

THE DEVELOPMENT
OF
THE LODGING HOME GHETTO
IN
HAMILTON, ONTARIO

By
CHRIS DAVID DEMOPOLIS

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URBAN DOCUMENTATION CENTRE
RESEARCH UNIT FOR URBAN STUDIES
McMASTER UNIVERSITY
HAMILTON, ONTARIO

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ABSTRACT

This paper suggests a ghettoization of Lodging Homes has developed in Hamilton, Ontario. Through an examination of Residential Care Facilities (R.C.F.s), much can be learned about this phenomenon. Specifically, the processes which cause the ghetto to develop, and its impact on the environment. A model representing the processes which lead to the development of the ghetto clarifies this picture. As a result of deinstitutionalization, there are new client demands which are met by the public and private sectors. Any R.C.F. operator is limited by the physical and social infrastructures. The model suggests these factors combine to create the ghetto. The examination of the pre and post By-law periods in Hamilton provides a two stage test of the model. The findings of this study indicate the Lodging Home Ghetto is seen as a social problem by both government and local citizen groups. This opposition initiated the creation of Lodging Home legislation in Hamilton. However, the ghetto is still present. The client has a minor role in this process, while the social service and land use professionals impact is also not as significant as expected. Hence, problems associated with the use of social programs within a free market structure are apparent.

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1. INTRODUCTION

1.1 The Problem

The practice of institutionalizing those individuals seen as undesirable has deep historical roots which can be traced to France in the 17th century (Dear, et.al. 1979). In North America, the development of the asylum was promoted as the best form of treatment for the mentally ill. Similar forms of treatment existed until the mid 20th century, dominated by mental hospitals. At this time, in both the United States and Canada, a move to other forms of treatment became prominent as a result of medical and political pressures. Medically, evidence of detrimental effects of asylums on patients accompanied by advancements in therapeutic alternatives helped stimulate the movement for community-based care. Politically, the support of community care by those like J. F. Kennedy in the U.S. brought about federal support of such programs, thus regional government had a monetary reason to adopt community-based care to lessen their financial burden (Dear, et.al. 1979). The same trend also developed north of the 49th parallel.

In Canada, public mental hospitals dominated the care of the mentally ill. In 1960, 0.4% of all Canadians were in mental institutions (Richman and Harris 1983). The philosophy of deinstitutionalization was based upon the benefits of community care, however, in reality problems resulted in implementing such a system. A common problem was discharging patients to adequate housing facilities providing acceptable living conditions. Despite these problems, the size of the mental hospital

population has significantly decreased, with bed capacity decreasing from 47,633 in 1960 to 15,011 in 1976 (Richman and Harris 1983). In Ontario this decrease was achieved with the removal of those who neither received or required treatment. This is a remarkable change in a pattern which from 1880 to 1950 showed a continual increase in the rate of admissions and discharges, with the former increasing much faster than the latter. Beginning in 1960 the number of discharges was much closer to the number of admissions in comparative terms, and by 1976 the number of discharges surpassed the number of admissions while both were in decline (Dear, et.al. 1976). Hence, in less than 15 years, the number of asylum patients declined by 75%. The major outcome of this relatively new development is the strain on Ontario cities to provide housing for the influx of ex-psychiatric patients. This is no more apparent than in Hamilton, whose share of R.C.F.s has increased significantly in the last decade.

1.2 Research Objectives

The objectives of this paper are bound by three general themes: the examination of an urban phenomenon, the processes which caused it to develop, and the implications associated with its impact on the spatial environment. The development of a Lodging Home ghetto has become a significant issue in Hamilton over the last ten years. An examination of ex-psychiatric patients living alternatives, specifically the Residential Care Facility (R.C.F.) will provide an understanding of the ghettoization phenomenon. A model which suggests the process which leads to the

development of the R.C.F. ghetto will be applied to examine the distribution of all Lodging Homes. A descriptive analysis of historical developments will test the model and suggest implications of the processes involved with the ghettoization of Lodging Homes.

1.3 A Clarification of Terms

For the purpose of this study, two terms need to be clarified. A "Lodging Home" is the general term used to define a dwelling where four or more non-related persons are lodged for gain by the home's operator. This basic definition includes all types of Lodging facilities available in Hamilton. A "Residential Care Facility" is defined as a home which provides supervised accommodation for certain clients with social, emotional, mental or physical problems. Therefore, an R.C.F. is a type of Lodging Home. This clarification was a part of Hamilton's landmark By-law concerning those homes, made operational in 1981. The R.C.F. is specifically examined in this paper, although the pre and post By-law periods include a discussion of Lodging Homes.

2. REVIEW OF THE LITERATURE

The "ghettoization" of Lodging Homes is the tendency to see a clustering of these homes within the inner city (Dear 1983). The two areas prominent in an understanding of this spatial phenomenon are planning and politics. With planning, it is important to formulate a model to understand the forces which result in meeting client needs with the proper treatment setting. Also important are the aspects of planning relevant to the issue of Residential Care Facilities, specifically the notion of access to the facilities, and externalities which affect them. A discussion of politics necessitates an awareness to the various models of decision making available to discern the political nature of the Lodging Home issue. Within this discussion the actors who affect both planning and politics need to be identified as the mechanisms which set the models in motion.

2.1 The Planning Problem

A common feature of contemporary urban areas is the Public City, which is defined as service dependent people who need support in the form of welfare, long term medical care, or facilities designed to serve those with mental health problems (Dear 1980). The planning problem surrounds the means necessary to deal with the Public City, in order to match the range of client needs with the proper treatment setting. Dear's

"airlock" analogy describes how needs are met by treatment options. A series of treatment settings are available to the client. When treatment is successful at any stage the patient leaves the system, but if unsuccessful the patient moves to the next sequence of treatment. This scale of treatment ranges from the local doctor to institutionalization (Dear 1980). Therefore, various treatment settings are present to serve different client needs at a particular scale of care. As well as optimizing the fit between client and need, the aim of community health programs are to place the individual in the least restrictive environment. Lodging Homes are located in the middle spectrum of treatment alternatives, providing necessary care within the community.

a) Accessibility to Services

Accessibility to public health facilities has concentrated on an evaluation of social costs related to the benefits of service utilization. However, White has turned a focus of service utilization to spatial strategies based on accessibility and agglomeration (White 1979). This implies that the interdependence of facilities aids in the overall accessibility to treatment. White argues that current service systems are more likely to be networks of functionally linked services rather than separate entities. Such linkages are distance dependent, therefore locational agglomeration should be expected. The advantages in the clustering of any particular social group or individuals with similar needs should also be seen as probable. White studied the interdependence of facilities in South Philadelphia and concluded that intra-facility

clustering is especially prominent between mental health, mental retardation and social support services. Hence, agglomeration of facilities can be advantageous, especially in the case of populations who need the support of professionals and/or friends with similar problems.

b) Effect of Externalities on Public Facilities

Externalities have a spatially-limited field of effect, much like the distance decay theory usually associated with the effect of a noisy highway on the surrounding citizens. Those located some distance from the highway view the highway less negatively than those living beside it. One can identify user externalities, either personal or exogenous (Dear 1977b). Personal externalities are those in which the user either benefits from the use of that service or feels guilty because of the social stigma possibly associated with that service. Exogenous user externalities are those which lie outside the individual. There are also neighbourhood associated externalities which result when a facility's presence impacts the utility of a non-user. The identification of these forces is essential to the planning of facility location. When the planner has problems juggling externalities, locational conflict results. Dear defines this as overt public debate over an actual or proposed land use development. The form of an externality depends on the scale, type and the degree of noxiousness a facility creates. The context of a facility depends on the socio-economic status of the host community, the strategies available to impacted groups, and their eventual response. Response depends on motivation, an important aspect since it suggests

community members feel they are carrying an unfair share of the city's public services.

2.2 The Politics of Planning

A common planning response to community opposition is the development of exclusionary zoning (Schmedemann 1979). In the United States, despite the aim of returning the mentally ill to the community, the Presidential Commission on Mental Health state that ghettos of the mentally ill destroyed the residential character of the affected neighbourhoods. As a result, local zoning policies in certain American cities have prohibited residential facilities for the mentally ill in many neighbourhoods, thus limiting spatial alternatives. This typical planning strategy is a result of the important role politics plays in planning. Therefore, to understand planning outcomes, an awareness of its political foundations is necessary.

a) A Framework to Understand Conflict

Politics involves the framework in which any planning strategy moves from theory to practice. Planning takes its initiative from the interaction between the state and society, as a result it is important to examine the decision making process. There are different processes which are significant in understanding the outcome of a planning objective (Dye 1972). Two processes dominant in planning today are Rationalist and Incrementalist. The Rationalist process emphasizes how decisions ought

to be made. That is, to follow a set strategy ranging from initial goals to policy implementation. Incrementalism is a conservative strategy, emphasizing progress through small scale changes. The structure of decision making takes many forms, but a basic input-output framework explains how demands of the electorate result in decisions of the political machine. This approach is straightforward, although a weakness is that it does not describe or identify how demands become planning decisions. The interaction of various "groups" in society form the basis of political struggle, and it is the role of the state to meet these demands. The most significant feature of the Group approach is the notion that groups compete for state attention, with some groups being more successful than others in having their views turn into policy. The institutional structure is important in much the same way, since the choice of agendas by a bureaucratic institution holds views which affect policy outcomes. In accessing Dye's model, these agents are equal factors. However, one might separate the input-output structure from the overall model, and make it the operational framework which facilitates the function of the other forces. In this way, the varying dominance of certain groups would be more clearly represented.

b) How Planning Decisions are Formulated

Bachrach and Baratz clarify the vagueness of Dye's input-output framework by analyzing who gets what from planning decisions and how they get it (Bachrach, Baratz 1973). Inequality is manufactured in society because the social system is exploited by those in power, who prosper and

intend to further promote their position. Group interaction takes the form of a logical progression beginning with the structure of social relations, leading to outputs that are expressed by the spatial environment. There are two groups who have their needs represented by public policy. The "Status Quo" group is committed to the present allocation of goods and services. The "Change" group is interested in the reallocation of those very same goods and services. Both competing groups make demands to the decision makers, whose response could be explained through Dye's description of the Rationalist/Incrementalist approaches. Outputs arise, which are analyzed through a feedback process, that compares outputs to demands made by each group. However, when an output becomes a planning policy, pathologies create barriers or gaps between the intentions of planning policies and their actual outcome. Therefore, pathologies hamper the effectiveness of any model as a descriptive tool.

c) Actors in the Planning Process

The actors in the planning process are the individuals which interact within any descriptive planning model (Dear 1983). The roles of land use and social professionals have changed as a result of a shift from asylums to community based care. The role of the social professional moved to assessing a patient's problem, and placing him/her in the proper treatment facility. As a result, treatment alternatives like Lodging Homes have developed throughout North America. Likewise, the planner has to provide the spatial conditions to allow this

development to occur. The community plays an important role as an externality, since the success or failure of a facility depends on the level of acceptance or rejection of that facility to their neighbourhood.

This externality is important to the service professional, since it identifies the need for a facility to assume a positive image within the community to gain credibility (Garvin, Weiss 1980). The client, who is affected most by this entire process, has the problem of living in the proper treatment setting, and receiving necessary medical help.

d) Possible Methods of Analysis: Predictive vs. Descriptive

There are many procedures which can be used to investigate how forces of planning and politics affect spatial phenomenon. Many strategies have emphasized cost/benefit analysis (Austin et.al. 1970). This type of model basically examines the costs of a facility, the additional costs to offset community opposition, and the benefits the facility can bring. Although these types of analyses are extremely helpful in understanding the basic structure of facility location, many other political and social aspects are also important. In order to delve more deeply into the relationships between facility location and the underlying social formations, a historical descriptive approach is more viable. The aim of this type of analysis is an accurate interpretation rather than a prediction (Gregory 1978). In this context, a spatial picture of the ghettoization of Residential Care Facilities in Hamilton should be investigated.

2.3 Summary

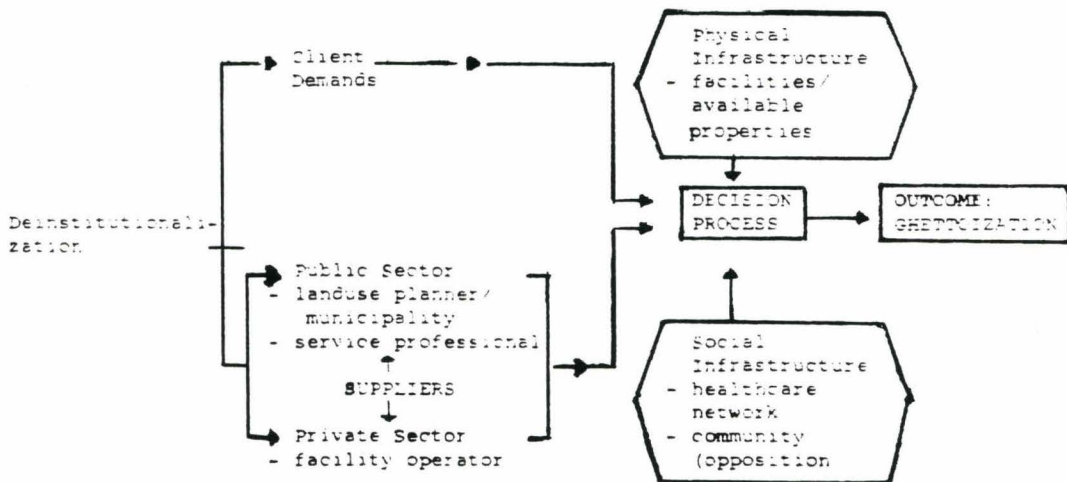
As a result of the previous review, the following themes are relevant to explain the ghettoization of Lodging Homes in Hamilton. In general, this paper will be concerned with the sources and impacts associated with the development of the ghetto. Society has groups of people who need support from the rest of society. The Public City is entrusted with providing homes for all members of society. The planning problem is to provide housing, however, this is constrained by conflicting goals associated with networks depending on and the externalities which make accessibility difficult to implement. Hence, planning is highly politically oriented. To understand spatial phenomenon, one must understand how conflict develops and is solved by the political machine. To be able to place these themes in the context of a discussion of R.C.F.s in Hamilton will lead to important fundamental issues surrounding the development of Lodging Home ghettos.

3. RESEARCH DESIGN

To describe the development of Hamilton's Residential Care Facility ghetto, a point of departure is necessary. Chart 1 is a simplified representation of how the various forces create the ghetto. This model is far from conclusive, but instead provides a hypothesis which can be compared to a historical investigation of how the ghetto actually formed. Furthermore, it provides a framework for the descriptive account provide later in this paper.

Chart 1

The Ghettoization of Residential Care Facilities



3.1 The Agents of the Model

There are four main agents or actors which must be considered to understand the ghettoization process. They are the client, land use professional, service professional and the facility operator. These agents are affected by limitations and characteristics of the infrastructure, including community opposition, which together creates the ghetto. The impetus that brings these actors into contact is deinstitutionalization, the process which results in ex-psychiatric patients needing living accomodation in the community.

a) The Client

One would expect an ex-patient's living requirements to fulfill his/her specific needs, such as acceptance to the community and availability to medical care and other services. As a result, like any other member of the community, a great deal of personal preference would be expected in the client's evaluation of those needs. However, inner city locations would tend to be the most selected, accented by the financial constraints placed on the ex-patient which limit his/her overall choice.

b) The Land Use and Service Professional

Demands are met through the private and public sectors. Through the land use professional, local and municipal policy takes shape in

zoning strategy and the City Official Plan, which regulates all land uses. In most communities, there are no zoning by-laws specifically designed for Group or Lodging Homes. Hence, individual amendments for zoning by-laws frequently need to be established before an R.C.F. can be established in a particular neighbourhood. Since R.C.F.s are viewed as a favorable alternative to institutionalization, the debate is not over whether the facilities are necessary, but where they should be located. The service professional's major role is concerned with needs assessment, defined as the research and planning activity which results in a program to meet the mental health needs of a given population (U.S. Department of Health, Education and Welfare 1977). The debate concerning a patient's needs results because it is the perception of the professional and client which ultimately define what is meant by need.

c) Facility Operator

The operator in most cases is an individual who opens a home for extra income or to provide a needed service within the community. Without typecasting, the operator should be seen as a private agent, although some homes might be government operated. The implication of this claim is that an operator will attempt to select a home which will bring the greatest monetary return, yet meet government regulations. Frequently, homes which can be converted into multiple dwellings are seen as the most desirable by operators, because these homes are best able to meet their goals.

d) Physical Infrastructure

In Hamilton, a situation exists where the inner city contains many older buildings built in the late 19th and early 20th centuries. These structures have been affected by the flight of the upper classes to the suburbs (although in some neighbourhoods this trend is reversing), resulting with the development of ghettos. This serves as a backdrop to the development of an established supply of affordable transient housing, which can easily be converted into multiple dwelling Lodging Homes.

e) Social Infrastructure

A health care network is evident in the city which provides for the client easy access to necessary health care and social services. This implies the necessity for these facilities to be in relatively close proximity to the client, so that client utility can be maximized. Hence, R.C.F.s are located in areas where these services can easily be met. However, a more important element of the social infrastructure takes the form of community opposition. A prejudice exists amongst neighbourhood residents and municipalities such that Group Home locations are usually tossed about like a "hot potato". This stigma is quite strong and, therefore, the community plays an important role in the eventual success of a facility. For example, possible psychological damage to the client could occur from a community with a strong anti-Lodging Home sentiment. In addition, certain neighbourhoods carry more political clout than others, thus they strongly affect the variety

of locational alternatives.

f) Decision Process

The forces discussed within the model come together in the decision process. This is not purely a locational theory question, but one heavily influenced by political decision making. Hence, although planning and evaluation derives a locational pattern dependent on the service system and linkages containing any client's interrelations with those services, many market and social forces impact the decision making process (White 1979). As a result, there are many factors particular to urban centres which create the right environment for ghettoization to occur.

3.2 Research Procedure and Sources

A descriptive procedure was applied to test the validity of the model suggested in this paper to represent the phenomenon which creates the R.C.F. ghetto in Hamilton. By concentrating on a specific client, the ex-mental patient, conclusions can be formulated to understand the creation of the Lodging ghetto in general. To complete this task, a distribution analysis was carried out to graphically portray the location and density of the ghetto. To understand why this occurred it was necessary to test aspects of the model through a historical picture of the pre and post By-law periods in Hamilton. The 1981 By-law, as an example of a political strategy to dissolve the ghetto, provided a

division of the historical analysis in order to test the validity of the model over time.

To fulfill the data requirements identified by a discussion of the ghettoization model, a variety of sources were utilized. Most of these sources were dependent upon the cooperation of appropriate public officials. The Building Department of Hamilton provided data concerning the location of all forms of Lodging Homes in Hamilton and their zoning. The Licencing Department provided information concerning the licencing procedures to clarify the role of the city, the operator, and social services. In addition, Residential Services of Hamilton-Wentworth was used to clarify the social aspects of the Lodging Home issue. Alderman Brian Hinkley was a leading spokesman for the community during the formative years of opposition to Lodging Homes. Therefore, access to his private files and discussion with him provided invaluable data to understand the public aspects of this locational conflict.

4. ANALYSIS OF MODEL

Introduction

The purpose of this chapter will be to test the ghettoization model with empirical evidence provided by an examination of the City of Hamilton. A description of the actual location of all Lodging Homes in Hamilton as of January 1984 will provide a point of departure. A chronological survey of events up until recent times provides the necessary data to justify the model and its implications. This chronology will be divided into two sections, the pre and post By-law periods. The pre By-law period is concerned with Lodging Homes in general, while the post By-law period moves into a discussion of R.C.F.s as an example of the wider picture.

4.1 Distribution Analysis

Map 1 represents the actual distribution of Lodging Homes in Hamilton (as of January 30, 1984). The most significant feature of the distribution is the clustering of Lodging Homes within a three kilometre diameter of the intersection of Wellington and King Street. Very few facilities are located on the mountain, north of Cannon, east of Ottawa, and west of Dundurn. Approximately 68% of Hamilton's Lodging Homes are located in a "ghetto" bordered by Locke Street, Cannon Street, Gage

Avenue, and the Niagara Escarpment. The linkage of these homes to Hospitals is also apparent, with three hospitals located within 5 kilometres of the majority of Lodging Homes. A significant trend present indicates that 14 of 22 Lodging Homes licenced or opened since the 1981 By-law regarding Lodging Homes are located in the ghetto, although some evidence of alternative locational decisions are apparent.

Map 1

RESIDENTIAL LODGING HOME FACILITIES IN HAMILTON 1984

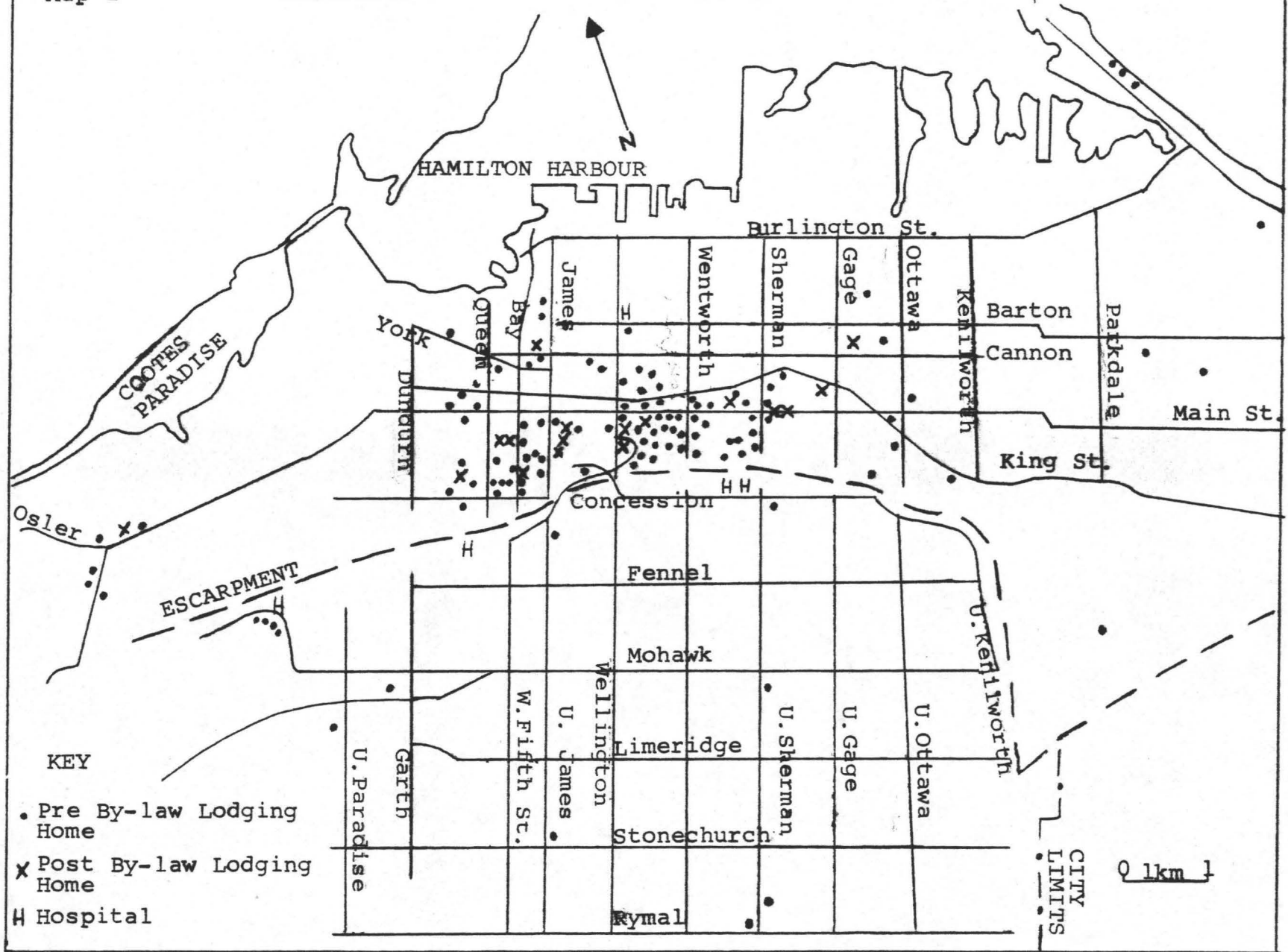


Table 1 Zoning and the Location of Residential Care Facilities

Zoning Type	Number of Facilities	Percentage of Total	Rank
AA: Agriculture	5	4	7
C: Urban Protected Residential	17	13	4
D: Urban Protected Residential: one or two Families	34	26	1
DE-3: Multiple Dwellings	10	8	5
H: Community Shopping and Commercial	20	15	3
I: Central Business District	3	2	9
E: Multiple Dwelling, Lodges, Clubs, R.C.F.s with Zoning Variances	9	7	6
Other	7	5	8
TOTAL	131	100%	

A closer look at the zoning use which each Lodging Home exists within provides interesting relationships. There are four zoning types which hold the majority of Hamilton's Lodging Homes. In order of appearance (with the % of the total in brackets) they are: Zone D, Urban Protected Residential (26%); Zone E, Multiple Dwellings (20%); Zone H, Community Shopping and Commercial (15%) and Zone C, Urban Protected Residential (13%). Basic features of these zoning types provide characteristics of the neighbourhoods Lodging Homes mostly locate within. Zone D allows for up to a two family dwelling with no more than 3 lodgers. In addition, townhouses, converted dwellings into no more than 3 separated residences, and Lodging Homes for no more than 6 occupants are acceptable. Zone C provides for single family dwellings with no more than 3 lodgers, converted dwellings with no lodgers, foster homes and R.C.F.s for no more than 6 residents. Zone E is set aside for multiple dwellings, which include student residences, R.C.F.s for no more than 20 residents, and Lodging or tourist homes for no more than 20

occupants. Zone H, which has the most flexible regulations for multiple living quarters, allows Hostels, Lodging Homes, tourist homes and camps for up to 50 people, and short and long term R.C.F.s for no more than 50 occupants (Zoning By-law City of Hamilton). It can be seen that Hamilton has made a significant attempt to make all areas of the city legally available for all types of Lodging Homes. However, a feature of this distribution indicated in Table 1 is that 39% of Lodging Homes are located in zones C and D. A simple correlation analysis might indicate trends to suggest the effect zoning has on the development of the ghetto.

Table 2 Zoning and Locational Choice
Within and Outside the Ghetto

Zoning Type	RCF in Ghetto	Rank	%	RCF outside Ghetto	Rank	%
AA	0	8	0	2	4	10
C	2	4	10	1	5	5
D	8	1	40	7	1	35
DE-3	1	6	5	0	8	0
H	3	2	15	1	5	5
I	0	8	0	0	8	0
E	3	2	15	4	2	20
R.C.F.s with Variances	1	6	5	1	5	5
OTHER	2	4	10	4	3	20

*A random sample of 20 R.C.F.s in and out of ghetto were selected for this analysis.

This analysis supports visual examination of Tables 1 and 2, which suggests that a positive correlation exists between Lodging Homes located within and outside of the ghetto (see Appendix 1). Hence, although zoning places constraints which influence the type of facility,

the distribution of zoning types in the city does not affect the spatial location of Lodging Homes. Such a relationship would be expected if Hamilton's zoning strategy to allow this type throughout the city was being applied consistently.

Table 3

Addresses of Lodging Home Clients
Prior to Entering the Lodging Homes

(Beamish 1981)

Prior Addresses	Percentage of Total Population	
Psychiatric Hospital	54	
General Hospital	14	
Private Address	12	
Criminal System	9	
Alcoholics Anonymous	6	n=717

A description of the population within all Lodging Homes in Hamilton provides interesting findings and important implications regarding policy formulation. Ex-psychiatric patients form 54% of the Lodging Home population while all other sources total 46%. It seems reasonable to expect ex-patients to locate in these homes because of economic constraints, however, Beamish notes that 26% of this population had not been residents of Hamilton before receiving treatment (Beamish 1981). This indicates that the growth of the Lodging Home industry in Hamilton might have been perpetuated by the lack of insight by other municipalities to provide adequate housing for all members of society.

4.2 The History of the R.C.F. Ghetto

The history of Lodging Homes in Hamilton takes the form of a chronological progression, moving from little or no control of the facilities to the development and application of amendments to By-law 6593 on March 13, 1981. Since approximately 83% of Hamilton's Lodging Homes were opened before the 1981 By-law concerning these facilities, a two-stage analysis of the Lodging Home phenomenon is appropriate. A description of the pre By-law era and the events which led to the development of the 1981 By-law provide two background sources to indicate specific reasons why the ghetto formed. Examination of the post By-law era, concentrating on R.C.F.s, provides contemporary evidence to more fully understand the ghettoization process and its inherent properties.

Table 4

HISTORICAL CHRONOLOGY OF EVENTS
LEADING TO BY-LAW AMENDMENT 87-27

- Pre 1976: No control of facility location
- 1976: Residential location of Donut Shop
- 1976: City refuses location because of community opposition
- 1976: Courts upturn decision - City had no legal position
- 1976: City establishes Licencing Committee
- 1977: Hinkley Report: Report on Lodging Houses, Halfway Houses and Nursing Homes
- 1978: January, Conference on Community Residential Services
- 1978: April, Social Planning and Research Council of Hamilton defines Residential Care Facility
- 1978: June, Report of the Residential Care Facility Committee - Suggest spacing requirements between facilities
- 1978: June, By-law 87-27 first created to amend zoning By-law 6593
- 1981: March, By-law amendment 87-27 becomes operative
- 1981-1984: Continued growth of ghetto

a) The Pre By-law Period

The years previous to the landmark By-law were unorganized and marked by many illegally operated homes. Without a procedure to facilitate the granting of Lodging Home licenses, the industry lacked any direction. Since all applications were advertised, public opposition without any standards to base their judgements was inevitable. Therefore, the unregulated movement of Lodging Homes to the inner city and increasing community opposition were two opposite forces headed for collision. Controversy reached a peak in 1976-1977 surrounding the location of a donut shop, a very unlikely beginning for the complicated events which followed. The intricacies of the donut shop conflict are unimportant to this discussion, however, the city sided with local community opposition and refused permission for the shop to operate at that location. The operator appealed the city's decision in court, which found in favour of the operator. This precedent-setting case accentuated the need for the City of Hamilton to adopt clearer by-laws or zoning strategies, since it was made clear that building applications concerning land use would not be refused simply because of community opposition. A major outcome of this case was the establishment of a licencing committee in which decisions were based on fact. Hence, if the requirements were met, a Lodging Home could open.

1) The Mobilization of Community Opposition

Despite the development of the licencing committee, community

opposition began to carry an important political voice, as expressed by Ward Two Alderman Brian Hinkley's Report on Lodging Houses - Half-way Houses and Nursing Homes (Hinkley 1977). This report, presented on September 14th, 1977, was created to describe the concerns of the community towards the tendency of these homes to open in a limited area of the city, especially in Ward Two. The structure of Hinkley's report attacked the physical and social effects associated with the location of "special care" homes in residential areas. Problems cited included unsafe buildings related to their poor physical condition, traffic problems, and an increase in vandalism. This, in turn, was seen to result in a decrease in the social environment, property value, and community spirit. The significant conclusion of Hinkley's report questioned the location of half-way houses or other "semi-institutions" in the middle of a residential setting. A reading of Hinkley's report indicates many intentionally provocative statements associated with the location of Lodging Homes in a residential setting. However, Hinkley later stated the report had to be controversial to stir public debate and initiate the concern of local politicians. In addition, Hinkley's report brought about many practical suggestions to be investigated by the Planning and Development Committee. Included in these were: a check of the legal position of these homes to locate in residential areas, an overall governing by-law concerning Lodging Homes (to include the proper description of any home), and the routine inspection of all homes to assure compliance to by-laws and licencing provisions. In other words, to provide a uniform policy which would cover the major problems of facility location and standards of maintenance.

2) Response to Community Opposition

In response to Hinkley's paper and increasing community awareness, a conference on Community Residential Services was convened on January 28, 1978. Although critical of many of Hinkley's assumptions concerning Residential Services discussed in his report, a resolution was made to create a Citizen's Residential Care Sub-Committee which included spokespersons from local government, social agencies, and the community. The committee decided to use the City of Toronto's By-law concerning Lodging Homes as a guideline for the development of a similar By-law in Hamilton. Included in their report was the conclusion that deinstitutionalization was a commendable goal, but not when resulting in ghettoization. Furthermore, all areas of the city formerly restricting Lodging Homes were terminated, although a distance of 600 feet between any two facilities was suggested to lessen the potential of clustering.

The terms Lodging Home, R.C.F., Halfway House, and Special Care House are in the broadest of definitions interchangeable. However, it was not until April 1978 that this was first made clear by a committee convened by Planning and Research Council of Hamilton. A Residential Care Facility was the generic term used to cover Group Homes, Group Foster Homes, Half-way Houses, residences for physically or mentally disabled, homes for the handicapped and Special Care boarding or lodging houses. The acceptance of this term provided a common focus for discussion, as well as setting the scope of facilities any by-law would include. However, a change in definitions would later occur. The committee also released a study which suggested that in a historical

context, the municipality was not prepared for the phenomenon of R.C.F.s. This, in turn, resulted in debate over the location, size and distribution of these homes. The Social Planning and Research Council also suggested a possible solution to these problems was the formulation of a zoning policy which equalized the distribution of facilities, standards of care, and safeguards to the environment. Recommendations specific to spacing requirements were suggested in the Report of the Residential Care Facility Committee, June 1978. These included the spacing of facilities (between lot lines) ranging from 600 feet between facilities with 6 residents to 1000 feet between facilities with 10 or more occupants.

3) The Development of a New By-law

The discussion initiated by these reports, fueled by public awareness and debate, increased the awareness of local government in Hamilton to re-evaluate their strategy of assimilating all types of living settings under one by-law. Therefore By-Law 87-27 was created to amend zoning By-law 6593 in June 1978, although it did not become operational until 1981. This delay in itself exemplifies the lack of speed at which government operates, which increases the gap between planning goals and implementation. However, this By-law, for the first time, set in law definitions of the following: "Residential Care Facilities", "Short Term Care Facilities", "Lodging Houses", "Foster Homes", "Homes for the Aged", "Nursing Homes", and "Children's Residences". For brevity, it seems appropriate to set out the

definitions of a Lodging House and a Residential Care Facility. A Lodging House is defined as:

... a dwelling in which four or more persons are lodging for gain, with or without food and without separate cooking facilities, by the week or more than a week and which is licenced as a lodging house.

A Residential Care facility is defined as:

...a fully detached residential building occupied wholly by a maximum number of supervised residents...residing on the premises as a group because of social, emotional, mental or physical handicap or personal distress for the purpose of achieving well being...(p. 53)

It can be seen that although other types of homes are defined for special care clients, these two definitions represent a large percentage of Hamilton's special care housing needs. Furthermore, an inherent property of these definitions is that they do not prevent a client with mental or physical problems to live in a Lodging Home rather than an R.C.F. (although for the purpose of this study, these terms can be interchangeable). The By-law also states that these and other similar homes listed are required to locate no closer than 180 metres from lot line to lot line of another facility. Capacity requirements are also set out in the original By-law (6593), and although any residence usually accommodates no more than 6 residents, as many as 20 (or even more) can be accommodated if the proper requirements are met.¹

¹For further information see zoning By-law 6593 and amendment 87-27.

A By-Law concerning the licencing of Second Level Lodging Homes was also created in 1978.

4) Summary of the Pre By-law Period

To recap the ghettoization model in respect to the pre By-law period, many common aspects can be found. The supply side of the model, the public and private sectors, provided conditions for the ghetto to develop. However, the pre By-law period is dominated by community opposition to the clustering of facilities, and how this force initiated and affected the politicians' response in the form of the By-law. Although certain aspects of the model seem feasible, it is necessary to continue this study with an examination of the post By-law period to understand why the ghetto continued to grow, and what role other actors, particularly the client, have in this phenomenon.

b) The Post By-law Period

By-law 6593 and amendment 87-27 brought to realization a documented account of procedures and provisions which one would expect to be followed for all types of living accomodations. The obvious aim of this By-law and other licencing By-laws, such as the Second Level Lodging Home licence, were attempts to resolve the time lag between deinstitutionalization and policy formulation. A planning problem developed through a genuine attempt to improve the lives of those in society requiring special care. To solve the problem, the interaction

of private and public groups eventually resulted in a new By-law. In this context, the clustering of R.C.F.s developed because of the lack of policy, however, although true to some extent the more fundamental cause lies deep within the underlying social relations inherent to the free market system. To clarify this position, an examination of the post By-law period is necessary.

1) The Licencing Procedure

With the development of the licencing of Lodging Homes, set rules were formulated before any home of this type belonging to the post By-law era could be opened. By examining these procedures, an understanding of the licencing procedure can be facilitated. Of prominent importance is the fact that most operators of R.C.F.s (as well as most other types of Lodging Homes) are from the private sector. A very few are families who want lodgers to supplement their income. Another group is made up of caring individuals and people with health-related backgrounds who saw the need for an R.C.F. A third group are those who open R.C.F.s strictly for business purposes, such as real estate firms, who in turn hire others to operate the facility. Therefore, the major outcome of this procedure is that in most cases, the initiative to select the location for an R.C.F. is not made by social or land use planners. The role of the professional is limited to accepting or denying a proposed location, and assuring the facility meets minimum standards.

The procedure which leads to the opening of a Lodging Home

accents the regulatory role of local government, and the role of social services. The potential operator first must show a need for the facility, then usually checks city zoning to assure the home fits zoning requirements. If this is met, the operator then applies for a licence, which includes a fee of 100 dollars per year for a home with a capacity between 4 and 10 lodgers, and 200 dollars per year for a home with 11 or more occupants. Data, including the proposed facility's address and owner (or operator), is then passed from the City Hall to Fire and Health authorities who suggest the occupancy level of the home, with the lower suggested level being accepted. The Hamilton Building Commission then re-confirms the home's situation regarding zoning and property standards, while Hamilton-Wentworth Police carries out a character analysis of the operator. Electrical safety codes are also checked by Ontario Hydro. After all requirements are satisfied, the licencing authority sends a letter of approval to the operator or owner to proceed with development of the home. However, the operator must ask for another inspection before the facility is opened and the licence is obtained. Following the granting of the licence, periodical inspections are carried out by the agencies to assure standards present at the time the licence was granted are maintained.

2) The Role of Social Services and Land Use Planners

In assessing the ability of this system to provide client needs, it is important to note the minor role of social agencies responsible for residential services, and the land use planner in regulating and

deciding upon adequate locational decisions. Presently, residential services' role in the system is to judge the suitability of a facility for any prospective client. Despite controlling the funds which eventually pays a significant portion of the client's housing expenses, social services plays a minor role in the overall system of providing housing, and is not even mentioned in the 1981 By-law amendment. Up to now, the planning sector has developed a new zoning By-law with input from other public and private agencies. However the effectiveness of this By-law is questionable, while this group has done little since this By-law in terms of other planning strategies.

3) Summary of the Post By-law Period

As seen through the licencing procedure of Lodging Homes, the ghetto can be seen in response to many factors. Hinkley points out the post By-law period is dominated by parochialism. Operators are able to avoid By-laws by expanding existing facilities. To expand a facility, permission can be obtained through an adjustment committee even if By-law provisions are not met. Zoning variances can also be obtained, which if utilized often enough limits the effectiveness of the By-law. The "Grandfathering" of Lodging Homes, defined as those facilities opened before the By-law and still in operation, is also present as a result of the 1981 By-law, ignoring the existence of facilities prior to its inception. Hence, many R.C.F.s are legally able to locate within required distances. The most significant feature of this program is that in Hamilton, just over 50% of Lodging Home clients are

ex-psychiatric patients, whose concern is to find comfortable yet affordable housing. Their choice of residential setting is not assured or provided by agencies related to social services, but by the free market forces led by the Lodging Home operator, who chooses a location where the best trade-off can be met between profit and By-law standards, constrained by the available housing stock. A conflict of interests results in the attempt to fulfill the aims of social policy through the free market system. As a result, the development of the R.C.F. ghetto should not be seen as a purely locational problem, but one which is dependent on the unpredictable forces of the free market.

4.3 Implications of Empirical Evidence

Through an analysis of the events surrounding the development of the R.C.F. ghetto in Hamilton, certain explicit and implicit findings can be pointed out. Overall, the ghettoization model should be seen as a descriptive tool which is able to place the complex events surrounding this issue in a clearer perspective. However, the model also helped to indirectly highlight certain issues which cannot be explained by the model. These distortions do not invalidate the model, rather, the model led to an awareness of these issues. The most significant issue raised through the use of the model is absence or lack of impact the client has in their locational choice. It was expected that the component which supplied the demand for a certain kind of housing would have a greater role in assuring their living needs are met. However, the evidence developed in this paper indicates the client is a passive agent, who is

affected by the interaction of the other groups, who decide on the locational choices available and their adequacy. The role of community opposition, although expected to impact the decision process, was a very significant feature, especially in the pre By-law period. It was the significant contributions of the community which made it necessary for local government to examine and eventually create a policy concerning all forms of Lodging residences. Community by far is one of the most important aspects of the social infrastructure. The role of "professionals" associated within the public sector might also need to have their roles clarified. Steps taken by the land use planner and the city to regulate the development of the ghetto have been relatively ineffective. There has been little change in the pattern of Lodging residences in Hamilton since the creation of the By-law in 1981. In addition, the role of social services as a consultant of facility adequacy, rather than a major facet in local governmental decisions, is a shortcoming which needs further examination. In contrast to the public sector, the private sector, as represented by the facility operator, indicates the free market character of the R.C.F. ghetto and all Lodging Homes in general. A facility operator makes independent locational choices for each home, while the public sector is more or less a regulator. Therefore, the contrast between free market and social welfare aims create pathologies, which allows the ghetto to develop and flourish. As long as this conflict is present, the acceptance and proper location of Lodging Homes will continue to be a major urban problem.

5. FINAL COMMENTS

a) Summary

The objective of this study was to develop a model which would allow for the understanding of the ghettoization of Lodging Homes in Hamilton, Ontario. Because of the wide range of actors involved in this phenomenon, this paper concentrated its specific analysis on the ex-psychiatric patient, while the paper's implications can include the wider context of actors. The procedure utilized to complete this task was three-fold. The literature review provided background and the basis of a critical framework to facilitate further discussion. The development of a model provided a means to carry out the study, as well as a testable framework or hypothesis to compare to empirical evidence. This model suggested deinstitutionalization creates client demands which are met by the public and private sectors. The former includes the land use planner and the service professional, while the latter is the facility operator. An operator's locational choice depends on the physical and social infrastructure, which place certain constraints on locational alternatives. These factors combine to form the ghettoization phenomenon. An examination of the pre and post By-law period allowed for a two-stage test of the model's ability to describe the actual distribution of Lodging Homes in Hamilton. The findings of this study

indicated that a ghetto of Lodging Homes is clearly identifiable in Hamilton. Conflict and debate resulted in useful discussions concerning the location of Lodging Homes. This eventually initiated the development of R.C.F. legislation in the form of zoning By-law amendment 87-27 concerning Lodging Homes. However, a continued development of the ghettoization of Lodging Homes has occurred, which can be explained by the use of social programs within the context of the free market.

b) Evaluation

The model describing the ghettoization process was as successful as was hoped. Although the lack of impact of the client was not fully anticipated by the model, it allows means to undertake an in depth analysis of the ghettoization process. Its importance lies in the model's practicality, facilitating not only a picture of the actors involved in the process, but the ability to use the model in different contexts to permit a chronological description of the ghettoization process. Furthermore, the model could be modified or applied to understand other types of ghettoization phenomenon.

c) Future Research

An analysis of the ghettoization process, especially in the case of the ex-psychiatric patient, is an important spatial question to the urban geographer. However, to further substantiate this study it seems necessary for work to be done on the actual impact of the ghetto, on the

client and community. Presently, the immense debate associated with the impact of the ghetto expresses itself in the inability of society to judge the outcome of this phenomenon. Much can be said for viewpoints which either find benefits or problems associated with the development and growth of the ghetto; however, all can agree that the ghetto of ex-patients is an urban reality. Although a topic which might not have a clear-cut answer, it needs much thought and investigation in order for society to better understand and live with this urban development.

6. APPENDIX

A simple correlation analysis using a random selection of Lodging Homes within and outside the ghetto (as defined in this paper) is used to create the data set. A total of 131 Lodging Homes are presently located in Hamilton. The sample set includes 20 homes within and outside the ghetto. The purpose of this analysis is to see if any features of Hamilton's zoning policy results in the development of a ghetto. If Lodging Homes are located in relatively the same proportion of zoning types within and outside the ghetto, then the distribution of zoning types in the city does not significantly affect the spatial location of Lodging Homes.

$$H_0: \rho = 0 \quad H_a: \rho \neq 0 \quad \alpha = .05 \quad \text{critical region } r \lesseqgtr \pm 0.6664$$

When the null hypothesis (H_0) is rejected the two variables are correlated. When r is closer to $+1$ a strong positive direct correlation is present. Three tests are carried out.

1. Correlation test of the number of sample Lodging Homes in each zoning type within the ghetto, to the total number of Lodging Homes in each zoning type.

$$r = 0.910 \quad r > 0.6664$$

Therefore, the null hypothesis is rejected, and a strong direct correlation is indicated.

2. Correlation test of the number of sample Lodging Homes in each zoning type outside the ghetto, to the total number of Lodging Homes in each zoning type.

$$r = 0.690 \quad r > 0.6664$$

Therefore, the null hypothesis is rejected and a strong direct correlation is indicated.

3. Correlation test of the number of sample Lodging Homes in each zoning type within the ghetto, to the number of sample Lodging Homes in each zoning type outside the ghetto.

$$r = 0.825 \quad r > 0.6664$$

Therefore, the null hypothesis is rejected and a strong direct correlation is indicated.

These three tests indicate that the distribution of zoning types in the City of Hamilton does not significantly affect the spatial location of Lodging Homes. Although not an in depth test, this analysis does suggest that other possible explanations of the ghetto can be found outside the realm of zoning.

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