouver newspapers had reported that some of the Aldermen on the City of Vancouver Council were interested in Seattle's program for Skid Road alcoholics, we wrote the State Department of Public Assistance for information. The Department referred us to the Planning Division of the King County United Good Neighbors and the following is a resume of the information they sent to us.

A. Police Involvement. The police are active in the area primarily with respect to the "drinking behavior" of the residents.

"The person who presents himself in public while under the influence of alcohol may be arrested and placed in jail. Subsequent to this, he may be fined or detained, or both, depending upon the circumstances of his situation, as well as

1. Loc. cit.

the number of prior arrests. If he has been known to the Court on a number of occasions for drunkenness he is likely to receive a sentence and in addition be given an opportunity to attend a series of discussions on alcoholism in the hope that these two factors will result in some change in his status. In addition, if a need is present, he will receive medical care while in confinement."¹

B. Department of Public Assistance. Individuals living in the Skid Road area are eligible for welfare assistance providing they meet the basic eligibility criteria. No mention was made of any special rehabilitative project in the area sponsored by the State Department of Public Assistance.

C. Department of Public Health. The main concern of this agency is in the area of communicable disease, particularly tuberculosis and venereal disease, where they offer treatment and follow-up care for individuals residing on Skid Road. The public health nurse visits residents, particularly the aged or those convalescing from hospital treatment, to encourage the maintenance of proper diet and personal hygiene and to provide some follow-up nursing care. If medical assistance is required by the residents, this is generally available through the King County Hospital or through the services of the jail hospital. Eligibility for treatment at the King County Hospital is based either on the existence of a condition

1. Quote from letter from Jack A. Bartleson, Planning Specialist, King County, United Good Neighbors, Seattle, Wash., U. S. A., Mar. 18, 1966.

that is regarded as a medical emergency or if meeting the welfare department criteria for eligibility, medical service is also included. If the individual is sentenced to jail, he qualifies for in-jail medical services.

D. Missions Serving Homeless Men. Several organizations are located in the Skid Road area, namely, the Salvation Army Harbor Light, the Lutheran Compass Mission and the Union Gospel Mission. Programs of these organizations provide a combination of housing and meals. Malden Houses Incorporated, an organization which has a rehabilitation program for male alcoholics, will accept applications from the Skid Road population. Their program includes provision of housing, maintenance and encouragement for the individual to become employed and, of course, the maintenance of sobriety. They also run another residence, outside the Skid Road area, for those who succeed in their initial rehabilitation program, where the members receive additional encouragement to become self-sustaining and to continue their sobriety.

E. Washington State Employment Security Department. This Department has a casual labor office which is located in the Skid Road area and whose task is to provide employment, usually of a short-term nature, to those who present themselves for this service. Unfortunately no detailed information was given to us concerning this program.

With background knowledge obtained from these sources, we will now turn to a detailed analysis of our study and research findings as related to the City of Vancouver's Skid Road.

CHAPTER THREE

The Study Method

I. Purpose of the Study

In the foregoing two chapters, a brief summary of relevant studies and literature in other Skid Road areas was presented, in order that the issues in Vancouver's Skid Road may be seen in context. It was possible to view characteristics of the area and approaches to dissolution of these problems in the various Skid Road areas. These areas of a city are of a continual concern, and it was felt that the reports of the Vancouver Planning Department, Downtown - Eastside, and the report prepared by the Special Joint Committee of the Vancouver City Council, Skid Road: A Plan For Action, was a renewed concern by this City for social action. Social Workers are always concerned in issues of social policy, and the publication of the above two reports and their proposals to deal with the social blight of Skid Road, demanded attention, especially from those directly interested in considerations involving the establishment of policy to contend with Vancouver's Skid Road. As Social Workers, this attention took the form of an investigation having the purpose perceived as twofold. Firstly, to delineate as accurately as possible Vancouver's Skid Road area in terms of its physical and especially its social organization and secondly, it was an attempt to look at the existing social policy pertinent to this area and to

examine its effectiveness.

The study area, as it is concerned with the physical or geographical boundaries, was to be that area outlined in Downtown - Eastside. Vancouver's Skid Road extends east from the downtown central business district to include the area north of Hastings Street between Main and Heatley Streets.¹ Serving this area directly and indirectly are numerous organizations whose social policy is designed to meet the area's needs. The effectiveness of the existing social policies of these health and welfare organizations will be examined.

II. The Research Procedure

The existing research on Vancouver's Skid Road is almost non-existent, with the exception of the two recent reports and their proposals for action to alleviate and "clean - up" Skid Road. Therefore, in order to gain familiarity with and knowledge about Skid Road - Vancouver, and to achieve insight into its organization, this research design was by necessity of an exploratory nature, to begin at the beginning of any exploratory investigation is exceedingly difficult because of the scope of the subject matter. Therefore, and in keeping the above purpose foremost, it was decided that a survey of those agencies serving the defined area, and those individuals residing in this area and receiving one

1. See map in appendix, chapter III, appendix I.

or more agency services, would be the most effective procedure in achieving the purpose.

A. Selection of the Respondents

Any selection of those agencies providing service to Skid Road includes both public and private agencies located both directly in Skid Road and those established outside these boundaries but offering a service to residents of this area. It was decided to use the agencies outlined in the Downtown - Eastside report. The following agencies and organizations were included:

Welfare

- (a) City of Vancouver Social Service Department

Health

- (b) City of Vancouver Medical Section
- (c) The Victorian Order of Nurses
- (d) The Metropolitan Health Department
- (e) The Venereal Disease Control

Missions

- (f) The Central City Mission
- (g) The Salvation Army Harbour Light
- (h) The Catholic Charities Hostel for Men
- (i) The First United Church Mission
- (j) St. James Anglican Church Hostel for Indian Women
- (k) The Franciscan Sisters of Atonement and St. Paul's Catholic Church

Police

- (1) The Vancouver City Police Department

The selection of these agencies was on the basis that they could provide an accurate picture of current social policy and practices in Skid Road, since they were offering service to this area. In order to achieve perspective of the impact of these policies, three different levels of informants were decided upon - that is;

- (a) administrator level of the above named agencies
- (b) practitioner or line worker level of the agency, who is directly carrying out the agency policy
- (c) recipient or client level who is receiving the agency service and is residing in Skid Road

It was felt that these three different levels of respondents would be likely to offer the contributions that were being sought because of their experience and service within the Skid Road area. To obtain the sample, those of the administrator level were to include, for each agency, the administrator and/or supervisors who were responsible for some practitioners serving Skid Road. It was possible to obtain 9 respondents from the administrative level.

For the practitioner level the sample size was not predetermined, as it seemed obvious that there would not be many serving the area who were both informative, experienced and knowledgeable. At this level 15 respondents contributed to the data.

In some cases, administrators and practitioners were the same position, and this accounted for 10 respondents called

the 'composite' level.

At the client level, the sample was also not pre-determined, but 31 respondents were able to be contacted.

Table 1 Breakdown of Completed Questionnaires

Level	Total
Administrators	9
Line Workers	15
Composite	10
Client	31

III. Collection of the Data

In order to collect the desired data for the study of the ideas, issues and impressions from the administrator, practitioner and client levels, a systematic interview schedule was developed. Since the essential nature of the study was of an exploratory structure, it was decided that it was pertinent that the interview schedule maintain a tolerable degree of flexibility. This would allow for the respondents to answer the desired schedule as well as to permit them considerable scope in answers and to raise issues and observations that were not originally considered by the interviewer. The interview schedule included five areas of concern or ideas;

Question I a portrayal of social problems in Skid Road

II a priority listing of the problems as related to question I

III existing agency social policy for dealing with

Skid Road by the agency

IV future proposals for desirable agency social policy in Skid Road

V proposals for social policy by the community

It was decided that the above areas of concern could not be used at the recipient level and also, it was felt that more 'personal' data about the recipients in terms of needs and social structure was preferred as well as to obtain some understanding of the effectiveness of existing agency social policy. Therefore a second, highly synonymous, interview schedule was devised covering the five areas described above as well as for provision of personal data such as age, sex, housing etc. (see schedule in appendix)

The initial contact of the respondents began by contacting the agency administrator. This contact was either by telephone or in person and served the purpose of explaining the research study and evoking cooperation to enable the interview schedule to be answered. The schedule was left with the administrator and an appointment was made for the interviewer to return later, at which time the schedule would be answered. This provided the agency administrator an opportunity to plan the nature of his interview answers as well as to stimulate advance thinking on issues and plans for action in Skid Road. It was anticipated that approximately one hour was needed in answering the interview schedule. Upon the completion of the interview each administrator would

be asked for the names of practitioners or line workers, in his agency, who were most informative and experienced in and of the Skid Road area. Similarly, the interview schedule was administered to the line workers in the agency. And, in like-wise fashion each line worker after completion of the interview was asked for the names and addresses of recipients of service residing in the Skid Road area who were informative and acquainted in and of the area, as well as some ability to verbalize, in order that the responses were not totally elicited. Where possible, five names of recipients from each practitioner was requested, since it was anticipated that there may be some difficulty in obtaining interviews at the recipient level. All administrators and practitioners approached permitted themselves to be interviewed (total 34). At the client level 31 out of 40 individuals contacted consented to be interviewed. A breakdown of these interviews by categories and by question is given in the appendix.

IV. The Approach to Data Analysis

As in most instances where exploratory investigation is undertaken data analysis cannot be conclusive. For this study, the approach to data analysis was to firstly establish explanatory concepts to interpret the observations. Each exhaustive set of categories was coded by assigning a single response to the explanatory concepts. For example, the single code response of 'housing' represented a defined category etc.

This use of categorical coding enabled each interview schedule analysis by a tabulation of responses to each category. In order that inferences could be drawn from a tabulation of the responses, measures of central tendencies were used (such as ranking, means and medians).

A categorical analysis of the data follows in the next chapter with a discussion of the implications of the data for Vancouver's Skid Road.

CHAPTER 4

Analysis of Data

This chapter will focus on the tabulation and initial analysis of the data that was obtained during the course of the study. As was indicated in the previous chapter (chapter 3) two questionnaires were used to obtain a broader range of data.

Section I The first questionnaire (appendix number 1) which was used as an aid in interviewing agency representatives was composed of the following questions;

SKID ROAD AREA STUDY

1. As a representative (and an administrator) of your agency, what do you see as the major problems in the Skid Road Area?
2. How would you rate these in order of importance?
3. a) What service is your agency providing to alleviate these problems?
b) Are there any alternatives to this policy?
4. If you had additional resources, are there any other services you would like to see your agency implement to deal with these problems?
5. From the standpoint of the community as a whole, what additional services would you like to see provided for the residents in this area?

The agency representatives included nine administrators, fifteen line workers, and ten composites. The term composites is used to refer to an agency representative which had the dual function of being an administrator as well as a

direct service person. Example of this would be a person who would be in charge of a small private agency, and while being responsible for the administrative functions would also provide direct service to his clients.

Despite this limited sample of thirty-four agency representatives a comprehensive range of responses were obtained as can be seen by the following data.

1. As a representative (and an administrator of your agency) what do you see as the major problems in the Skid Road area?

The responses obtained from this question were tabulated as follows; each specific response to any part of a general problem area was noted as a separate response. Therefore the number of times that a problem area was indicated is not necessarily directly related to the number of people that were interviewed, but is related to the number of times that they made a response with respect to any one problem area.

For example, if an administrator referred to three different aspects of the problem of alcoholism these responses were combined under the problem area of alcoholism and they were then indicated as three separate responses. Finally, all the responses that were obtained were listed under broad categories which enabled us to operationally define sixteen problem areas.

Table 2 Tabulation of Responses to Question One

(1) PROBLEM AREAS	(2) NUMBER OF RESPONSES INDICATING IT AS A PROBLEM IN THE S.R. AREA.	(3) ORDER OF IMPOR- TANCE OF THE MAJOR PROBLEMS IN THE AREA. (in terms of column two.)
Alcohol	38	1
Housing	33	2
Lack of agency services, poor communication and coordination	30	3
Drug Addiction	28	4
Sexual Problems	22	5½
Attitudes and personal inadequacies	22	5½
Health Problems	13	7½
Indian Population	13	7½
Petty Crime	11	9½
Aged	11	9½
Lack of Education and Vocational Training	10	12
Unemployment	10	12
Transients	10	12
Lack of Finances	8	14
People outside of the area (slummers)	6	15
Broken Homes	2	16

From this data we can see that the agency representatives, as a combined group, referred most frequently to the

problems of alcohol, housing, lack of agency services, poor communication and coordination, and drug addiction; in this sense, they saw these as the major social problems of the community which is commonly designated as the Vancouver Skid Road area.

As was indicated previously, the responses that were obtained were used to operationally define broad problem areas. Each response that was obtained is represented in one of these categories and no statement is included in the categories which was not given as a response.

No attempt was made to previously define these categories in general terms as; (1) each respondent conceptualized the problem in a personal manner and (2) in such an open ended questionnaire as the one used in the study, it was impossible to confine the responses that were obtained so that they fell within previously defined categories.

The operational definitions of the problem areas are as follows:

Alcohol; Considered by many to be the greatest problem in the area, not because of individual cases, but because of the high incidence of alcoholism. Some respondents felt that there were too many liquor outlets congregated in one area and that this contributed to the problem of alcoholism by attracting the alcoholics and heavy drinkers to live in one specific area of the city. This in turn, contributed towards the revolving door policy in the detention and control of alcoholics, and their rapid physical and mental deterioration.

Others felt that items with a high alcoholic content, such as some shaving lotions (Bay Rum), were much too easily accessible and that a greater control over their sale was

required, not only to restrict their usage but also to limit the deliberate profiteering that is involved. Others saw alcoholism as a moral problem and/or as an aggravating factor which contributed towards other Skid Row problems. Some felt that alcoholics were especially resistant to rehabilitation and the fact that the alcoholism often became associated with drug addiction only served to compound the problem.

One respondent felt that it was unfortunate, that even though the provincial government realized a large revenue from the sale of alcohol, that it did little to help its victims.

Housing: Many respondents felt that there was a great need for better enforcement of building regulations as well as developing a system for rental controls. It was generally agreed that there was substandard housing in the area as well as a general lack of variety in the facilities available. The need for urban renewal, subsidized housing and a program to help the Skid Row residents orientate themselves to live in better housing was stressed by many respondents. The Chinese families and the old age pensioners were often indicated as groups who were especially vulnerable to this problem of poor housing.

The problem of absentee landlord, their emphasis on profit making and their general lack of interest in the tenants were often commented upon. The fact that poor housing often had many bad side effects was also brought out. For example, it was felt that poor housing could be a contributing factor in preventing a client from obtaining proper medical attention. Lack of finances, partly the result of low 'pensions', contributed to the problem by forcing many people to live in this area, against their wishes, because of the low cost of housing available.

Lack of Agency Services, poor Communication and Coordination:

Many respondents felt that there was a need for a greater coordination of services both within and between agencies. A number of respondents felt that the greatest problems of the Skid Road area were not the ones that were natural to the area but the ones that were artificially created by deficiencies within the system of services and the general inability of the larger community (i.e. Vancouver) to make a concerted effort to eradicate these natural problems.

It was also felt that decision making powers tended to be too removed from the area and often lay in the power groups who were only remotely connected with the area and often uninterested in its problems.

Some of these specific gaps in services which were mentioned are as follows;

1. Lack of recreational facilities both for the young and the aged.
2. Lack of residences for discharges from institutions.
3. Lack of boarding homes for Skid Road women.
4. Lack of systematic rehabilitation programs and facilities, especially for alcoholics.

Besides expressing need for more specialized services, many respondents indicated what they felt was a great need for one agency to act as a central coordinating, referral and screening body that would provide an opportunity to unify all the existing services into one broad 'program'.

Drug Addiction: It was generally felt that this was not a Skid Road problem per se. Addicts tended to congregate in this area either because their funds were limited because of their addiction or to make the contacts that were necessary to obtain the desired drugs. The drug addiction, itself, was not felt to be the greatest detrimental factor to the area, rather the problems created by the drug addiction were felt to have more serious consequences. Because of the high cost involved in obtaining drugs many addicts either become involved in, or promote, prostitution, petty crime and shop lifting.

Some respondents felt that drug addiction was the result of association so that a program of control would require segregation of addicts to specialized institutions or what was described as a state farm. It was also felt that longer prison sentences would help to segregate the addict from the nonaddict and thus help to control the spread of this problem.

Sexual Problems: Prostitution, homosexuality, and lesbianism were listed as sexual problems prevalent in the Skid Road area. It was generally felt that none of these problems were much more serious in the Skid Road area than in other areas of the city except for the fact that it was much more obvious. In this area the common form of prostitution is the 'street walker' who becomes quite evident by the very nature of her 'profession.' In other areas of the city this type of activity is carried on by the use of telephone or 'middle men' which tends to make it much less evident. It was also felt that these problems were relatively easily controlled by police surveillance and that their prevalence was directly related to the intensity of this surveillance.

Prostitution, then, was not seen as a serious problem in itself, but was seen as important because it helped

to subsidize other problem areas such as alcoholism and drug addiction. The detrimental emotional effect on the women involved in prostitution was seen as the most injurious aspects of this activity.

Attitudes and Personal Inadequacies: The problems of the people in the Skid Road area were often attributed to their attitudes and personal inadequacies. The phrases and adjectives which were used to describe them are as follows;

..... extreme loneliness, lack of self esteem, apathy, disinterest, ignorance,..... some of the responses also reflected inadequacies in terms of health, education, skills, marital problems, lack of social participation and child neglect.

One respondent felt that the extreme loneliness of these people helped, in part, to drive them to alcohol, drugs or crime.

Other phrases that were used to describe these people were; generalized laziness, professional poor, lack of motivation, and false sense of pride.

Another respondent felt that generalized boredom and discouragement prevented these people from helping themselves and taking advantage of help that was offered to them by others.

Health Problems: Some respondents felt that the greatest problem in the area was due to borderline mental cases and emotionally disturbed people. It was more generally felt that the serious health problem in the area was due to a lack of minimum health standards and a lack of knowledge about mental and physical hygiene.

Others felt the greatest health problem lay in the fact that there were many untreated and uninstitutionalized psychotics, character disorders, sexual deviants, chronic and acute psychotics, and a combination of multiple mental disabilities.

Another respondent felt that there was now increasing mental stress and mental health problems resulting from unhappiness caused by marginal income, lack of resources to meet their needs, and other pressures.

Indian Population: Some responses indicated that the problem of the Indian population lay in their inability to make the

transition from the reserves to the urban community. Many of these were forced to associate with lower class people as they were rejected by the middle class and could only find acceptance in such areas as Skid Road. Their generally low incomes and common inability to compete on labour market helped to contribute to their inferior social standing.

It was also felt that many Indian girls could not fit into the big city culture as they did not know their rights and often were not aware of the services that were available to them. They were often taken advantage of by Skid Road residents as well as people outside the area who are looking for a 'lower class' prostitutes who will "shack up" over night for a bottle of wine and a place to sleep.

Lack of opportunities for academic and vocational training and discrimination in hiring practices felt by some to be the greatest contributing factor to their lack of social mobility.

Petty Crime: Petty crime was only stressed by the Vancouver City Police as a problem of the Skid Road area. There are probably two very good reasons for this; (1) the police department is the only agency in the area which is directly involved in controlling petty crime, (2) the problem is well enough controlled that other agency representatives do not consider it a major problem of the Skid Road area.

Petty crime refers to mugging, shop lifting and stealing. None of these are considered to be serious in themselves except in that they contribute or promote other problems such as alcohol or drug addiction. Street disorders and mob activity was considered to be a much more serious problem, but fortunately it only occurred on a very infrequent basis.

Aged: It was generally felt that many of the problems of these older people was severely aggravated by their lack of financial resources. While on one hand, some people felt that their problems were no greater than in other areas of the city, others felt that the problem of the aged in the Skid Road area was much greater because of their high population. It was felt that because of their social isolation their problems (eg. inability to care for themselves because of health and other problems tended to be more serious and more chronic.

Unemployment: It was felt that the unemployed tended to congregate in this area because of the low cost of living, a sense

of acceptance and fellowship and to some extent they were attracted by a sense of adventure, job advertisements and the mild climate.

Here, it was also noted that the average age of the men in Skid Row had tended to decrease in the last few years and that a greater number of younger men are gravitating to the area because of their unemployability. Because the men in this area are typically unskilled labourers it was felt that there was a special need for a program of training and job placements in this area. This was especially emphasized as a needed service for the Indian population.

Transient Homeless Men: Here was felt that young people and transients tended to flow to the Skid Road area from every province in Canada because of the acceptance that they found in this social climate. Many of these only resided in the City for a period of a month or less, or they may decide to reside there and make their 'living' on social assistance and other means which do not require steady employment. These people may be alcoholics and or mentally and physically handicapped. Typically, they are deficient in some area which prevents them from obtaining steady employment.

Lack of Education and Vocational Training: Though lack of education and vocational training is a characteristic of transient men and also contributes to the unemployment problem, the responses were obtained indicated that it was perceived as a separate problem. It was felt that both these factors contributed greatly to the problems of the Skid Road area. The high incidents of unskilled labourer, men displaced by machines, and seasonal unemployment were all factors that were felt to contribute to the high proportion of unemployed men which are found in this area.

Lack of Finances: It was felt that many of the people in the Skid Road area suffered from generalized poverty to such an extent that they are unable to cope with their basic needs and with life. This lack of finances have had many wide ranging repercussions which prevented them from obtaining adequate housing, a well balanced diet, to transportation to and from hospitals, welfare agencies and recreational services.

People who live Outside the Skid Road Area: (slummers) A number of the respondents felt that people who live outside the

area contributed to the Skid Road problems. Lack of social consciousness and an appreciation of the special characteristics of the problems of the area helped to insure their unchangingness and continuity.

Other respondents commented on the people who visited the area due to curiosity, novelty or excitement and who tended to promote the activities found there, either by their presence, the funds that they expended, or by the fact that they interfered with the normal agency procedures and services (law enforcement and crime control.)

Broken Homes: One respondent felt that this was a problem area in itself and that the causes for broken homes must be looked into if we were to solve the skid road problem.

Many broken homes, which originate outside the Skid Road area, cause problems in this area by promoting drinking, drug addiction or prostitution.

Using the same operational definitions an attempt was made to calculate the average priority given by the agency representatives to the various problem areas. The responses given to question 2 of the questionnaire were used in these calculations.

Question 2 "How would you rate these in order of importance?"

For a detailed tabulation of the responses that were received see appendix 2, A, B, C, D.

Table 3 Summary of the Responses To Question Two

PROBLEM AREAS	AVERAGE PRIORITY OF PROBLEMS AS GIVEN BY			
	9 Administrators	10 Composites	15 Lineworkers	34 Respondents
Transient	10	0	12	13
Alcohol	1	1	1	<u>1</u>
Drugs	3	4	2	<u>2½</u>
Aged	13	0	8	10
Lack of Education	12	0	14½	15
Finances	14	8½	13	11
Crime	5	8½	10	7½
Housing	2	3	4	<u>2½</u>
Attitudes	7	5	5	<u>5½</u>
Sex Problems	4	6½	3	<u>4</u>
Health	6	6½	6	7½
Indians	8	10	9	9
Slummers	15	0	11	14
Unemployment	9	11	14½	12
Lack of Agency Services	11	2	7	<u>5½</u>

In summary then, the administrators saw the five greatest problems of the area, in order of importance as;

1. Alcohol
2. Housing
3. Drug Addiction
4. Sexual Problems
5. Petty Crime

The composites saw the problems as;

1. Alcohol
2. Lack of agency services, poor communication and coordination
3. Housing
4. Drugs
5. Attitudes and personal inadequacies

The line workers as;

1. Alcohol
2. Drug addiction
3. Sex Problems
4. Housing
5. Attitudes and personal inadequacies

And finally the average of all responses indicated that;

1. Alcohol
2. & 3. Housing, Drug addiction
4. Sexual Problems
5. & 6. Attitudes and personal inadequacies, and Lack of Agency Services, Poor Communication and Coordination were

the major problems of the Vancouver Skid Road area.

The responses that were received to question 3. & 4. of the questionnaire were not completely as expected. The questions were stated as follows:

3. (a) What service is your agency providing to alleviate these problems?

(b) Are there any alternatives to this policy?

4. If you had additional resources, are there any other services you would like to see your agency implement to deal with these problems?

It had been hoped that by using question 3. we would obtain responses that would indicate a basic re-evaluation of philosophy, frame of reference or approach to problem solving in the skid road area. It had been hoped that the agency

representatives which were interviewed would review the existing policies of their agencies in terms of 'What are some of the different methods of providing services to the people in the Skid Road area in order to deal with their problems more effectively?' The respondents did not answer this question as had been anticipated, but rather tended to think in terms of expansion of existing services which might be carried out in the future and thus, more or less, answered question 4. in the process.

Consequently, we have combined the data that was obtained from questions 3. & 4. and have presented what the agency representatives felt were the services that their agencies were providing to alleviate the Skid Road problems (as they perceived them), as well as the services which they would like to implement in the future if they had the additional resources which would be required.

Vancouver Social Service Department

The City Social Service Department of Vancouver provides numerous services to the residents of the Skid Road area. We will not attempt to elaborate on their services at this point, we will only list them as follows:

1. Financial aid is provided for those that are eligible.
This would include social assistance as well as the common categorical programs such as Old Age Assistance, Disabled Persons Allowance, Blind Persons Allowance.
2. Limited casework services are also available in

conjunction with the above services.

3. Medical care benefits are provided for the unemployable.
4. Boarding home and nursing home care is also used as a resource when appropriate.
5. Referrals are constantly being made to other specialized resources when the situation warrants it and these services are available.

If additional resources were available to the City Social Service Department for their work in the Skid Road area, the implementation of the following services and policy would be suggested by the representatives of this agency.

1. An increase in the quality and the quantity of trained, experienced staff to provide more extensive casework services and more intensive contact with clients.
2. The formation of a joint committee of public services that are available in the area in order to coordinate inter-agency services, conduct research and to make recommendations to City Council.
3. The creation of small scattered (S.R. area) hostels and half-way houses to aid in the rehabilitation process of the alcoholic.
4. Medical services for the unemployed-unemployable individuals, over and above the present program of subsidization for those with non-taxable income.

5. Increased and expanded housekeeper and homemaker services.

The above existing policy and desired additional policy of the Vancouver Social Service Department gives some indication of how this agency is handling the numerous problems of the Skid Road area with the limited resources that are available.

The Vancouver City Police Department

The Vancouver City Police Department is staffed with approximately 22 inspectors, 721 police officers, and 160 civilians. Of these, 22 are policewomen. In the Skid Road area, the police department is primarily concerned with the control, prevention and detention of people committing offences with respect to alcoholism, drug addiction, prostitution and petty crime (this includes theft, shop lifting and mugging.)^X The three main divisions of the department which are related to direct service giving are the traffic division, the patrol division, and the detectives division. Since the functions of these divisions are self-evident they will not be explained in detail.

Another division, which is a separate identity, is the policewomen's division headed by a female inspector.

^X Mugging -- Sometimes referred to as jack-rolling, or simply rolling. Process by which one or more individuals take possession of another man's valuables (usually someone who is in a drunken state) by the use of physical force often in a deserted dark alley.

Of the twenty-two women involved in this division, two of these are working with the Youth Preventative Squad, six are nurses who are charged with the custodial and nursing care of the women's prison, with the remainder being police-women whose functions are quite similar to the ordinary constable. Their functions have been described as being 90% social service work with 10% police work. It is also felt that 60% of their time is spent down in the Skid Road area.

While policewomen receive the same training as the policemen and theoretically have the same powers, responsibilities and functions they do tend, in practice, to concentrate on family and marital problems and neglected children. Their functions include undercover work and surveillance of the clubs and cabarets in the area, not only to enforce the liquor and morality laws, but also to control juvenile delinquency problems. Much of the police work done with regard to prostitutes, homosexuals and lesbians is carried on by this division.

The general consensus of opinion within the police force is that problems of the Skid Road area and the services that they provide to its residents do not differ in terms of quality but only in quantity. For them, these problems only call for 'stepped up' policing and heavier concentration of men. Certain techniques are more heavily emphasized in

this area but no special services are required or provided.

The emphasis that they do place on this area can be seen in the way the city is divided and the number of men they have on duty at any one time. District one, which encompasses the Skid Road area, is a ten square mile area. Here, there is usually twelve two-man cars and six men on walking beats on duty on an afternoon shift. District two, which includes the middle and southern half of the city, is a thirty-four square mile area. There are usually fourteen one-man cars and one man on a walking beat on duty during the same shift.

Since the police force feels that it is doing an 'effective job' ^X in the Skid Road area in terms of our existing legislation and social policies, its plans for expansion of services and changes in policy are limited. Most of the policemen on the force do feel, however, that if additional resources were available they would like to increase their staff so that they could concentrate more men on this problem area. Some of the respondents felt that men with a social science and/or a social work background would be of great benefit to the police force in the control of the many Skid Road social problems. At the same time,

X The observation, doing an 'effective job' in this area is probably quite an accurate one as the Vancouver City Police Force is reported to have one of the best reputations of any city police force on the North American continent.

they were not too concerned whether these men actually had degrees or not as they felt this would only be important in their relationships with other agencies and not necessarily an added benefit to their clients.

In summary then, most of the police officers felt that additional resources could provide a larger and better trained staff that would enable them to become more effective in controlling the social problems in the Skid Road area but would not enable them to actually solve these problems. They felt that the solution of these problems lay in the larger community where the decision making powers with regard to policies, regulations and laws were situated.

Missions, Churches and Hostels.

(A.) The First United Church: several groups of people living in or near Vancouver Skid Road area are served by this church. This includes single men, senior citizens, native Indians and families.

The single men receive assistance in the form of counselling, meal tickets, clothing and limited travel funds. Entertainment programs fellowship groups and church services are provided for them. The church also sponsors a senior citizens group for the old age pensioners and provides counselling services for them whenever necessary. A major part of the efforts of this church is dedicated to work of a preventative counselling nature, which is provided for

Indian as well as white families and Indian students. They are encouraged to take part in a variety of activities that is offered by the church.

The First United Church operates a 'Welfare Industries Shop' on Victoria Drive in Vancouver. This provides clean reconditioned personal household merchandise for persons of limited means. It also helps to provide employment, training, and rehabilitation opportunities for people who are unable to find employment in normal industries.

This institution is considering the possibility of instituting a number of new services if the addition resources were available. These are:

- (1.) To set up a small hostel adjacent to their 'Welfare Industries' so that the men who work there could be provided with accommodations that would be conducive to the control of drinking problems.
- (2.) They would also like to expand their services to include younger people and children as they feel that preventative work is very important. This might be in the form of good boarding and group living homes as well as day care centers.
- (3.) The idea of a coffee house project where people might drop in for recreational purposes or to establish contacts for counselling services is presently receiving strong consideration from the First United Church people.

- (4.) In the small rehabilitation center for Indian women, vocational and educational facilities were also mentioned as a project worthwhile considering. It was felt that it would be very important to have a full-time person as a counsellor in such a facility as the part-time or voluntary people are too limited in their time.
- (5.) A general expansion of counselling services centering on problems of loneliness and isolation was also considered to be a welcome prospect. A rehabilitation hostel for those Skid Road habitues willing to engage in such a program was also mentioned.
- (6.) An evening program for homeless men restricted, for no more than thirty people at any one time, was seen as a means of providing an opportunity for more personal contact than is possible at present. This program would involve recreational activities, group discussion, educational facilities as well as greater opportunities for self-expression.

In concluding, the respondents indicated that the onus appears to be on the religious agencies to initiate various projects within their own jurisdiction as well as encouraging others to establish new services on a community basis.

(B.) Central City Mission: The central city mission operates a three-hundred bed hostel on Abbott Street which provides a

temporary shelter for homeless men from October to March. Breakfast and lunch are served daily. A number of men which receive their midday meal at the mission may go up to about five hundred. Those in need can also receive clothing free of charge.

For those men who wish to work or to receive some form of vocational training, in order to qualify for a position in the future, the mission also provides a job placement service. If it is felt that other agencies can serve the needs of those coming to the mission appropriate referrals are made to a range of community resources, such as alcoholics anonymous and various medical facilities. The mission maintains a close liason with such facilities as the Hollywood Hospital in New Westminster where men with a drinking problem are sent for medical rehabilitation.

Perhaps most important of all, the mission attempts to encourage the men in Skid Road to the point where they feel that their lot is not a hopeless case and that in order to make a comeback they must try to rehabilitate themselves with the help of a counsellor. Counselling services are further aimed at making the men feel important even in such small things as the way they are addressed.

In addition to individual counselling the Central City Mission hostel provides group counselling sessions and stimulates indigenous discussion groups.

Most at the mission are in agreement that the preventative approach must take an important place among its services if future problems are to be reduced.

The agency, provided additional resources were available, would like to expand services in a number of areas. For the normal healthy unemployed a shelter and more extensive vocational services are needed. It is also felt, that more attention should be given to the needs of the chronic alcoholic, the exconvicts, the juvenile delinquents, and people who have been discharged from mental hospitals but have no connections in the community.

The Central City Mission staff also feels that the services which they are providing are outgrowing their physical facilities. There is a need for smaller dormitories with a more personal touch. Recreational facilities including a reading room, a library and opportunity for games and other forms of entertainment is another area which the C.C.M. would like to develop. It was felt that better use would be made of these facilities if skilled supervision could be made available as well.

For the alcoholics, a rehabilitation centre was considered which might be patterned, to some extent, after the Salvation Army's Centre at Miracle Valley which is located out in the country. Such a centre might have a farming operation attached to it and provision might be made for the men to participate in the activities of communities adjacent to the centre. It was felt that the mission might

also branch out into other areas by developing more sophisticated rehabilitation programs and facilities for Skid Roads habitues. A work shop was mentioned in particular, where a variety of articles could be produced under the supervision of skilled supervisory staff. Commercial outlets for the sale of the goods produced would be explored. Such a sheltered workshop program was not only seen as providing financial resources but also a form of therapy in the overall rehabilitation process.

Finally, it was felt that the mission would be able to provide a better service to the men if they could undergo an automatic medical examination on arrival at the hostel. This would enable the mission staff to segregate the medical component of their overall problem and to provide medical care when indicated.

(C.) St. James Anglican Church: This church provides counselling and referral services for their clients in the Skid Road area. In addition, they administer a number of cheques and offer a limited degree of financial assistance to those in need. It is part of their philosophy to express confidence and trust in the people with whom they work in order to give them greater self-respect.

The church also has a very active senior citizens group which fills an important need for the aged in that it provides companionship and recreation.

In May of 1965 St. James Church, with the help of private citizens, was able to establish a hostel for Indian women. However, white girls who apply are admitted as well. The hostel acts as a reception center and provides a refuge for these girls while they are being referred to appropriate community resources for other assistance.

In the future, this church would like to set up a sheltered work shop which would provide a stepping stone to outside employment for the women. People employed at the work shop would receive some financial remuneration for their efforts.

They also indicated their wish to establish additional community facilities for old age pensioners in the Skid Road area where they would receive advice, direction and supervision if required.

(D.) The Catholic Charities for Men: This agency is actively working with other agencies to encourage support of the City Social Service Department and the leadership that it provides in the Skid Road area. They are also striving to obtain government and public support for these aims as they are convinced that only the V.S.S.D. can provide the integration and coordination of all the agencies serving the Skid Road area.

The management of the Catholic Charities Hostel can see no alternative under the present circumstances but to

continue with a multiplicity of uncoordinated activities until the ineffectiveness of the efforts of all the agencies produces such intolerable results in handling the growing problems of social disorder that action will originate from popular, government and professional demand.

Specifically, the Catholic Charity Hostel has one hundred beds available for transient shelter. They serve supper and breakfast to the men who spend the night there. In addition, the hostel operates a rehabilitation program for a small number of men with a drinking problem. They are not in favor of additional services or agencies being drawn into the Skid Road area without regard for integration and coordination. Any new agency that is created must be focused on coordination and integration of the present complex. After the combined efforts of agencies, both public and private, can be brought to bear on the underlying problems of the Skid Road inhabitants, there will be needs to be met that at present entrapment in the treadmill of dispensing to emergency needs, they will be free to act towards their stated goals; and if necessary further agencies and/or services would be provided as the needs become obvious.

Catholic Charities hopes to provide a large long term hostel of alcoholics likely to respond to treatment which combines large elements of help with professional control and guidance. This program would be coordinated

with public and private agencies in the alcoholism rehabilitation field. These plans depend, to some extent on whether or not the city will go ahead with its plans for a hostel for both transients and chronic alcoholics that are now making use of other agency facilities. The program as described above was the original goal in the creation of the Catholic Charities Hostel in 1958 and has been postponed by the ever increasing need for emergency services.

(E.) Franciscan Sisters of Atonement and St. Pauls Catholic Church:

When the order was first established in Vancouver in the 1920's their major aim was to work with the Japanese people who were coming into the area at that time, who were dispersed during the war, and who are now gradually coming back to this area. Now, the major focus of the Franciscan's work is on a Christian education, work with children and their families. At the same time, they have continued to operate a renowned breadline providing sandwiches for several hundred men per day. The Franciscan Sisters do not engage in conversation with the men when they are providing this service. Although the breadline is an adjunct to their main purpose, the plan, at present, is to continue with it. The order is well aware of the problems in the Skid Road area and is in favor of any service which is being provided by the community and/or other agencies which would reduce human misery in the area.

St. Pauls Catholic Church is located right next to the Franciscan Sisters. This church assumes the responsibility of administering cheques for hard core Skid Road inhabitants. Personal counselling services are also being provided, help in the form of meal tickets and comfort, such as tobacco, are extended to the men who are in contact with the church. Similar to other religious organizations St. Pauls provides a place for peace, religious devotion and companionship for people who come there. A Catholic Sailors Club next to the church provides opportunity for rest and recreation.

The staff at St. Pauls Church sees a real need for a hostel which would serve the 'down and out' Skid Road alcoholics. It was felt that these men, of necessity, are not acceptable to the larger agencies which have hostels in the area and are considered to be inadmissible tenants as well by the rooming house operators in the district.

(F.) The Salvation Army Harbour Light Hostel: The main focus of this agency is on the rehabilitation of alcoholics. In this connection, facilities are provided for alcoholics both at the Harbour Light Hostel and at their Miracle Valley project which is located on Stave Lake Road, R. R. 2.

At the Harbour Light Hostel, room and board accommodations provided for approximately eighty men. Some of these are single rooms while the remainder of the men sleep in large airy dormitories. Medical care as well as

counselling by a psychologist are provided on a regular weekly basis for the men in the hostel. Counselling services are provided on an ongoing basis and attempts are continuously being made to help the men find steady employment.

Religious services are provided twice daily with hot meals following immediately afterwards. There is no restriction on attendance for these meals as long as the men are willing to attend the religious service which precedes them.

The hostel restricts its living accommodations to alcoholics as it feels that by focusing its resources on one problem area they can maximize the effectiveness of their limited resources.

The rehabilitation center for alcoholics at Miracle Valley has single accommodations for twenty-three men. A four bed infirmary is provided as well as comfortable lounges, kitchen and dining room facilities, a recreation room and a swimming pool. Their activity is bent towards 'the salvation of the individual'. Here, provision is made for a man to find an outlet for his talents by helping to build and create the physical facilities required by the center. Thus, a man might become involved in landscaping, carpentry, masonry, operation of heavy equipment, woodworking, etc. Again, medical and counselling services are provided as part of a rehabilitation program for the alcoholic who is removed from the temptations of the Skid Road area.

If additional resources were available to the Salvation Army it would expand a number of services that have already been planned. In Miracle Valley, land would be cleared and buildings would be erected in order to promote a farming opportunity for men interested in pursuing this line of work as part of a rehabilitation program. The Harbour Light Hostel would also like to expand its services to include a special care unit that would focus on men with an alcoholic problem that are continuously going in and out of jail. Here, an attempt would be made to assess the man's needs in detail, physical as well as emotional, and provide him with a rehabilitation program if possible or refer him to other appropriate community resources.

The Harbour Light staff saw a great need for closer coordination and cooperation between the agencies in the Skid Road area. It was felt that this was one of the major problems of the Skid Road area, and that this disunity helped to contribute to the chronicity of many Skid Road problems. Example was given whereby a government representative in Winnipeg acted as a coordinator of rehabilitation services. His function was to familiarize himself with each program, determine their worth, and make representation of them to the provincial government for financial assistance.

In this connection, it was felt that both municipal and government should provide financial assistance to private agencies that conducted beneficial rehabilitation programs.

HEALTH UNITS(G.) Metropolitan Health Unit #1.

The staff at Metropolitan Health Unit One gave the following responses to questions 3. & 4.

They are concerned with the physical, emotional and social health of the residents in the Skid Road area. Consequently their agency program is as follows;

1. They provide various health clinics to ensure good standards of health. These clinics include Well-Baby, Strep, Immunization and Chest X-Ray.
2. They offer counselling services of various kinds.
3. They serve as a liason with other agencies and make referrals to other agencies. They must therefore be knowledgeable about the many resources in the community.

The sanitarians have a special function and responsibility in that they must check that housing is in compliance with the sanitation regulations of the City. To carry out their program they must have the cooperation of the landlords and owners of the buildings in the area. They feel that they have this, The tenants, however, are not always as cooperative. Some tenants do not have the incentive to maintain even minimum sanitary standards; they lack an ability to take responsibility in this area as well as in other patterns of behavior. No alternatives to the present policy was recommended by the sanitarians. They are doing all they can under the existing legislation.

If the necessary resources were available, Unit Supervisors would like to see the establishment of facilities for out-patient treatment and Venereal Disease treatment in the area. They would also like to see arrangements made for better housing for the older people who reside in the area and who wish to remain there.

The district nurse thought that an out-patient clinic in the area, where the clients could come for medical attention, would make available more time for home visiting and therefore closer relationships could be established with her clients. She felt that the time available to talk to people and to get to know her clients was limited as a great deal of time was spent trying to locate people in the area for T.B. control and V.D. control. In addition to the above she is also obliged to follow-up cases where clients have broken clinic appointments or where they are not taking prescribed medications.

And finally, the district nurse felt that there should be a recreational centre in the area as well as a workshop with a variety of facilities.

(H.) The Victorian Order of Nurses.

Only the district nurse was interviewed. She reported that her agency's function is to accept referrals from general hospital out-patient departments and psychiatric

hospitals for follow-up visiting and home care services. The primary function of the visiting nurse is to assess the ability of her clients to care for themselves in their own home and to assist with routines in care and self-management.

Landlords and relatives frequently request a visit from the district nurse if the tenant or relative is ill and needing nursing care because they do not know how else to handle the problem. The nurse will therefore make referrals for their clients if, after visiting, they conclude the client is not able to manage. Referrals are made to private doctors, the general hospitals, or to the City Social Service Department if there is a need for boarding or nursing home care and the client has limited funds. Housekeeping services are seldom used for clients who live in the Skid Road area.

The district nurse made special mention of difficulties with the convalescence of clients with several kinds of illnesses. Skin conditions are particularly difficult to treat due to the poor housing conditions in the area. The rehabilitation of geriatric patients is also a problem particularly for those who are recovering from heart disease. Housing is again a main problem for them and is compounded by the fact that there is no one able to assist the client who frequently needs some help, particularly after discharge from hospital.

As an alternative to this policy, the district nurse suggested the establishment of an out-patient type of setting in the area. (This recommendation was similar to the one made by the staff at Health Unit One.) She also noted a need for home-care services in the area, such as housekeepers. However, she recognized that poor housing and lack of adequate facilities made this recommendation impractical at the present time. She has noticed that most agencies refuse to consider placing housekeepers into the area for the above-mentioned reasons. She also noticed a great reluctance on the part of doctors to visit their patients in the area. When they are telephoned about a patient who is not ambulatory, the doctor usually suggests their patients be sent to the Emergency Department of one of the general hospitals to be treated there, either by the private doctor himself or by the attending staff.

(I.) Division of Venereal Disease Control.

A senior administrative person, who is also a counsellor and is familiar with the problems encountered by his staff in carrying out visits both in the community and at the City Jail, was interviewed.

The program of this agency is two-fold: treatment of the venereal disease condition itself; and, education for health. Agency personnel are very much aware of the social issues associated with this problem.

Public and special clinics are provided on a Province-wide basis. Wherever possible specially trained nurses are used, and in areas outside Vancouver the operation of a clinic for venereal disease treatment is a function of the health unit. There are also special clinics at the City Jail in Vancouver, at Oakalla Prison and at Willingdon School for Girls.

Education for health is carried out through cooperation of the newspapers which usually feature articles on this medical and social problem at least once a year. A display depicting the functions of the Division is a regular feature at the Pacific National Exhibition. The Division of Public Health Education has prepared material on "Family Living" for use in the schools. Several sets of venereal disease slides and films are available for use in public and professional health education. Students from the University of British Columbia Public Health Nursing course and public health nurses from health unit staffs attend orientation courses at the clinic. Films and literature are also distributed to the various nursing schools in British Columbia.

Various staff members of the Division are guest speakers to a variety of organizations every year and more could be done through this media of education for the general public and professional groups.

The staff member who was interviewed mentioned

that more should be done for the native Indian women. Preventive and rehabilitative measures should be instigated on the reserves by improving living standards, education and vocational training so that if they decide to come to a large centre to find employment, they do not need to enter the pattern of life found on the Skid Road--the drinking and promiscuity which eventually leads to an early death.

(J.) Medical Section of the City Social Service Department.

The nurse who was interviewed, indicated what she felt was the opinion of both the supervisor and the district nurse.

This department screens eligibility for medical appliances (glasses, dentures, etc.) for clients on social assistance and Old Age Assistance who have medical coverage. They also make referrals to out-patient department clinics for those who need medical attention but do not have medical coverage.

The Medical section accepts referrals from the community (this includes doctors, other nurses, the client himself or relatives) when clients need placement in boarding or nursing homes, when they become a community problem due to a physical or mental illness. By this time, the situation has usually reached crisis proportions. The nurse assesses the needs of the patient as well as his social situation and may make a referral to a general or

mental hospital, or to a boarding or nursing home. The nurses are exceedingly busy with these referrals and wish they could do more preventive work.

On occasion, the nurse will arrange for the administration of the social assistance or pension cheques for clients, if their social and/or medical problems indicate that this is necessary.

Alternatives to the agency's present policy were suggested as follows:

(1) The establishment of a multi-purpose agency in the community which would include residence facilities. This agency would assist transients and alcoholics as well as screening them for planning and rehabilitative purposes. Medical care, similar to that offered by an out-patient department, would be available in conjunction with counselling services.

(2) The establishment of Half-Way House residence in the area for a selected group of patients who are discharged from Riverview Hospital and the general hospitals. Temporary convalescent care or a more permanent type of residential care would be offered here. The people who would use this service usually migrate to the area on discharge from hospitals and are not suited to the usual boarding homes. Their friends are in the area and they wish and need to keep in touch with them. The program would be aimed at preventing the clients from returning to former

living habits and at improving their social functioning. It was suggested that the Half-Way House be run by a public agency rather than a church organization as these clients frequently are not accepted by private organizations when they refuse to participate in their established programs.

(3) A need was seen for a special domicile with provision for permanent accommodation for people needing supervision; such as, epileptics who are alcoholics and who do not fit into the usual boarding homes and for those who are not responsible for their actions because of mild chronic brain syndromes. Many of these people gravitate to the Skid Road area because they are not accepted by other communities and eventually become a problem that must be dealt with by the Medical Section.

(4) It was also felt that there was a need for a public health program for alcoholics, many of whom are elderly, which could be developed along the lines of an out-patient type of service located in the community. It would offer medical care and counselling services of the type mentioned previously.

This kind of program would relieve much of the present pressure and would make possible more preventive work. This would allow a greater number of visits in order to help the landlords cope with some of their problem clients.

(5) Concerning the Indian population, it was recognized that this was a special problem but it was

suggested that they should be integrated into all services and not segregated into special services provided just for their benefit.

Question 5: From the standpoint of the community as a whole, what additional services would you like to see provided for the residents in this area?

The method of tabulating the data for this question is very similar to that used in tabulating the data for question 1. Each specific response to any part of a general problem area was noted as a separate response. Therefore the number of times that a problem area was indicated is not necessarily directly related to the number of people that were interviewed, but is related to the number of times they made a response in respect to any one problem area. Finally, all the responses that were obtained were listed under broad categories which enabled us to operationally define 10 areas in which the agency representatives would like to see additional services being provided for the residents in the Skid Road area.

Table 4 Responses to Question 5

Suggested Services	Total # of Responses of Agency Representatives	Order of importance in terms of the # of responses.
Hostels, Halfway Houses and Institutions	41	2

Multipurpose agency (Community center)	50	1
Housing	21	4
Alcoholics	16	5
Drug Addiction	1	9
Statutory Services	10	6
Health	1	9
Police	1	9
Indian Population	6	7
Agency Coordination	23	3

It can be seen from the above table that the areas in which agency representatives made the most recommendations were with regard to a multi-purpose agency (community center), hostels, half-way houses and institutions, and finally in agency coordination. We can see then, that primarily they were suggesting two new services which would be incorporated into a total Skid Road program that gave heavy emphasizes towards agency coordination cooperation and communication. These areas were considered to be important than what had been previously defined as the greatest problems of the skid road area per se, that is alcoholism and housing.

As was indicated above the responses that were obtained were used to operationally define the areas where recommendations were made with respect to services. Each suggestion was obtained is represented in one of these

categories and no suggestion is included in the categories which was not given as a response.

Multipurpose agency (Community Center): This agency was seen by, most respondents, as providing recreation, sports, reading facilities, hobby shops, drop in programs, informal teaching facilities as well as physical facilities for all ages. (Some respondents felt that the physical and recreational facilities should specifically be aimed at adults.)

Most respondents felt that it was very important to have an understanding staff to operate this agency. It was felt by some respondents that their functions would include that of educating clients and the general public on social problems in the local area by using panel discussions, movies etc. and to cooperate more with agencies in the area. (eg. In the apprehension and/or conviction of criminals).

Others felt that professionally trained recreational staff would be needed as well as volunteers to handle the programing. It was also felt that this multi-purpose agency should contain a sheltered workshop for the physically and mentally handicapped and for the deteriorated alcoholics. This agency was seen as being opened to all residents of the Skid Road area including ethnic groups who already had their own program.

It was felt that personal and vocational counselling services should be provided with a focus on rehabilitation. A course on 'learning to live again' was also felt to be important in that it would help the residents of the area to improve their self-image, learn new values, be more independent and learn to use existing resources in a more positive way. Provisions for built in research facilities is also considered to be important especially as an aid in developing better methods of helping the Skid Road population.

It was felt that by many respondents that this agency should be operated as a special unit of the Vancouver Social Service Department as part of their new program in coordinating and combining all the agency activities in the Skid Road area.

Hostels, Halfway Houses and Institutions: Most respondents felt that a variety of small and well staffed hostels were needed scattered throughout the City. It was important that these were not congregated in the Skid Road area as this would only serve to compound the problem. Depending on the function of the hostel it was felt that possibly a part-time psychiatrist, doctor, social worker and/or minister could be on hand to assist the personnel in charge.

These hostels were seen as serving a variety of uses such as for : single men, women young people and families, both for long and short term care, to help transients, to provide a rehabilitation program for alcoholics as well as help him control his finances and assure him of proper room and board, and also as a screening center for referrals to other services. It was even suggested that these hostels could be used for business men and girls when they first arrived in Vancouver.

Some of these services provided by these hostels were seen as a partial out-patient clinic, a recreational center, a day center, and a place where hot meals could be served to other than its residents.

For long term care it is felt that one hostel should be used for non-rehabilitable alcoholics and the hostel which would be used for other rehabilitable alcoholics should be administered by a social worker from the V.S.S.D. It was felt that these types of hostels would help to replace facilities such as the Stratford Hotel which was not considered to be a success by some.

It was also felt that the government should support private hostels who promoted a beneficial program and that a special hostel should be set up for men who are being released from jail, as well as one especially designed for the Indian population.

Agency Coordination: (1.) It was felt that there was a need for closer coordination between agencies that were providing services in the Skid Road area. Including those agencies operating from a municipal, provincial and federal government level. One example was the need for closer coordination between V.S.S.D. and the Indian Affairs Department in order to provide better services to native Indians.

(2.) It was felt that there was a great need for a system that would promote this coordinate and it was suggested that the V.S.S.D. should provide leadership in this area. This was seen as involving a new agency through which all the information relevant to clients would be forwarded and coordinated (this suggests a central filing system). It was felt that such a system would reduce the time required in making referrals, would tend to diminish the need for emergency services, serve as an aid in diagnosis and formulating treatment plans and place a heavier emphasize on prevention rather than problem solving.

(3.) Some respondents also suggested that one multi-purpose worker should serve each client rather than having each agency provide a worker to deal with one aspect of the clients problems.

(4.) Some respondents also felt that Social Workers should be less theoretical, more pragmatic and should concentrate on establishing relationships with agencies in the area.

(5.) It was also felt that better agency coordination would result in closer liason between agencies outside the area as well as within. eg. Correctional services, institutions, hospitals, governmental and private agencies.

Housing: It was felt that there was a great need for better enforcement of housing and sanitation regulations and that these should be altered where necessary.

It was felt that there was a need for a greater variety of housing in the area and that a general redevelopment would be beneficial. This would also involve the relocation of some of the Skid Road residents who are now residing in the area because of personal circumstances rather than by choice. It was also felt that special attention should be given to certain groups such as the aged, the Indian women, and for the young people who are beginning to gravitate towards this area. Low cost housing was felt to be the answer in many of these cases.

It was felt by some that a new housing program, on a city wide basis, could provide a preventative focus to agency services which would also enable them to more easily relate to war on poverty programs. It was also felt that there was a need to re-educate some of the tenants to this new approach so that they would not be so destructive which in turn would encourage the landlords to make improvements in the residences.

Alcoholics: It was felt by many respondents that alcoholism should be dealt with as a medical problem rather than a punitive approach. It is also felt that the variety of special programs would be needed, and that more control over the alcoholic's funds were required in order to insure that they obtain the basic necessities. Greater control of the sale of goods with alcoholic content and a reduction in the number of liquor outlets in the area were also seen as desirable.

A number of the respondents felt that the alcoholics should be removed from the area altogether. State farms were seen as means of ensuring the segregation of the alcoholics as well as providing the controlled environment which he required. It is also felt that a Bill enabling the sentencing of alcoholics to rehabilitation programs should be passed. In

conjunction with this, it was felt by some respondents that mental hospitals should offer custodial treatment for chronic alcoholics.

In summary, a great stress was placed on the need for coordination between authoritative services and treatment centers for alcoholics.

Statutory Services: Many respondents felt that the services as well as the pensions for old age pensioners should be increased. With regard to probation, a few respondents indicated that the emphasis should be attributed to youth as there was a better recovery rate.

In the area of Child Welfare it was felt that there was a need for better control in supervision to ensure adequate child care. It was also felt that there was a need for a teenage holding unit, as well as a need for a non-denominational receiving home for children. Both these services were perceived by some as being absolutely necessary in order to ensure adequate child welfare services.

Aside from references to specific groups, it was felt that 'pensions' should be raised in order to ensure an adequate living for all those receiving them. Many people also felt that a greater control over the expenditures of these 'pensions' was also required. Some of the respondents also felt that the government should subsidize private agencies that were operating beneficial programs.

Finally, some respondents felt that more counselling should be offered by V.S.S.D., over and above their financial programs, in order that they might treat the total person.

Indian Population: Some of the responses that were obtained indicated that there was a great need for hostels for Indian women as well as increased counselling services as so many of them have personal problems.

A number of respondents felt that programs designed to move the Indians off the Skid Road area were very important. Others felt that research on Indian problems by people working with them in the area, and not by those outside the area, was greatly required.

Drug Addiction: A number of responses indicated that probation was used too often for drug addicts and that this only served to hinder the control of drug addiction. It was felt that there was a great need for more effective control over the sale and distribution of drugs.

Other respondents felt that the government should be responsible for providing rehabilitation programs for drug addicts as private agencies were unable to cope with this problem.

Police: It was felt by some respondents that the police, may on occasion, be prone to making apprehensions when it was not required and to use more physical force than necessary, in order to carry out these apprehensions to control crime.

Health: Responses in this area indicated a need for greater control over health regulations with respect to restaurants, hotels and rooming houses. It was also felt by some respondents that there should be free health services available for everyone and that this would be of great help in solving the health problems of the area.

One very direct recommendation for change that was obtained was the suggestion that emergency health services be speeded up drastically.

This completes our treatment of the data that was obtained from the questionnaire which was used to interview agency representatives. We will now go on to consider, in Section two, the data obtained from our interviews with the clients who receive services in the Skid Road Area.

Section 2CLIENT QUESTIONNAIRE

The clients that were interviewed were referred to us by the line workers (or composites) that had been previously contacted for the purpose of this study. The three conditions that were stressed in asking for the names of people who could be contacted in the Skid Road area were:

- (1.) They were knowledgeable about the area and its residents.
- (2.) That they were verbal enough to communicate their thoughts and feelings.
- (3.) That they were representative of the clients with which the agencies dealt with on a daily basis.

As a result forty clients were referred to us and we were able to contact and interview thirty-two of these. Nine were chronic alcoholics, two were homeless transient men, two were old age pensioners, seventeen were unemployed, disabled or handicapped, and two were prostitutes.

In the first part of this section we will deal with some of the identifying information and characteristics of the Skid Road residents, while in the second section we will consider the responses that they gave to such questions as:

What do you see as the major problems of the Skid Road area?

Do you know of any services in the area that would help to solve these problems?

Do you plan to stay in the area? And why?

What do you like or dislike about the area?

What new services would you like to see provided for the people who live in the Skid Road area?

It must be indicated here, that the characteristics

of these people can not automatically be assumed to be that of total Skid Road population as the names of the people to be interviewed were not drawn by random sampling techniques. Not only were such techniques beyond the resources of this thesis group, but they were not considered to be necessary as the purpose of the thesis was not to gather data that was considered to be statistically valid, but rather to present an overview of the Skid Road area and to list the problems of that area, in terms of the priority given to them by the agency representatives and/or the agency clients.

Identifying Information and Characteristics.

(1.) Sex of person interviewed: (Note - the following data also refers to the head of a household if a married couple or a person with some dependents was interviewed.)

Male -- 25 Females -- 7 Total -- 32 interviewees

From the above table we can see that more males were interviewed than females, but this was not felt to be inappropriate as the Skid Road population does have a much higher density of males in relation to females.

(2.) Age range of persons interviewed:

Table 5 Age Range of Persons Interviewed

Age ranges	Totals
10-20	1)
20-29	4)
30-39	5)
40-49	5)
50-59	12)
60-69	4)
70-79	0)
80-89	1)
	<u>32</u>

In the above table we can see that the people that were interviewed predominantly fell (22) in the age ranges of 30-60. Again, this would seem to be quite characteristic of not only the Vancouver Skid Road population but also representative of the Skid Road populations in North America. The study on the Chicago Skid Row area (chapter 2) indicated that at least 66% of the men in that area were forty-five years of age.

(3.) Marital Status:

Single: Includes those people who are living alone; that is, they had either never married, were widowed, divorced or separated.

Married: Those living as married persons, either legally or common-law, and or caring for dependents.

Single -- 25	Married -- 7	Total -- 32
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The high number of single people in this sample would also seem to be characteristic of the general Skid Road population. For example, in the Chicago study they found that there was a much higher proportion of men in the area who never married or who were widowed, separated and divorced. (Chapter 2 - also Chapter 4 Appendix 4 & 5). It also found that the number of single men among the Skid Road population was about four times as great and divorce about nine times as prevalent, as the average population.

(4.) Length of residence:

Table 6	<u>Length of Residence</u>	Total
Transient - Visits regularly or in residence for less than 3 months.		6
3 months to 1 year	7)	} - 22
1 to 10 years	8)	
10 to 19 years	7)	
20 to 29 years	2	
30 to 39 years	1	
40 to 49 years	<u>1</u>	
		32

We can see from the previous table that the majority (22) of the clients that were interviewed had been in the area for more than three months and less than twenty years. Possibly, the top of this range is fixed, in part, by the fact that few Skid Road residents who live longer than twenty years in this area.

Again, this finding is consistent with the population characteristics of other Skid Road areas. The Chicago study concluded that the skid row area of their city was composed primarily of non-transient persons. Less than 10% of the men had been in this area for less than a month, whereas 10% had been on Skid Row for as long as ten years or more.

(5.) Housing: The range in rents paid by the people living

in this area for one room accommodations, using public toilet facilities, containing a hot plate is \$25.00 to \$44.00 per month, with an average of approximately \$35.00 per month.

For similar accommodations consisting of two rooms the average cost is \$54.50, and for three rooms the rent charge is \$60.00 per month.

Few of the people that were interviewed expressed any satisfaction with the type of accommodations that they had and the amount of rent that they had to pay for it.

Some of the hostels such as the Central City Mission provides room and accommodations for \$15.00 per month, in others such as the Harbour Light, provide rooming accommodation ranging from \$50.00 to \$55.00 per month for single rooms.

The following is a description of one of the types of accommodations that was encountered. --- Family of eight, mother with seven youngsters living in a reconverted store; she had a wood stove, and a toilet with no bathing facilities. We were advised that the place had been condemned for family use by the Sanitation Inspector and that the family was planning to move as soon as arrangements could be made.

Three of the people interviewed lived outside the Skid Road area but visited it regularly.

One client commented, quite sarcastically, that you could live easily in the Skid Road area on a seventy-five dollar pension if you did not spend any more than thirty-five dollars for rent and thirty dollars for food and ten dollars

for extras.

The clients as well as the agency representatives were asked; what do you see as the major problems of the Skid Road area? Their responses to this question were tabulated as follows:

Table 7 Summary of Client Responses to Question One

Problem Areas	Total # of Responses	Order of importance in terms of the # of responses.
Housing	29	1
Alcohol	27	2
Drugs	17	8
Sex	11	9
Petty Crime and Law enforcement	22	4
Personal inadequacies and Attitude	9	10
Health Problems	24	3
Aged	1	12
Lack of Agency Services	19	5½
Lack of education and Training	0	--
Unemployment	0	--
Transients	3	11
Lack of Finances	18	7
Indians	19	5½
Slummers	8	--
Broken Homes	0	--

Most of the above responses, with the exception of those referring to alcohol, were elicited as the clients often needed prompting in order for them to comment on different problems areas. To some extent, this came as a surprise as we had originally thought that these clients would only be too glad to respond to this type of question. Obviously, the prompting that was required may have distorted, to some extent, the results that were obtained as in prompting

a client the interviewer could easily reflect his own biases.

The clients were not asked to list these problem areas in terms of the order of importance as were the agency representatives, as the greater portion of their responses were elicited and it was felt that they would tend to establish a priority listing in a haphazard manner.

The same operational definitions that were derived from question 1. of the questionnaire used to interview agency representatives, was used to tabulate the above data. Though the emphasis that the clients placed on the various problem areas varied in a significant way from that placed on them by the agency representatives, as well as the number of times any one comment was made, the individual responses were found to be quite similar in content and in meaning. For these reasons, and in order to save time, effort and space the same operational definitions were adopted, as was indicated above.

To conclude then, the total number of responses with regard to the major problems of the Skid Row area indicate that the five greatest problems as seen by the clients are:

- (1.) Housing
- (2.) Alcohol
- (3.) Health Problems
- (4.) Petty Crime (Law enforcement)
- (5.) Lack of agency coordination and also
Indian population

This can be contrasted with the average overall responses that were given by the agency representatives.

They indicated that;

- (1.) Alcohol
- (2. & 3.) Housing and Drug Addiction
- (4.) Sexual Problems
- (5. & 6.) Attitudes and personal inadequacies and lack of agency services were the major problems of the Vancouver Skid Road area. (Chapter 4).

The clients were then asked the four parts of question three, which is indicated as follows;

- (a) Do you know of any services available in the area that would help to solve this problem?
- (b) Would you use these services if the need arose?
- (c) Have you had any contact with agency services?
- (d) Were you satisfied with the service that was obtained?

The responses that were received to the above questions were tabulated in a combined table which is as follows;

Table 8 Summary of Data from Question Three

Service Areas	(a) Knowledge of service	(b) Use Services if needed?			(c) Contact with services?		(d) Were you satisfied or disatisfied?		
		Yes	No	No Comment	Contact	No Contact	Yes	No	No Comment
Police	16	8	6	18	14	18	7	7	18
Health	21	19	3	10	19	13	16	1	15

Welfare	28	24	1	7	24	8	17	2	13
Religious Org.	25	16	8	8	20	12	17	2	12
Community Center and/or recreation- al facilities	9	12	1	19	6	26	4	2	26

Note: 32 responses were possible in each category of the above table.

The data in the previous table would seem to indicate that; (1.) In general the clients were quite aware of the functions of the various agencies and the services which they offered that related to specific problem areas, as they had identified earlier in question 2.

(2.) Of the clients that responded, most of these felt positive enough about the services offered by the agencies to make use of them if the need arose.

(3.) A majority of the clients had been in contact with the various service areas with the possible exception of a community center and/or recreational facilities.

(4.) The responses obtained regarding satisfaction of services received, indicated that the majority of clients were satisfied the services received, despite the fact, that they voiced a number of grievances with respect to the comprehensiveness and appropriateness of the services offered by

these agencies.

We could conclude, that even though clients are often disgruntled and critical of the services that they receive, they do tend to be understanding and appreciative of the efforts that are made on their behalf.

When question IV was presented to the clients, "Do you plan to stay in the area and why?"..... the following responses were obtained. Fourteen people indicated that they planned to stay in the area, fifteen indicated that they were planning to leave, while three were uncertain of their future plans. It can be seen, that almost an even division of responses were obtained in that approximately 50% of the people wanted to stay in the area, while an equal number want to leave with a few people being undecided.

The responses obtained from this question also contained a number of statements with respect to the likes and dislikes that the clients had of the area. It also indicated ambivalence of feeling, as in many cases they would indicate that they would like to live in the area but were also planning to leave, or visa versa.

The responses received with regard to the favourable or unfavourable aspects of the Skid Road area were often conflicting. That is, for every positive response that was obtained from any one client a comparable negative response was obtained from another. For example, some clients indicated that they liked living in the Skid Road area because

of the companionship and acceptance that they found there, while others, indicated that they disliked the Skid Road area because of the extreme loneliness that prevailed in this area of the City. (Further comments will be made on these responses in the following chapter.)

Finally, the client responses to question V: "What new services would you like to see provided for the people who live in this area?".... were tabulated as follows:

Table 9

Client Responses to Questions Regarding New Services.

Suggested Services	Total # of Responses	The order of importance as indicated by the # of responses.
1. Hostels, Halfway Houses, Institutions	9	5
2. Multipurpose agency (Community Center)	21	2
3. Housing	25	1
4. Alcoholics	12	3
5. Drug Addiction	4	9
6. Statutory Services	11	4
7. Health	6	6
8. Police	5	7½
9. Indians	1	10
10. Agency Coordination	5	7½

The method of tabulating the previous data was very

similar to that used earlier. (See question 5 of the agency representatives questionnaire Chapter 4.) The number of responses is related to each specific response made by a client and not a total number of clients. The total number of responses obtained were again listed under broad categories which enabled us to operationally define ten areas in which the clients would like to see additional services provided for the residents of the Skid Road area. The clients suggestions with regard to services are as follows;

1. Hostels, Halfway Houses and Institutions: It is generally agreed that there was a need for a number of hostels for a variety of uses, such as single women, young people including families, and older men with pensioners being included.

A number of responses indicated that the chronic alcoholic was helpless and hostels could be of help to him by offering accommodations as well as a rehabilitation program. Some clients felt that these hostels should have entertainment facilities eg. cards and billiard tables.

2. Multipurpose agency (Community Center): This center should be located in the area. It should contain a variety of services and facilities that would provide a place for children to play as well as a reading place for the elderly. Recreation, was seen as quite a gap in the community services as so many people had little to do and it was felt that this multipurpose agency could help to fill this need.

Some of the clients indicated that they would like to see the (religious groups keep out of it).

3. Housing: Responses indicated a need for improvement in housing, particularly the hotels and rooming houses both in the area and adjacent to it. Urban renewal, low rental housing containing parks within them were seen as a necessity. It was generally recognized that improved physical appearances could do a great deal for the area. It was also felt that the Harbour Area should be improved and developed.

A central housing registry to locate vacancies was

seen as a necessity particularly for married couples who had children and were seeking low rental housing.

4. Alcoholics: The responses obtained from the clients with respect to alcoholism were very similar to those given by the agency representatives. Alcoholism was seen as a particular problem for the man and it was felt that a greater control of the sale of goods with a high alcohol content was required. (eg. Bay Rum)

A screening center for alcoholics was considered to be important. This center would help alcoholics to obtain employment and remove themselves from their present environment, or provide the means to have them segregated if this was considered necessary.

Others felt that a more sensible attitude towards alcoholics, on the part of the government and the police was required. That both the police and 'city' should leave the alcoholics alone and catch the thief instead. Others felt that the 'drunks' had given up and do not want to change their ways. Skid Road is their Shangri-La --- they want to get away from the world and are unable to cope with their problems.

5. Drug Addiction: While some respondents indicated that the drug problem was presently under control others felt that there was a need for better control over narcotics and crime. A number of responses indicated that the 'government' should be looking after the addicts as the missions were of no use.

Rehabilitation facilities for drug addicts, which are located right in the Skid Road area, were found to be needed. Similarly, follow-up facilities for addicts completing a rehabilitation treatment should be available.

Drug addiction was seen as a serious problem as many of the addicts do not really want to quit unless forced to.

6. Statutory Services: It was generally agreed that increases were needed in old age pensions as well as public assistance in order to meet the present cost of living. It was also felt that there was need for increased control over the social assistance funds, particularly in connection with alcoholics to ensure that they obtain adequate room and board.

Other respondents indicated Social Assistance should be given out with more discrimination and that people should 'smarten' up as the more help they receive the more they want it. Similarly, the provincial government should do something

about the alcoholic problem.

More services were seen as being needed particularly with regard to child care. Better control and supervision of existing services and provision for day care services for working mothers were seen as being desirable.

It was also felt that special work placement services should be made available by the government for able-bodied unemployed men, especially for those with a trade who were not yet beyond help. Some respondents indicated that it was difficult for many people to get work because of union regulations. Others indicated the need for initial relief for unemployed Skid Road inhabitants followed by work for relief programs.

7. Health: People who gave responses with regard to this service area indicated that out-patient clinics should be established in the Skid Road area rather than in general hospitals as this was very inconvenient for many people. Health services should be free for everyone, and present emergency services should be speeded up drastically. A venereal disease unit should be set up on Skid Road as people now have to go to the clinic near the General Hospital which is inconvenient and impractical for them. One respondent indicated a need to enable magistrates to refer people for health examinations.

8. Police: Some of the comments received here were; the police should spend more time catching drinking drivers, the area is too heavily patrolled and therefore petty crime has now been (cleaned out), the police tend to make more arrests than they have to and they can be too tough on occasion. At the same time, some of the responses that were obtained in other parts of the questionnaire indicated about 50% of the people interviewed felt that the police were doing an effective job and that they had the Skid Road 'area' under control.

Other respondents indicated that the people arrested should be put into one cell and made to suffer, and then perhaps they would come out different. The statement was also made that the police should 'clamp down' harder on 'guys bumming money'.

9. Indians: Only one response was received with regard to suggested changes in handling Indian populations. It indicated that magistrates should have the power to send Indians girls out of their present Skid Road environment.

10. Agency Coordination: The responses received here indicated a need for a family planning center in the area as well as requests that the Public Assistance cheques be mailed.

Additional Comments: Four of the thirty-two clients that were interviewed stressed the fact that no further services were required and that the area was already saturated with agencies.

The previous suggestions with regard to agency services being provided in the Skid Road area completes our tabulation of responses with respect to the 'client questionnaire'.

CHAPTER 5

OBSERVATIONS, RECOMMENDATIONS AND CONCLUSIONS

The Vancouver Skid Road area is 'a not so placid' pond that mirrors the ills of our society. Within its boundary live a large number of people that have slipped through the sieve of our health, welfare and education services. Individual programs cannot be expected to solve the problems of the Skid Road area, as these problems are not only the product of the people who live there but a product of the programs, services, rules and regulations that have been adopted in the past by religious organizations, private agencies, and municipal, provincial and federal governments.

Even an overview of the area, such as ours, brings out the fact that a great deal needs to be done in educating all segments of society in attitudes towards Skid Road people and their problems.

It must be noted that our attempt to review literature relevant to Skid Road areas in North America and our preliminary survey of the Vancouver Skid Road area can only be viewed, at best, as the first phase of a comprehensive program aimed at eliminating the worst features of such a community. Ours, was primarily an attempt to list the problems of this area in their order of priority, as they were seen by both the agency representatives and the clients who receive their services, and it must be followed

by more intensive investigation if it is hoped that they will be eradicated.

The critical human problems inherent in this Skid Road area can not be solved unless an approach is developed which encompasses, at a minimum, the following points:

- (1.) Intensive research into the 'phenomenon' of Vancouver Skid Road area to provide basic data on the nature of the area and its residents.
- (2.) Techniques would then have to be developed to enlist and coordinate the activities of public, private and religious agencies concerned with this area.
- (3.) A program dealing with the unique problems of the area would have to be developed and implemented, not only with the cooperation of all these agencies but also that of its residents.

Intensive research must be the basis from which such a program can be developed. Not only must we determine the weaknesses of the area but we must also be able to list, and use its natural strengths. Our survey has indicated some very broad problem areas, but more work needs to be done if we are to be able to list in detail the problems which require the most immediate attention.

We would feel that an initial step in this direction would be an intensive social planning survey of the area which could be carried out by a department such as the Social Planning Department of the local Community Chest & Councils. This survey, as others that are now being carried

out in Vancouver city, could be funded on a contract basis with the City Planning Department.

Thesis groups, along with other groups financed by private foundations and/or various levels of government, could add to this fund of knowledge. Although we have often referred to other research projects and surveys done on other North American Skid Road Areas during the course of our paper, we must be cautious in using their findings and recommendations without first determining if this data is applicable to our situation.

In reviewing the recent knowledge that we have gained with respect to Skid Road areas, and in particular the Vancouver area, we are struck by the need to re-emphasize a number of impressions that we have obtained, at the cost of being repetitive, in order that they may not be over-looked. The balance of this chapter will be devoted to making comments on some of our impressions, discussing a number of the more immediate problems of the area and, finally, making three recommendations that we feel would be of interest to anyone concerned about the residents of Skid Road and the environment that they live in.

It must be mentioned, first of all, that there is no such thing as a 'Skid Road Type'. The area does consist of several different types of people and each type has a different set of reasons for living there. For the old aged pensioners it may be the low cost of living, while for the

Indian population it serves as a means of being introduced to the 'larger city'. We can find quite ordinary people who live in the area because of the interest and facilities that it affords, as well as the alcoholics and drug addicts who frequent the area because it has the means of satisfying their needs while providing them with companionship and anonymity. Evidently, any comprehensive program that is designed to familliorate the conditions of the area, must be broadly focused in order to encompass the variety of 'types' that make this community their residence.

Social agencies also contribute, in part, to the problems of this area by inducing a great number of 'second class' residents to gravitate towards the area. Private agencies, often limited by their budgets, have no alternative but to house and feed men in the cheapest possible place; that is, on Skid Road. Public agencies, by providing financial assistance that is less than adequate to meet the needs of their clients, also contribute to the problem by forcing a number of them to seek the lowest cost of living available which they find in the Skid Road area.

Congregating these people in one area has at least one positive aspect. It serves to focus many of our social problems in a controlled area of activity. Unfortunately, few agencies take advantage of this situation to provide a comprehensive and appropriate service. The area is a natural locus for research and experimentation with new

policies, services and rehabilitation programs designed to fill the gaps in the existing sieve of social policies'. Surely new approaches to old problems could provide the means of rehabilitating individuals as well as raising the general standards of living in the area. One of the problems that should probably be given priority when considering the 'raising of standards' is that of housing.

Housing: The Vancouver Skid Road Area should obviously be considered for urban renewal. Why this is not being done at present, while other less deteriorated areas of the city are being actively researched for redevelopment programs, remains somewhat of a mystery. A comprehensive redevelopment plan that had provision for a variety of subsidized housing in its social and physical recommendations, would be of great value to this area.

In conjunction with such a plan, or even preceding it, efforts should be made to more strictly enforce existing housing and sanitation regulations. Provisions should also be made to alter these, where appropriate, to ensure that a basic standard of housing would be maintained. It was our impression that the present conditions of the buildings in the area could not completely be blamed on the lax, uninterested and 'profiteering landlords'. Nor was it altogether the fault of the tenants who are as much affected by, as they affect in turn, the type of facilities that they live in. Civic officials have an equal responsibility to ensure

adequate housing for all, by promoting its development as well as ensuring its continuation.

A redevelopment program which ensures adequate housing for all those who wish to remain in the area should not be too difficult to accomplish. The results obtained in our survey would seem to be consistent with that of a number of other Skid Road studies (eg Chicago's) as they indicate that a large number of people living in the Skid Road areas would like to leave the area if they were able to obtain and pay for, suitable accommodations elsewhere. The studies have also shown that there is only 25% to 50% of the land in a Skid Road area that is being used for residences.

In concluding our comments with regard to housing, we would like to suggest that special attention should be given to groups, such as the aged and the large one parent families, who are especially burdened by present conditions. Alcoholism: Efforts should be made to eradicate the present 'revolving door policy'. The process by which alcoholics are apprehended, charged, convicted, sentenced and eventually released, only to repeat the cycle over again, serves no purpose but to limit the number of alcoholics that are in the Skid Road area at any one time.¹ Provisions should be made in existing legislation to allow a magistrate to sentence a chronic alcoholic to a variety of rehabilitation programs rather than incarceration.

1 - See appendix 2

Pensions and Public Assistance: In light of our data, the main recommendation that should be made in this area is that; pension benefits and public assistance rates should be raised in order to allow the recipients to obtain a decent standard of living. Once these rates have been raised to a reasonable level, they should be periodically adjusted in accordance to the cost of living index. In a period of prosperity, everyone 'gets a raise' except those whose income is fixed by government regulations or legislation.

Possibly, this problem of adequate incomes could best be solved by using 'negative income-tax' though it is doubtful that this type of program will be instituted in the near future.

There would also seem to be a need to give sanction to the present practice of having a person, or persons, administer welfare cheques for those who are unable, because of some severe mental or physical disability, to adequately look after their own finances. In this way, a more logical and comprehensive system could be developed that would be of greater benefit to both the tax payer and the recipient.

The present policies with respect to rates of assistance and methods of disbursement only serve to hamper the efforts of the Vancouver Social Service Department. The counselling and Child Welfare services which they provide would certainly be expanded and improved if the additional resources were available. However, since their primary function

is in ensuring an income maintenance for their clients, priority should be given to this consideration in any proposed increase of services.

The Indian Population: We would like to make only one brief comment on this topic; that is; all efforts should be made to keep to a minimum the number of programs which tend to treat the Indian as a separate and unique problem, and that provision should be made for them in the existing complex of services.

As was mentioned earlier, we would like to present for consideration three recommendations that we would view as 'priorities' in any concerted attempt to deal with the multitude of problems in the Vancouver Skid Road area. These are:

- (1.) The establishment of a multi-purpose agency in the Skid Road area.
- (2.) The establishment of a variety of small hostels and half-way houses scattered throughout the city.
- (3.) The establishment of a coordinating body to deal with the Skid Road problems.

(1.) Multi-purpose agency.

A large number of the responses that were obtained in this survey, from both the agency representatives and the client, indicate a great need for the establishment of a multi-purpose agency in the Skid Road area. Some respondents

suggested that this would be composed solely of a large community center with a variety of facilities. Others indicated that the community center should be combined with a health and welfare service complex, while still others felt the social service complex should be a separate unit.

At any rate, the respondents did agree that there was need for both these new services despite their disagreement as to its organization. The community center was seen as a large complex that provided facilities appealing to a broad range of ages. These would include, recreational facilities, a library and a room where one could read, or write letters. It could also include hobby shops, informal teaching facilities as well as a sheltered work shop designed for the physically and mentally handicapped and for the rehabilitatable alcoholics. Personal and vocational counselling services could be provided for those who wished to use this service on a casual drop-in basis. Some suggested that this unit should include laundry and dry-cleaning facilities as this would be quite beneficial to the residents of the area who had either limited funds or facilities.

A complex containing representative units from the health, welfare and recreational agencies now providing services in the area would be seen as an important service for the people that live in Skid Road. The Vancouver Social Service Department should be looked upon for leadership in establishing and maintaining this new agency. The varied

professional staff providing service in this complex could serve as the nucleus for a screening center that would assess each client's needs and refer him to the appropriate community resource. This center would also be providing the pre-sentence reports to the courts when they were considering the disposition of chronic alcoholics. In order to make adequate assessments a health unit would also be needed. This could consist of an out-patient clinic as well, as it seems that this type of service is quite limited in the City of Vancouver. The unit would also provide a natural locus for research activities which could determine the effectiveness of the services being provided, as well as studying the area in depth.

Finally, we feel that consideration should also be given to including a small hostel within this complex. This hostel would only be used for short term accommodations (maximum of three days) and as a resource for the other agency units. For example, alcoholics could be placed here for a 'drying out' period and for screening purposes before they were brought to court. Medical assessment of their condition would also be possible because of the inclusion of an out-patient clinic. Transients could also be billeted here temporarily until they were referred to resources appropriate to their needs.

Such a complex is hard to envisage if one thinks of

a single building, no matter how large. However, if one considers this complex in relation to an urban renewal program it would be feasible to have a complete city block designed and used for a 'Social Service Complex'.

(2.) Hostels and Halfway Houses: Most of the respondents in our survey felt that a variety of small, well staffed hostels were needed in various locations throughout the city. It would be important that these not be congregated in the Skid Road area, unless it was felt that it was a necessary part of the services provided, as this would only serve to compound the existing problem. The type of personnel used to staff these units would vary depending on their function. For example, a hostel providing domiciliary care for incapacitated aged would probably require the part-time services of a doctor and a social worker.

These units could serve the needs of single men, single women and transients as well as providing a rehabilitation program for alcoholics. Half-way houses would be of use in promoting the re-establishment of people who were being released from provincial Correction Institutions as well as General and Mental Hospitals.

It should be noted, that in using the term 'small' we are referring to units that have a maximum capacity of fifty beds. It is felt that units any larger than this only serve to defeat their own purposes. We have watched with

interest the developmental stages of the large hostel which was proposed in October of 1965. It now seems that it will only accommodate from 150 to 200 men as opposed to the original recommendation of a 500 bed unit. We would remain somewhat skeptical of the value of such a 200 bed unit because of the natural limitations imposed on a rehabilitation program for such a large number of people and because there does not seem to be the need for such a large single unit. This type of hostel would only reduce the number of men in other established hostels, which are often not filled to capacity, while transferring the problems from one institution to another.

In considering the establishment of hostels outside the Skid Road area for people who wish to re-establish themselves in other parts of the city, attention should also be given to the chronic alcoholic who might be segregated from an area, which only compounds his problem, in order to enhance the possibilities of his rehabilitation. This brings up the suggestion that was made by a number of our respondents; that is, the idea of a state farm. These were seen as small units located in the rural areas adjacent to the City of Vancouver which would be owned and operated by the provincial government. These suggestions were not necessarily punitive as it was felt that the minimum amount of restrictions should be placed on men being admitted to these units.

The purpose of these units would be to provide

rehabilitation programs which would include counselling services as well as vocational and on the job training. In other words, this operation would be very similar to the project now being run by the Salvation Army, Harbour Light Hostel at Miracle Valley. The one distinction would be that chronic alcoholics who were habitual offenders would be sentenced to these farms by the courts for both definite and indefinite periods. It was suggested that, in order to develop more realistic rehabilitation programs, the wives (legal and common-law) of these men be allowed to join them if it was felt that this would be a positive factor in the treatment of their condition. Men who were unable to adapt themselves to such an institution and its regulations should be returned to the courts to be handled by what is now normal procedure.

(3.) Coordinating Agency: It is felt that possibly the most important recommendation that could be made, is one concerning the establishment of a coordinating agency to deal with the Skid Road problems. Again, we feel that the Vancouver Social Service Department should provide the leadership in the establishment of such an organization. It would be seen as a type of local area council whose function would be to coordinate the activities of all the agencies providing services in a Skid Road area, stimulate self-help groups and citizen committees, promote a change of attitudes in the larger community and in the citizens of the area by opening lines

of communication between them, and finally, to stimulate research into the problems of the Skid Road area.

An added function of this organization might be to act as a board of directors for the multi-purpose agency which was previously described. The physical location of this body could be within the Social Service Complex if desired.

The membership of this body would be composed of representatives from all of the agencies, public, private and religious, in the area as well as other interested and informed lay citizens. Provision could also be made for the representation of the business interests in the area by including representatives from such associations as the local Chamber of Commerce or the Ratepayers Association.

One of its important functions which would be worthwhile emphasizing, would be that of helping the lay citizens of the area who organize themselves and focus their own resources on the local community problems. This could develop into a local area council composed of lay citizens. Whether the two councils are combined into one organization would depend on the wishes of the people involved, but their efforts could be easily associated in such ways as the establishment of special sub-committees that would study specific problems in depth.

The establishment of these local area councils may not be as difficult as might be expected, as a body which could form the nucleus of the professional organization

probably already exists in the form of the Mayor's Committee.

The combined efforts of a Social Service complex with that of a coordinating body as described above, as well as the efforts of active citizen groups could provide the spring board required for a concerted and ongoing attack on the multitude of problems that are found in the Vancouver Skid Road Area.

SUMMARY

Skid Road: Vancouver is that area where we find those individuals who have not been able to 'fit into' our society. These are the individuals who are experiencing physical and psychological disabilities and/or suffer as a result of poverty and lack of education and skills. Here, in Skid Road they have accumulated, some by choice and others because this is their last resort. For the most part, these people have managed to evade the health, welfare and education services of society. To offer a comprehensive solution for this area of social disorganization requires careful study and planning of the area and of those agencies and services attempting to deal with the problematic aspects of Skid Road.

The purpose of this thesis was twofold: (1) to portray as accurately as possible Skid Road: Vancouver in terms of its physical and social characteristics and (2) to examine the existing social policy pertinent to this area in terms of its effectiveness.

The method of study was of an exploratory nature in order that knowledge and familiarity of the Skid Road area could be obtained. The first part of the thesis was a presentation of studies of relevant Skid Roads in North America and their attempts to deal with these problems. Included in this section was a review of two recent reports:

of interest to Vancouver's Skid Road. The City of Vancouver Planning Department prepared a report; Downtown - Eastside, suggesting major goals in the 'cleaning-up' of Skid Road. The other report that followed, Skid Road: A plan for Action, was prepared by the Special Joint Committee of the Vancouver City Council, indicating the City's plans to implement these objectives.

Keeping all of the above considerations in mind, we proceeded with the aid of an interview schedule. Public and private health and welfare organizations, and the Police, were contacted at three different levels; (1) the administrator level, (2) the line worker level and (3) the recipient or client level in order to determine the impact of present social policy and to survey Skid Road organization. It was also an attempt to list the problems of this area, in their order of priority, in relation to the respondents.

Observations that have been drawn seem to indicate the similarity of Vancouver's Skid Road to other studies, although only further and more intensive research can bear this out. It is felt that from this exploratory research some impressions with reference to the most immediate problems of the area stand out foremost. Provisions should be made in the Skid Road area for urban renewal. This should encompass a variety of subsidized housing to ensure adequate housing for those who wish to remain in the area.

Secondly greater efforts should be made to eradicate the present 'revolving door' policy in dealing with the alcoholic. Perhaps further thought should be given to a variety of rehabilitation programs as opposed to incarceration.

And one of the greatest needs in light of our data, is provision for the increase in pension benefits and public assistance rates, in order that a decent standard of living can be met.

It was felt that three recommendations could be viewed with priority in any immediate efforts to deal with the variety of problems in Vancouver's Skid Road area:

- (1) the establishment of a multi-purpose agency in the Skid Road area
- (2) the establishment of a variety of small hostels and half-way houses scattered throughout the City.
- (3) the establishment of a coordinating body to deal with the Skid Road problems

It is felt that these recommendations would provide a more coordinated and integrated attempt to deal presently with the Skid Road area, but it will only be through further and more intensive research that more data on the nature and character of this local area can be obtained to implement effective social policies.

APPENDICESChapter 1. Appendix 1.

The following represents a summary of articles on Skid Road in Vancouver which have appeared in the "Vancouver Sun" and "Vancouver Province" daily newspapers and cover a period from March 27, 1961 to March 19, 1966.

"Vancouver Sun"

1. March 27, 1961. "REPORTER TESTS GOOFBALL TRADE. PILLS PUSHED OPENLY ON SKID ROAD".

An undercover newspaper man reports on the ease with which certain drugs may be obtained on Skid Road.

2. May 11, 1962. "SYD BOURNE DIES. HUNDREDS MOURN SKID ROAD SAINT".

A nostalgic afterthought to the death of a well-known Skid Road inhabitant.

3. May 31, 1962. "CITY DRIVE ON SKID ROAD DRUNKS SET: SWITCH SOUGHT FROM BOTTLE TO SPOON FEEDING".

The City Social Service Department Administrator comments on the futility of attempting to cure drinking problems by cutting the men involved off social assistance. He points out that these men do not really want to be cured or else Alcoholics Anonymous could help them.

4. May 6, 1964. "CLEAR OUT OR CLEAN UP. SKID ROAD RESEARCHERS CONSIDER TWO PROPOSALS".

The City Planner predicts that researchers presently looking into Skid Road problems will come up with a recommendation for urban redevelopment of the area under the National Housing Act.

5. July 10, 1964. "AREA SHRINKS - SKID ROAD BOUNDARIES GET SHUFFLE".

Reference to a geographic definition of Skid Road by the City Prosecutor which describes the area as considerably smaller than is usually believed.

6. May 14, 1965. "COUNCIL GOADED, ACTS ON SKID ROAD; COMMITTEE SET UP AFTER CRISIS CALL - PRESENT EFFORTS DISGRACEFUL".

A delegation of church and social work agencies dealing with Skid Road problems presents a brief to City Council outlining the problems of the area and criticizing the City's neglect to date of dealing constructively with these. The Council agrees to set up a study of the situation on Skid Road.

7. May 18, 1965. "DON'T DEMOLISH AREA: DERELICTS NEED A SKID ROAD SAYS CALIFORNIA PROFESSOR".

The experience of the City of Los Angeles is used as an example that Skid Road presents social problems which cannot be solved by physically demolishing the area. Reference is made to the work of a Skid Road Institute at Berkeley, California.

8. July 10, 1965. "SKID ROAD: A BLACK PICTURE".

A report referring to the high cost of policing the Skid Road area, its large crime rate, its large share of older people, and the present hopeless situation of Skid Road men with drinking problems. A recommendation is made to the effect that a pilot project be undertaken whereby drunkenness offenders would be sent for treatment instead of going to jail.

9. August 5, 1965. "SPECIAL BODY WANTS PLAN FOR SKID ROAD".

A special joint City Council Committee approves the preparation of a plan for social rehabilitation on Skid Road with the plan to be drawn up by a special sub-committee and to be based on social problems as pointed out in a recent Skid Road report by the City Planning Department. The Planning Department had shown the situation of the homeless transient and the helpless chronic alcoholic as the major social problems of the area.

10. September 8, 1965. "ON THE SPOT SKID ROAD UNIT PROPOSED IN SOCIAL REPORT".

The formation of a unit of the City Social Service Department on Skid Road, which is one of the four

recommendations by a sub-committee of a special committee on Skid Road, is discussed. The unit is advocated because of a belief by the sub-committee that it would facilitate communication with social workers, treatment and on the spot observation of Skid Road inhabitants. Reference is made to the sub-committee's other three recommendations which are: the establishment of a short-term hostel, a hostel for chronic alcoholics, and the formation of a Mayor's Committee for the coordination of planning on Skid Road.

11. September 9, 1965. "HOSTELS URGED FOR DRUNKS".

A statistical portrayal of the high social assistance outlay for people on Skid Road and the enormous costs of processing drunk charges and to keep these people in jail. A long-term hostel for chronic alcoholics is recommended.

12. September 10, 1965. "DRUNKS, HARLOTS. - POLICE ASKS AID TO CLEAR STREETS".

The Chief of Police points out a marked increase over previous years in arrests for drunkenness and prostitution. Slightly less than half of the drunkenness offenders are seen as repeaters, many of them having no fixed income. The comment is made that the current beer strike has had no effect in terms of reducing the number of Skid Road drunkenness offenders.

13. September 10, 1965. "MORTALITY RATE HIGH FOR SKID ROAD WOMEN".

At a panel discussion, the City coroner tells of a rise in the unnatural deaths of Skid Road women over the past few years. He enumerates poisoning, alcohol, drugs and violence as the principal causes and also makes reference to "the toll of human loneliness that adds to the total at the morgue". Other members of the panel refer to the need for preventive work in dealing with social problems on Skid Road and to the need for more facilities for homeless women.

14. October 16, 1965. "CITY DERELICTS TO HAVE HOSTEL".

The possibility of setting up a hostel for chronic drunkenness offenders is discussed between city and provincial welfare officials. Offenders would be referred for treatment in such a hostel by the magistrate rather than to jail.

15. November 30, 1965. "SKID ROAD HOSTEL OPENING DUE FEBRUARY 1, 1966."

Reference is made to the opening of a large hostel to accommodate the homeless transients on Skid Road.

16. December 21, 1965. "MORE ABOUT THAT HOSTEL".

Differences between the hostel for the homeless transient envisioned originally and the one with about five hundred, instead of two hundred and fifty beds, actually being set up are pointed out. The present plan is to arrange for the men to board at the hostel in lieu of cash welfare allowances. The focus on rehabilitation is comparatively insignificant compared to that envisioned earlier. The City considers the present hostel plan as a first step for an attack on Skid Road and has initiated a plan for a long-stay hostel for chronic alcoholics as a next step.

17. January 12, 1966. "FINANCIAL HURDLE. SKID ROAD PLAN HITS SNAG".

A report that the opening of a large short-stay hostel had to be set back to at least April 1, 1966. Because reconstruction costs for the building chosen far exceed the original estimates, it will be necessary to conduct further negotiations and to look for a different building to renovate.

18. February 22, 1966. "AID CENTRE OPENING HELD".

The opening of a Welfare Centre on Powell Street is announced by the Seventh Day Adventist Church. The centre will be dispensing clothing and footwear to the needy.

19. March 2, 1966. "SITE FOUND FOR HOSTEL".

An earlier plan to locate a large hostel for transients in the Skid Road area is abandoned. The hostel was to have been located near Water and Abbott Streets. The new building is in better condition and has more grounds for recreation. The hostel, scheduled to open April 1, 1966, is to provide sleeping accommodation for four hundred and fifty men.

20. March 19, 1966. "SKID ROAD HOSTEL HELD UP".

The Central City Mission, which was to help establish and then operate the planned hostel for single men, is no longer involved. As a result, according to a report released at City Hall, the cost of the proposed hostel has shot up to \$890,000.00 from the original \$50,000.00 which the City and the Province agreed to pay last fall. The overall estimate now stands at \$940,000.00. The present thought is to buy a building rather than to use a rented one. The building on Smithe Street will cost \$900,000.00 to purchase and renovate. Furnishings will be another \$40,000.00. The Central City Mission found the cost of renovating the building was in excess of its original estimates. As a result it was decided that the City would have to be responsible. Social Welfare officials said that the Smithe Street project could be financed by \$65,000.00 contributed by the City and Province and a loan from the Federal Government which could be repaid over a period of fifteen years.

"Vancouver Province"

1. April 29, 1964. "SKID ROAD SOCIETY BRANDED".

City Police see people roaming the streets of Skid Road at night as criminals, preying on the public, with about half of them living in the area.

2. November 13, 1964. "SKID ROAD NEARLY OUT OF CONTROL".

The Chief of Police talks of marked increases in crime and, in particular, crime in the Skid Road area of the City.

3. November 13, 1965. "VOICE OF THE PEOPLE. - SOLVING VANCOUVER SKID ROAD PROBLEMS".

Report by an Anglican clergyman connected with the Central City Mission. He gives a detailed account of his understanding of the social problems on Skid Road, giving a good deal of attention to the causation of these problems. The report is supported by a number of facts and statistics.

4. November 19, 1965. "THE DOOR IS ALWAYS OPEN AT SKID ROAD HAVEN".

A detailed description of the program of a Hostel for Women on East Hastings Street, including an interview with an Anglican churchwoman who is at the head of the East Enders Society which operates the Hostel.

5. December 23, 1965. "SKID ROAD HOSTEL PLAN DISCUSSED".

Mention is made of a meeting between City Welfare Officials and the head of the Provincial Government Welfare Department to iron out financial and operating problems in connection with the setting up of a large short-stay hostel for men in Vancouver.

6. January 15, 1966. "HOSTEL PLAN HELD UP".

Announcement of a delay of the opening of a large short-stay hostel for men until at least April 1, 1966. The hostel was to be located in a Water Street building but costs for remodelling the building are now believed to be over the original estimate by a considerable margin. For that reason, other buildings will now be looked at.

Chapter 2. Appendix 1.

U G N

KING COUNTY
UNITED GOOD NEIGHBORSLowman Building, 107 Cherry, Seattle, Washington 98104. Mutual
2-8161PLANNING DIVISION

March 18, 1966

Mrs. Barbara Thomlison

Dear Mrs. Thomlison:

Your letter of March 5 has been referred to us by Mrs. Leslie of the State Department of Public Assistance, King County office.

As you are aware the questions you have posed in your letter cover a wide range with many legal and social implications. For this reason I will respond to them in a rather general manner, since to do otherwise would result in a rather involved project.

Information about our police and court procedures, as related to the Skid Road population can be obtained from the Municipal Court, Public Safety Building, Seattle, Washington. Generally speaking, police involvement with this population is with a high degree related to the matter of drinking behaviour. The person who presents himself in public, while under the influence of alcohol may be arrested and placed in jail. Subsequent to this he may be fined or detained, or both, depending upon the circumstances of his situation, as well as the number of prior arrests. If he has been known to the Court on a number of occasions for drunkenness he is likely to receive a sentence and in addition be given an opportunity to attend a series of discussions on alcoholism in the hope that these two factors will result in some change in his status. In addition, if a need is present, he will receive medical care while in confinement.

As Mrs. Leslie indicated, individuals living on Skid Road, are eligible for welfare assistance providing they meet certain criteria. I am enclosing a chart which describes basic eligibility factors for the Department of Public Assistance.

The main involvement of the Seattle-King County Department of Public Health would be in the area of communicable disease, particularly tuberculosis and venereal disease and in this connection they would be offering treatment and follow-up care for individuals on Skid Road. Another service which would be available is that of the public health nurse. In some circumstances the nurse might visit a resident of the Skid Road area, particularly the aged or those convalescing from hospital treatment, and would encourage maintenance of proper diet and personal hygiene and provide some follow-up nursing care.

The other facilities immediately available in the Skid Road area would generally come under the broad description of Missions serving homeless men. We have several such organizations, namely, The Salvation Army Harbor Light program, the Lutheran Compass Mission, the Union Gospel Mission. These programs provide a combination of housing and meals. Another organization which accepts applications from this population is the Malden House Incorporated, which has a rehabilitation program for male alcoholics. They provide housing and maintenance and encourage the individual to become employed, along with the maintenance of sobriety. For those individuals who succeed at this entrance level, they are transferred after a period of time to another residence, located outside of the Skid Road area where they receive additional encouragement to become self sustaining and continue their sobriety.

Medical assistance for the residents in Skid Road is generally available through the King County Hospital or through the services of the jail hospital. Eligibility for treatment at the former would be either the existence of a condition that was regarded as a medical emergency or otherwise meeting the welfare department criteria for eligibility which in that case would include medical services. Of course the individual who is sentenced to jail would qualify for in-jail medical services.

Another program functioning in the Skid Road area is a Casual Labor office operated by the Washington State Employment Security Department. Their task is to provide employment, usually of a brief nature, to those who present themselves for this service.

This is a rather brief description and I am quite sure I must

have left out some important resources, however, I hope that you find this information of some assistance. If you have any further questions, please feel free to write again.

Sincerely,

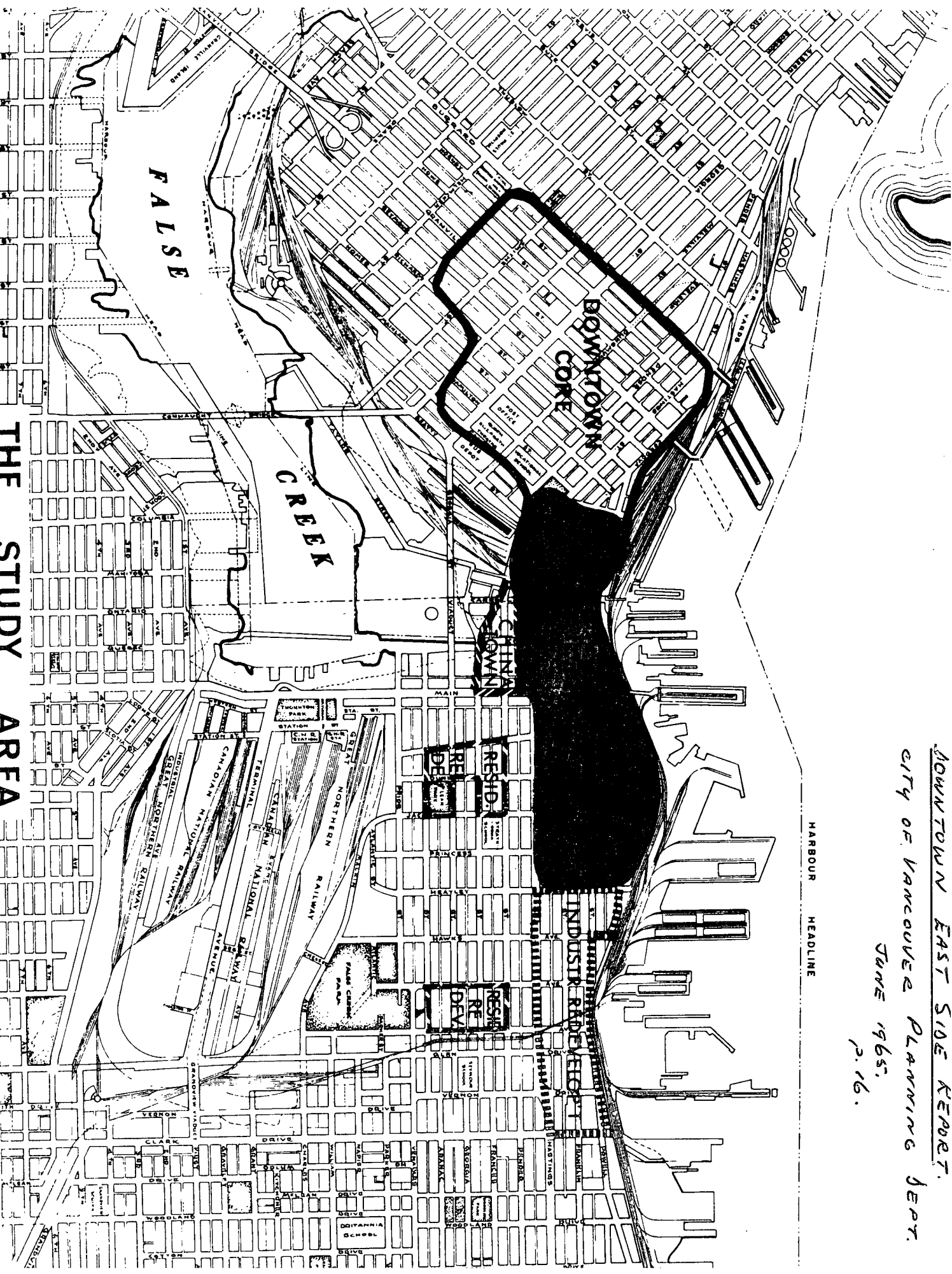
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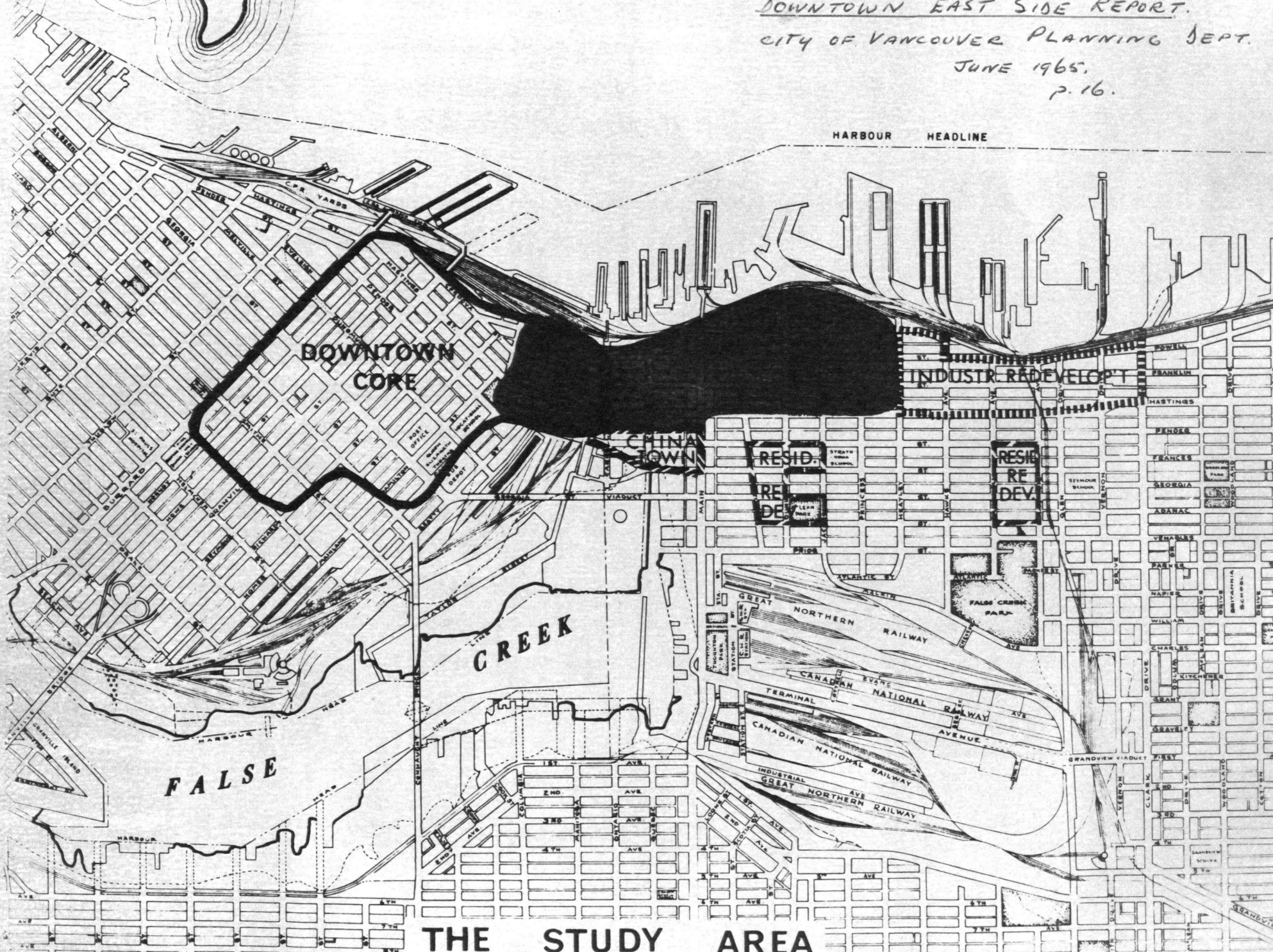
Jack A. Bartleson, ACSW
Planning Specialist

JAB:rc
Encl.

2.2.

THE STUDY AREA





THE STUDY AREA

Chapter 4. Appendix 1.

AGENCY INTERVIEWS

SKID ROAD AREA

SKID ROAD AREA STUDY

DATE:

INTERVIEWER:

AGENCY REPRESENTED:

PERSON INTERVIEWED:

- (a) Name:
- (b) Position or Title:
- (c) Length of time in this position:
- (d) Qualifications (if applicable):

1. As a representative (and an administrator) of your agency, what do you see as the major problems in the Skid Road Area?

2. How would you rate these in order of importance?

3. (a) What services is your agency providing to alleviate these problems?

(b) Are there any alternatives to this policy?

4. If you had additional resources, are there any other services you would like to see your agency implement to deal with these problems?

5. From the standpoint of the community as a whole, what additional services would you like to see provided for the residents in this area?

ADDITIONAL INFORMATION

LINE WORKERS employed by agency and knowledgeable about the area.

	<u>Name</u>	<u>Title</u>	<u>Phone</u>
1.			
2.			
3.			

Clients to be interviewed:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Age</u>	<u>Type of client</u>
1.					
2.					
3.					
4.					
5.					

ADDED COMMENTS: (re: questionnaire? other areas of concern? etc.?)

CLIENT INTERVIEWS
SKID ROAD AREA STUDY

NameAgeSexHow long in areaSocial TypeHousing (cost, description, whether satisfied or not)

1. What do you see as major problems (troubles) in the area?
(note whether response voluntary or suggested).

Alcohol:

Drug addiction:

Prostitution:

Housing:

Lack of finances:

Petty crimes:

Health problems:

Lack of community: place to read, etc.:

(with Indians: any special problems)

2. Do you know of any services available in the area that
would help solve this problem?
(note whether response voluntary or suggested).

Police:

Health:

Welfare:

Religious organizations: (specific missions)

Community or recreational resources:

2. b. Would you use these services if the need arose?

3. What new services would you like to see provided for this area?
(note whether response voluntary or suggested)

Police:

Health:

Welfare:

Religious organizations:

Community or recreational resources:

4. Have you had any direct contact with agency services?
Were you satisfied with the service?

Police:

Health:

City Social Service:

Missions (specify:

For bed

For meals only

Both

5. Do you plan to stay in this area?

What do you like about the area? (people, housing?)

What do you dislike about the area?

Chapter 4. Appendix 2.Added Notes:

In order to help simplify the calculation of this data only 15 categories were used, as the 16th category, broken homes, was given as a response to question 1. only on two occasions and was never listed in terms of priority in question 2.

Since each respondent could have rated fifteen problem areas in order of importance, and each problem was given a priority listing by at least one respondent, the 15 categories were maintained in our calculations. The problem area given first priority by any respondent was given a 'weight' of fifteen; the second a 'weight' of 14, and so on --- until the 15th problem which would have been given a 'weight' of 1.

If the problem area was not listed as a priority problem, it was given a score of 0 and if two or more items were given equal priority an average score was assigned to each.

Appendix 2. (a)Rating of Administrators' Responses

(1) Problem Area	(2) Total 'weight' of responses	(3) Average 'weight' of responses	(4) Order of importance assigned to problem areas. (In terms of column 3.)
Transient	14½	1.6	10
Alcohol	16½	12.9	1
Drugs	83	9.0	3
Aged	11	1.2	13
Lack of education	12	1.3	12
Finances	10	1.1	14
Crime	60	6.6	5
Housing	104½	11.6	2
Attitudes	33	3.7	7
Sex problems	68	7.6	4
Health	36	4.0	6
Indians	25	2.8	8
Slummers	0	0.0	15
Unemployment	20	2.2	9
Lack of agency services	13½	1.5	11

Appendix 2. (b)Rating of Composites' Responses

(1) Problem Areas	(2) Total 'weight' of responses	(3) Average 'weight' of responses	(4) Order of importance assigned to problem areas. (In terms of column 3.)
Transient	0	0.0	-
Alcohol	98	9.8	1
Drugs	63	6.3	4
Aged	0	0	-
Lack of education	0	0	-
Finances	25	2.5	8½
Crime	25	2.5	8½
Housing	66	6.6	3
Attitudes	50½	5.1	5
Sex problems	32	3.2	6½
Health	32	3.2	6½
Indians	15	1.5	10
Slummers	0	0	-
Unemployment	14	1.4	11
Lack of Agency services	78	7.8	2

Appendix 2. (c)Rating of Line Workers' Responses

(1) Problem Areas	(2) Total 'weight' of responses	(3) Average 'weight' of responses	(4) Order of importance assigned to problem areas. (In terms of column 3.)
Transient	29	1.9	12
Alcohol	179	11.9	1
Drugs	95	6.3	2
Aged	55	8	3.7
Lack of education	12	0.8	14½
Finances	19	1.3	13
Crime	45	3.0	10
Housing	70	4.7	4
Attitudes	67	4.5	5
Sex problems	72	4.8	3
Health	65	4.3	6
Indians	47	3.1	9
Slummers	42	2.8	11
Unemployment	12	0.8	14½
Lack of Agency services	58	3.9	7

Appendix 2. (d)Composite TableRating of Agency Representatives' Responses

(1) Problem Areas	(2) Total 'weight' of responses as given by 34 respondents	(3) Average 'weight' of responses as given by 34 respondents	(4) Order of importance (as determined by column 3.)
Transient	43½	1.3	13
Alcohol	393½	11.6	1
Drugs	241	7.1	2½
Aged	66	1.9	10
Lack of education	24	0.7	15
Finances	54	1.6	11
Crime	130	3.9	7½
Housing	240½	7.1	2½
Attitudes	150½	4.4	5½
Sex problems	173	5.1	4
Health	133	3.9	7½
Indians	87	2.6	9
Slummers	42	1.2	14
Unemployment	46	1.4	12
Lack of Agency services	149½	4.4	5½

Chapter 4. Appendix 3.Breakdown of Completed Questionnaires

The following data does not represent the number of people giving information but the number of completed questionnaires.

The term "composite" was used to describe a person who had the dual function of being an administrator as well as providing direct services; or, in the situation where one administrator and one or more line workers were interviewed as a group. (In this latter case only one questionnaire was used to note all the responses that were received.)

The term "administrator" refers to a person whose primary function is administration and who gives little or no direct service.

Finally the term "line worker" was used to describe a person whose function was to provide direct service to people in the skid road area with the administrative aspects, if any, of his job being considered of secondary importance.

The number of completed questionnaires per category were:

	Police and Missions	City Social Service	Health Agencies	Missions and Churches	Total
Administrators	5	1	1	2	9
Line Workers	4	5	3	3	15
Composite of Administrators and line workers	2	0	2	6	10
Total	11	6	6	11	34

Clients The clients were tabulated according to the following descriptive categories suggested by the City of Vancouver Downtown-Eastside report. The names of these clients were given to us by the Police, the Missions, the City Social Service Department and Health Agencies.

In total, forty clients were referred to us and we were able to contact and complete questionnaires on thirty-two of these.

Referred by	Police	Missions	Vancouver Social Service Department	Public Health	Total
Chronic Alcoholics	3	4	2	0	9
Homeless transient men	0	2	0	0	2
Old Age Pensioners	0	2	0	0	2
Unemployed, Disabled, Handicapped	0	2	6	9	17
Prostitutes	2	0	0	0	2
Total	5	10	8	9	32

Chapter 4. Appendix 4.

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BASIC CHARACTERISTICS OF POPULATION

	West of Main Street	East of Main Street	Total
Population			
Male	2200	2036	4236
Female	<u>308</u>	<u>750</u>	<u>1058</u>
	2508	2786	5294
Age 0 - 4	44	194	248
5 - 19	65	254	319
20 - 64	1622	1543	3165
65 and over	777	795	1572
Single Men	1373	801	2174
Married persons ⁽¹⁾	757	1245	2002
Households ⁽²⁾	97	332	429
Population of British origin	1043	569	1612
Population of Asiatic origin	389	1574	1963
Native Indians / Eskimos	42	21	63
Population not attending school at age of 5 years or over:			
Elementary education alone	1576	1633	3209
No formal education	146	264	410

- (1) Includes all married persons whether living together or apart for any reason unless a divorce has been obtained.
- (2) Person or group of persons occupying one dwelling.

Chapter 4. Appendix 5.

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THE AREA COMPARED WITH THE CITY

	Study Area	City of Vancouver
	per cent	per cent
Percentage of population		
Male	80.00	49.3
Female	20.0	50.7
Age		
0 - 4	4.0	8.0
5 - 19	6.0	23.0
20 - 64	60.0	56.0
65 and over	30.0	13.0
Single men - 15 years and over	27.9	10.7
Married	38.0	49.0
Population of British origin	30.4	60.4
Population of Asiatic origin	37.0	5.2
Population not attending school at age of 5 years or over		
Elementary education alone	67.00	22.4
No formal education	8.5	2.3

Chapter 5. Appendix 1.

City of Chicago

DEPARTMENT OF URBAN RENEWAL
320 North Clark StreetChicago, Illinois 60610
Telephone 744-4000

April 7, 1966.

Mr. Marcel L'Heureux B.S.W.

Dear Mr. L'Heureux:

A few years ago Dr. Donald Bogue of the University of Chicago, with the sponsorship of the City of Chicago, published a study of skid rows with special emphasis on Chicago, under the title of Skid Row in American Cities, University of Chicago Press, Chicago, 1963. I am sure this book is available from The University of Chicago Press in the event your library does not have a copy.

As part of the same study the detailed report for Chicago, The Homeless Man on Skid Row, 1961, was published by the City of Chicago Tenants Relocation Bureau, a predecessor agency of the present Department of Urban Renewal. Unfortunately our supply has been exhausted, and no plans for a reprinting have been formulated.

Since the publication of these volumes, and partially as a result of them, several steps have been initiated to improve conditions on Chicago's skid rows:

1. The City of Chicago Department of Buildings and Fire Department have devoted special attention to building code inspection and enforcement of the hotels and rooming houses in the skid row areas. The standard of occupied buildings is being raised and vacant buildings demolished.
2. The Chicago Housing Authority has constructed a low-rent housing project for the elderly near the Madison Street skid row. The project contains 482 units. Preference in renting is given to residents of the area.

As the skid row study shows, a high proportion of the row inhabitants are over 64 years old and have lived in the neighborhood for a considerable length of time. It is anticipated that a substantial number of these will be eligible for tenancy in the project.

3. The Cook County Department of Public Aid has moved many assistance recipients from skid row housing to better accommodations.
4. The State of Illinois has constructed an emergency medical center in the area.
5. The State Employment Service has been investigating spot work done by skid row inhabitants, to insure that it is properly credited for Social Security.
6. One result of contacts established during the study has been a greater and a more effective cooperation among the private agencies concerned with skid row problems.
7. Within the last month, Mayor Daley announced a proposal to renew, at no public cost, the eastern portion of the Madison Street Skid Row. (A copy of the brochure describing the proposals for renewal of this area is enclosed). All plans of the Department of Urban Renewal which involve skid row neighborhoods include provisions for meeting the special problems of the residents.
8. Although the formation of the Mayor's Commission for Rehabilitation of Persons preceded the skid row studies, it should be mentioned as a correlative activity in alleviating problems of alcoholics who reside on skid row. The Commission is composed of a group of citizens chosen by the Mayor because of their civic interest in improving the unhealthy effects resulting from alcoholism in the city. It supervises the administration of Chicago's Alcoholic Treatment Center, which treats persons seeking recovery from alcoholism, and has conducted extensive research on the causes, effects, and treatment of alcoholism. Further information of the activities of the Commission and Center can be obtained by writing to:

Miss Phyllis K. Snyder, Exec. Dir.
Chicago's Alcoholic Treatment Center
3026 S. California Avenue
Chicago, Illinois 60608

9. The Commission has also cooperated with other agencies to form a Rehabilitation Court for alcoholics. It was originally presided over by Judge Hyman Feldman, who is a pioneer in judicial recognition of the need for social and welfare treatment, instead of punishment of alcoholics.

Sincerely yours,

(SIGNED)

LEWIS W. HILL
Commissioner

Chapter 5. Appendix 2.

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THE POLICE COURT DRUNKENNESS OFFENDER

This table, showing the number of arrests in the study area during the course of a year, tells its own story - particularly if one considers that the area has less than 2% of the City's population.

Report Zone	Homi- cide & Aggra- vated Assault	In- decent Assault by rape	Robbery	Break and Enter	Theft	State of Intoxi- cation in Public Place	TOTAL
021	15	1	32	34	145	2912	3139
022	1	2	3	14	333	325	678
023	12	1	9	12	175	1000	1209
025	22	1	20	28	109	1250	1430
026	55	4	37	35	223	2884	3238
028	5	-	3	16	56	328	408
101	28	3	11	67	156	475	740
Study Area Total	138	12	115	206	1197	9174	10,842
City Total	404	118	334	5238	13,120	13,935	33,159
Area as % of City.	34.2	10.2	33.4	3.9	9.1	66.0	32.8

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