Community Relations: A Resource Guide  
by Michael Dear and Robert Wilton

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In the Fall of 1994, the Campaign for New Community group commissioned Professor Michael Dear to undertake a series of research tasks to aid the group in their efforts to provide shelter and services for needy people in Washington D.C.

The results of this commission are series of Handbooks that are intended for use by service providers, activists, advocates, community leaders, planners, and service consumers and clients. The recommendations and guidance provided in the Handbooks are based on extensive research which is itself fully detailed in an accompanying set of Research Reports. A full listing of all the Handbooks and Research Reports produced during this project is to be found at the end of this document.

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GENERAL INTRODUCTION

Over the past decade, the dramatic expansion of people in need has been accompanied by a rising tide of local activism and NIMBY (or Not-in-My-Back-Yard) sentiments. The result has been an alarmingly high incidence of siting conflicts, the costs of which are principally borne by community, facility operator, and clients alike. A community fabric can be irreparably damaged by the anger, frustration and divisiveness engendered by a proposed siting; service providers can become demoralized and financially undermined by prolonged legal battles and other forms of local opposition; and clients can be temporarily or permanently denied access to much needed care and assistance.

Despite the often costly nature of siting conflict, different kinds of human services do not engender comparable levels of community opposition. Some residential facilities or drop-in centers open with little or no animosity from neighbors, while others may be halted indefinitely at the planning stage, or even abandoned altogether because opposition is so intense. How do we begin to explain these variations in neighborhood response? And what can be done about them?

Our approach is to think of the siting problem as consisting of three principal dimensions. The level of conflict within any neighborhood is determined by the specific mix among the following: the characteristics of the host community, the facility itself, and the client population. The social, political, economic, and physical structure of a host community will have a profound effect upon residents' unwillingness to accept controversial human services facilities. Typically, suburban communities tend to be more rejecting than inner-city neighborhoods. At the same time, the facility itself --its appearance, the reputation of the sponsoring agency, and aspects of its daily operations-- will also influence the reception afforded by the host community. Thirdly, the intended consumers of the facility's services may also have a marked impact upon the neighborhood response. People who are stigmatized are rarely viewed as an undifferentiated group of "different" people. Instead, they are usually perceived according to varying degrees of undesirability.

What happens in a particular neighborhood when a new service, or an expansion of an existing facility, is proposed will depend very much upon the interaction among these three factors: the host community, the proposed facility, and the kinds of people using the facility. In the Handbooks and Research Reports of this series, we examine each of these factors in turn, but the importance of the inter-relationships among them should never be forgotten. Each siting situation brings together an unique set of client, community, and facility characteristics that will determine what happens in a particular neighborhood.

FOCUS ON ISSUES

So you're going to open up a new shelter, group home, soup kitchen or similar facility in a local neighborhood? Or perhaps expand an existing service that your agency already operates? These days, with NIMBYism seemingly everywhere, you should definitely be prepared to deal with one very important issue influencing the outcome of your siting/expansion efforts--community relations.
Do you have any idea of the reactions of your "host community" when they hear of your plans for a new or expanded service? If your community is anything like those in many neighborhoods across this nation, then don't be surprised if they strongly object to your plans. Sometimes their objections will be expressed loudly, even in an unpleasant, confrontational manner.

The best way to deal with neighborhood opponents is to be prepared (1) to counter their objections with hard evidence, and (2) to provide an open, comprehensive account of yourself and your program. This Handbook enables you to face the community in a constructive, collaborative manner. It is divided into two sections:

1) issues that matter to neighborhoods facing the introduction of a facility in their midst, including:
   - declining property values
   - crime and safety
   - reductions in neighborhood amenity
   - your service and its activities;

2) issues that matter to you in your preparations to meet the neighbors, including:
   - understanding your opposition
   - what your options are in dealing with opponents
   - a blueprint for community outreach.

Before we begin, some words of advice are necessary. Opponents will often be quite imaginative when it comes to inventing arguments why you should not be allowed into their neighborhoods. In preparing your response, you'll soon decide that many of their objections are not well-founded in fact; instead, they may be based in ignorance, fear, or even prejudice. In this report, we adopt a position that your opponents --right or wrong-- have deeply-held and sometimes legitimate worries about the planned siting or expansion. Even if you are ultimately able to prove that these concerns have no basis in actual experience --that is, they are simply part of the "myths" that have grown up around the NIMBY phenomenon--we believe that you should take every neighbor's complaint respectfully, seriously, and at face value. The facts that we summarize in this report ought to help you deal with the most commonly-voiced opposition arguments. Being well-prepared and properly informed are the first lines of defense against a hostile neighbor.

The other thing that must constantly be borne in mind is that good community relations is an ongoing commitment. It's not something that can be turned on for one week and off for another. Community relations is a process. It begins with your pre-planning for site selection; it continues through the negotiations for your establishment; and it remains potentially vital during all the years that you are in operation.
Community Relations: A Resource Guide
PART ONE: Things that Matter to your Neighbors, and How to Answer their Concerns.

- Property Values
- Crime and Safety
- Neighborhood Amenity
- Your Operation

PROPERTY VALUES
There are many reasons why communities react unfavorably to neighborhood-based human services, but the fear of diminished property values is the most commonly reported. In many ways, the strength of this reaction is to be expected, since a home is usually a family’s most important investment. Any threats to this emotional and financial base are potent catalysts for individual and community mobilization against a planned facility.

In this section, we summarize a broad spectrum of research dealing with the property value impact of human service facilities. In simple terms, an overwhelming majority of these studies indicate that such facilities have little or no negative impact upon surrounding property values. Some studies even report that the opening of a facility had a positive effect upon adjacent properties.

Six criteria for detecting the property value impact of various types of facilities have been employed. Four rely on straightforward quantitative measures of market performance, each potentially indicative of a negative effect:

1. decline in the market value of surrounding properties;
2. increase in the rate of property turnover;
3. increase in the length of time properties spend on the market before being sold; and
4. a distance-decay effect, whereby property values in close proximity to a facility are more severely affected than those of more distant properties (a relationship that would be essential if the facility is to be causally linked to the observed market fluctuations).

The other two are more qualitative measures of neighbors’ perceptions about market trends in their neighborhood:

5. residents’ awareness of, and opinions about, a facility’s existence; and
6. the design and appearance of the facility relative to the surrounding environment.

Market Values
Market value studies typically involve a quantitative analysis of real estate transactions for several years before and after the establishment of a facility. Almost all of these studies indicate that there is no significant impact on surrounding property values.

Other investigations suggest that community-based facilities may in some cases exert a positive influence upon adjacent properties. Explanations for a positive impact often appeal to the well-maintained nature of many facilities and their grounds. The ability to offer neighbors a well-designed and aesthetically-pleasing
facility may be an important bargaining chip when striving for community acceptance.

Some analyses have reported inconclusive evidence concerning property value impacts. Finally, a handful of studies have recorded negative impacts on property values, but these are rare. A study in Oakland, California, was unusual in that it segmented the housing market by race, and noted that facilities for adults negatively impacted the non-white housing market, while facilities for juveniles had a negative impact on the white submarket.

**Turnover of Properties**

A second commonly-used indicator of facility impact is the rate of property turnover. Opponents argue that community-based facilities will induce a spate of property sales, leading to a weakening of community stability. To investigate the validity of such claims, researchers monitored property market activity for several months or years before and after the opening of a variety of community-based facilities in many different locations.

The evidence points strongly towards the absence of any impact of community-based facilities. A vast majority of studies report no evidence of increased turnover. A small number of studies found some evidence of accelerated turnover following the siting of facilities, but the results in each case were inconclusive.

A study of twelve Philadelphia community mental health facilities, for example, found that while the prices of surrounding properties did not decline, there was some increase in sales. However, the increase may have been more a function of general market trends than the specific impact of the facilities. A Toronto-based study found that sales volumes increased in one of five metropolitan neighborhoods which experienced the opening of community mental health facilities, but the overall findings of the survey indicate minimal negative impact. A recent study of five community residences for mentally disabled people in Long Island noted that although one neighbor complained about a nearby facility, none of the seventy-five neighbors interviewed were able to demonstrate a problem selling homes in the vicinity of the residences.

**Length of Time on the Market**

An undesirable facility might make it harder for current residents or businesses to sell their properties, and even though this impact might not be borne out by market price fluctuations or turnover rates, it still might show up in the extra length of time that properties remain on the market before being sold. To test the validity of this claim, several studies have compared the time taken to sell properties placed on the market before and after the opening of a new facility.

Here again, the majority of studies found no evidence that the presence of a facility increases the time needed to sell adjacent properties. One study noting a negative impact examined a small number of property transactions around nine group homes for the mentally retarded or emotionally disturbed in a medium-size Southern town. It found that properties in the high-end submarket did remain on the market a little longer after the opening of a group residences. The author regarded this as a “small price to pay, especially for these wealthier individuals, when providing normalized settings for retarded and emotionally disturbed persons.”
Distance-decay
The "distance-decay" effect suggests that properties immediately adjacent to a given facility are likely to suffer the greatest loss of value (or other impacts), and that this negative impact will decline with increasing distance from the facility. Being able to record a gradient of this kind is essential to support the argument that the facility actually caused the observed market fluctuations. The absence of such a gradient would suggest that fluctuations in price (turnover rates, etc.) is the result of more general market trends, e.g. the opening of a nearby supermarket or freeway interchange.

Most of the studies that have bothered to examine a distance-decay effect have found little evidence for its existence. Therefore, we conclude that any observed market fluctuations cannot properly be attributed to the introduction of the facilities under review. A study in Green Bay, Wisconsin (during the early 1970s) is unusual in that it recorded both resident attitudes to facilities, as well as data on housing market transactions. The analysis revealed an attitudinal distance-decay effect -- people nearer the facilities were more likely to express negative opinions about it. But no evidence of property value impacts or a distance-decay effect were found.

Some other studies have recorded changes in impact with distance from the facility, but once again, findings are inconclusive...

Resident Awareness
Qualitative methods have also been used to examine the impact of facility siting. As in the Wisconsin study just mentioned, researchers have sought to elicit residents' perceptions about the impact of a nearby facility. These studies report that the initial negative concerns of residents tended to dissipate once the facility had opened and the anticipated negative effects failed to appear.

An additional way of demonstrating facility impact focuses on the neighborhood's awareness of a facility's existence. The level of awareness and concern expressed by neighbors after a facility's opening may be a useful indicator of its "true" impact. Since opposition arguments often anticipate a wide variety of enormous problems relating to the facility's opening, we might expect the community to be alert should any of these problems materialize.

Analyses of resident awareness and concerns following the opening of a community-based facility suggest that most individuals surveyed were unaware that they were living in close proximity to a human service facility. In addition, all but one of the studies indicate that for those individuals who were aware of the facility's presence, a marked improvement in attitudes was common once the facility became operational. (Note, however, that a successful opening is no guarantee of successful later integration of the facility and its clients into a neighborhood; this is one reason why good community relations is an ongoing commitment.)

Facility Design and Appearance
Where community-based facilities or subsidized housing projects are well-designed and beautifully maintained, they rapidly dispel concerns about their negative impact upon the neighborhood. Instead, they frequently draw praise for the way in which they help to augment the community's image. The ability to improve your chances of acceptance through manipulation of a facility's design and appearance should not be overlooked.
Almost without exception, studies have shown that the appearances of facilities equal or exceed those of adjacent properties, further weakening arguments suggesting the detrimental impact of such projects. Discussions of facility design have been extended to consider ways in which facility design and location might be used as an opportunity to encourage interaction between clients and neighborhood residents.

**Key Points: Property Values**
The property value "myth" remains a powerful battle cry for communities opposed to the siting of human services facilities.

An overwhelming volume of evidence supports the contention that human service facilities do not significantly impact the property markets around them. They do not diminish market values, do not increase turnover rates, and do not make proximate properties harder to sell. Such property market fluctuations that have been observed in the vicinity of human service facilities cannot be attributed to the facilities themselves, but tend to be associated with broader fluctuations in the land and property market (e.g. interest rate fluctuations). Neighbors are very often unaware of the opening of facilities in their midst. Those who were aware often reveal significantly improved attitudes after the facility has been in operation for some time.

Facility design and appearance are important in determining its reception by the host community. Facilities sometimes cause property values to increase in their vicinity. The studies which informed this discussion cover the time period 1973 - 1993; there is very little fluctuation in the findings during this entire period.

**CRIME AND SAFETY**
Crime and personal safety are the uppermost concerns of most Americans. People usually place these issues at or near the top of the most important challenges that face our violence-prone nation.

Crime and safety become a NIMBY issue because neighbors believe that the safety and integrity of their communities will be jeopardized because threatening individuals are being introduced into their neighborhoods. Hence, the second most-frequently voiced complaint by opponents of community-based human services is that neighborhood crime rates will increase and their personal security will be compromised as a consequence of a service's opening.

The key motivators in neighbors' perceptions of threat are the unpredictability and potential dangerousness of the client group. Threatening behavior is most frequently attached to people who are psychologically impaired, who are substance abusers, or who are in any way associated with criminal behavior. The three groups who have attracted most attention during the period 1972-94 are: people with mental disabilities (which usually means those described as "mentally ill," but excludes the developmentally disabled, or mentally retarded); homeless people; and substance abusers (especially drug addicts). The frequency of dual- and triple-diagnoses of course means that membership in each of these groups will overlap. The almost exclusive concentration on these groups is undoubtedly related to the recent histories of the deinstitutionalization movement, the explosion of homelessness, and the epidemic of crack cocaine.
Before we examine the specific evidence associated with each of these three populations, some special circumstances surrounding the problem of understanding their "criminal behavior" have to be spelled out:

1. Almost any behavior associated with illicit drugs is by definition a crime.
2. Compassion fatigue among the general public has led to increased demands for a crackdown on the activities and even the presence of all three groups.
3. More and more of the activities of homeless people and people with mental disabilities are being criminalized (i.e. being redefined as lawbreaking), including public sleeping, panhandling, and informal feeding arrangements.
4. Almost every major city in the U.S. has stories of "rogue cops" (both public and private) who harass, arrest, and otherwise penalize people who are obliged to live on the streets.
5. Relatively minor misdemeanors and fines, if left unattended, can swiftly turn into bench warrants for the arrest of the individual who cannot afford to pay a fine (for, say, carrying an opened bottle of beer in public).

These conditions mean that the people whose behavior we are considering in this section are, by definition, necessarily, and unavoidably involved with illegal activities, even if such activity involves begging for food. A major part of this behavior is criminal because we have declared it as such; similar behavior in other people would be overlooked, forgiven, or reclassified as within the bounds of acceptable behavior. We point this out not to condone aggressive panhandling or drug addicts who steal, but simply to underscore that for many people survival means stepping beyond the law. This condition has always to be borne in mind when we examine crime statistics and the behaviors of people in need.

**Key Points: People with Mental Disabilities**

People with mental disability are no more likely to commit crime than members of the general population; indeed, they are generally less likely to engage in criminal behavior.

Harmful individuals constitute only a small minority of the population with mental illness. Media reports focus heavily on isolated negative incidents and therefore create disproportionately negative images of people with mental illness.

More and more of the activities and behavior of people with mental illness are being classified as "criminal."

A lack of proper care and supervision within a community setting may exacerbate psychiatric problems, and thus prompt a greater likelihood of contact with the criminal justice system. Failure to provide adequate support and care may also push people with psychiatric problems onto the streets.

There are relatively few studies examining the level of crime around facilities such as group homes for people with mental disabilities. Those that exist suggest that the impact of such facilities upon local crime rates is negligible.

Where people with mental illness are provided with a suitable living environment, they represent little or no threat to surrounding communities.

For developmentally disabled people (the "mentally retarded"), crime rates are generally substantially below those of the general public.
The prison is rapidly being transformed into the first line of treatment for people with mental disabilities. (In Los Angeles County, for example, the largest population of severely mentally disabled is located within the county jail system.)

**Key Points: Homeless People**

Arrest rates among the homeless population are generally higher than those of the population as a whole.

People who are homeless are significantly more likely to be victims of crime. The criminal acts may be committed by other homeless people, or by members of the general public. Street life is especially difficult for homeless women.

Survival on the streets is a complex and arduous process. Some people may be obliged to engage in survival strategies that break the law. Such subsistence strategies aimed at making ends meet include panhandling, prostitution, stealing food, and selling stolen goods.

Because homeless people must live their lives in public spaces, some day-to-day behaviors that would normally be undertaken in private may be treated as criminal when they must be performed in public (e.g. sleeping, drinking, and urination). Many homeless people believe that they have been arrested simply because they were homeless.

Hard information on police harassment of homeless people is difficult to obtain. But most cities have experiences with private and public security agents who act with an excessive enthusiasm to enforce the law as they see it. When the civil liberties of people who are homeless are infringed upon, the only record might be preserved in the arresting officer's charge-sheet.

In recent years, many cities and counties around the country have passed ordinances that penalize the very state of being homeless, including panhandling, sleeping and loitering in public places, food giveaways in public places, and erecting sidewalk shelters. Such legislation is itself partly responsible for recorded increases in the rates of crime and arrests made among the homeless population, especially when coupled with aggressive enforcement policies.

The acute poverty that is inevitably part of being homeless makes it all but impossible for homeless people to pay fines associated with many minor offenses. Left unattended, outstanding fines typically turn into arrest warrants that become operational the next time that an individual tangles with law enforcement officers. In this way, relatively minor infractions become translated into another arrest statistic.

People who are homeless often have other problems relating to health, mental health, nutrition, and substance abuse. That segment of the homeless population who have drug-related problems tend to run into problems with the law more frequently since illicit drugs are by definition outlaw.

**Key Points: People Involved with Substance Abuse**

There is a strong correlation between substance abuse and crime. However, debate continues to surround the issue of causality. Some experts argue that crime and drug abuse occur within the same "general syndrome;" others suggest the high cost of illicit drugs inevitably leads to a life of crime.
The vast majority of crimes committed by substance abusers are drug-related. Only a small percentage are crimes against the person or property; almost all are related to the buying and selling of illicit substances.

Rates of alcohol and drug abuse are significantly higher among people who are homeless than the general population. Many of the crimes committed by substance abusers who are homeless may simply be the acts of using alcohol or other drugs in public settings. Among people with mental disabilities who are also homeless, drugs and alcohol are often used as a form of self-medication.

Proper treatment can significantly reduce the level of crime committed by people with substance abuse problems. However, there are generally too few programs to meet the demand. "Get Tough" police enforcement strategies have increased reliance on the criminal justice system as the treatment environment of first (and last) resort, but have not been accompanied by substantial growth in the number of available treatment options.

The relationship between criminal activity and the location of facilities to assist service-dependent populations is a relatively under-researched area. The existing studies suggest that crime and personal safety are important catalysts in generating community opposition, but that many of the images employed by neighbors to halt the siting process have no relationship to the reality and experiences of community-based facilities for people with mental disabilities, the homeless, or substance abusers.

A different but equally important angle on this question is to consider the impact of community opposition on crime rates. For each of the three populations examined in this section, the link with crime has been exacerbated, at least in part, because individuals have been unable to access appropriate levels of support and treatment. One implication of this is that instances of successful community opposition may, in fact, be creating more crime by reducing the number of options open to those individuals who would otherwise have resided and received care in the proposed facilities.

**NEIGHBORHOOD AMENITY**

Ranked third on the list of complaints that opponents voice against community-based facilities is the claim that "neighborhood amenity" will decline if a facility is allowed to open in their community. Residential and business property owners often suggest that the facility (and, by extension, its clients) will not fit in with the local landscape, or that neighborhood character will be irrevocably altered. Although clearly related to the property values issue, the concern with neighborhood amenity is not solely a matter of potential monetary loss. It is frequently measured as a disturbance of the status quo in the neighborhood, through (for instance) increased pedestrian and vehicle traffic, pressure on parking resources, or the introduction of "outsiders" into the community. Aside from such material concerns, neighborhood amenity also incorporates less tangible aspects of community life, including long-standing traditions and prejudices of (say) religious and ethnic homogeneity. Business owners, on the other hand, customarily translate the decline of local amenity into dollar terms. Those involved in retail trade and the leisure/entertainment industries, in particular, identify many of the same concerns as residents, but tend to translate them into a loss of customers and a downturn in sales.
What is the evidence for declining neighborhood amenity brought about by human service facility siting? In general, the evidence suggests that fears about declining neighborhood character are largely unfounded. As we have already seen, there has been negligible impact on neighboring property values, except, in some instances, to improve neighboring property values. Similarly, studies of crime and safety also suggest that many opposition claims are unfounded.

Human service facilities are often relatively inconspicuous, and tend to be better maintained than neighboring properties. A 1980 report found that only about one quarter of the group homes examined had any type of distinguishing feature, and less than half were even noticeable to the public as a group home. Other studies continue to confirm that significant numbers of neighbors remain unaware that they are living near a facility long after it has opened.

The relatively few studies that focus on the issues of traffic and parking also point to a general lack of impact.

Neighborhood concerns are also expressed about the disruptive effects of client/resident behavior on community stability. Residents and business owners have objected, for instance, to the unusual and disturbing behavior of mentally retarded people, the vandalism caused by residents of a home for troubled adolescents, the dangerousness and unpredictable acts of the mentally disabled, and the public urination and petty thievery of some homeless individuals. Isolated incidents which achieve both local and national prominence do much to influence neighbors’ overall vision of client behaviors. While incidents undoubtedly do occur, they are often rare and do not reflect the uneventful existence in most community-based facilities.

Despite the results of studies that indicate the minimal impact of facilities and their clients, claims about potential damage to neighborhood and business amenity continue to hinder facility siting. The 1992 relocation of a homeless shelter in Yakima, Washington, illustrates the nature of opposition claims, and the ways in which such claims were countered. In Yakima, the Union Gospel Mission wanted to relocate to a larger facility; in response, local business owners and residents formed the "Yakima Gateway Organization" to oppose the relocation. Opponents successfully appealed to have the zoning classification of the mission changed so that relocation would require a public hearing prior to approval.

Three aspects to this case study are of particular interest here. The first is that local opponents successfully stalled the relocation process by appeals to declining neighborhood and business amenity (specifically, fears about loitering pedestrians, property values and declining business). Second, opposition concerns were effectively countered. In addition to presenting expert testimony on the absence of property value impact, Mission operators provided testimony from property owners adjacent to the existing site stating that the presence of the Mission had not adversely affected their business environment. Finally, the Yakima example illustrates the way in which the manipulation of facility design eventually eased the path to community acceptance. The public examiner ultimately supported the relocation of the Mission but with several conditions, including the creation of additional parking spaces, construction of fence, creation of a new bus pull-out, and requirements concerning the entrance to the mission. Although business owners and residents remained in opposition, these concessions facilitated the definition of a reasonable court-based compromise.
In conclusion, it seems worth remembering that the whole question of NIMBYism, and the concern with neighborhood amenity in particular, is another of those human paradoxes that would cause amusement were their consequences not so deleterious. We know that disability, homelessness, and the rest exist, but we are unwilling to commit sufficient resources to meet their needs; yet at the same time, we are offended by the sight of "problem people" in our midst. People urinate in public because they have no access to private rest-rooms; they sleep in public because there are insufficient shelters; they are sick because they cannot access proper health care. Why are we surprised (or worse still offended) when they live and die on the sidewalks around us?
Community Relations: A Resource Guide
PART TWO: Things that Matter to You: Good Community Relations

- Understanding your Opposition
- Your Strategic Options
- A Blueprint for Community Outreach

In this second part of our Community Relations Resource Guide, we want to start bringing together a large number of the lessons we have learned in the course of preparing the CAMPAIGN FOR NEW COMMUNITY Handbooks and Research Reports. The advice in this part of our Guide should enable service providers to think creatively about the community relations plan that will be best for their own neighborhood.

But remember: we cannot guarantee success; we can only offer our best advice based upon a synthesis of all the evidence available. It is up to you to tailor this evidence and advice to your own situation.

UNDERSTANDING YOUR OPPOSITION
To understand the conflict that arises around the siting of human services, it helps if we realize that there are certain patterns, or consistencies, in the way in which NIMBY battles arise and progress. Thus, although the specific dimensions of community opposition will depend upon a variety of local issues, we can make several general statements about the motives underlying such opposition, and the forms it is likely to take.

NIMBY sentiments go in cycles that reflect national, regional and local events. Community opposition tends to be "cyclical" in nature, with periods of intense activity (i.e. many disputes) followed by extended calms. In the field of human services, several important national events have formed a "backdrop" to local events during recent decades. These include:

- the deinstitutionalization movement
- ban extensive restructuring of federal social welfare programs
- the collapse of federally-assisted affordable housing programs
- the popularity of crack cocaine
- the rise of homelessness
- the AIDS epidemic.

The net effects of these developments have been that more people are demanding social welfare programs at a time when they are being reduced or eliminated; those who have work are less well off, at the same time as the nation's wealth is increasingly concentrated in fewer hands; and decent, affordable housing is an increasingly scarce commodity. In addition, the 1980s have been labeled the "Me Decade," reflecting the increasing self-absorption and loss of community felt by many Americans. In these less-than-tolerant times, the disabled and disadvantaged have suffered not only increasingly material hardship but also diminished public sympathy.

Local events can reinforce or go counter to wider national trends. For instance, determined political leadership, at either the state or municipal levels, can create a
community tolerance dynamic quite independent of national sentiments. On the other hand, local initiatives (such as an aggressive policy of deinstitutionalization) can create heavy demands on a community care system and result in a localized NIMBY backlash.

The pattern of community opposition and conflict has its own internal rhythm.

It helps to know what stage you’re at in a typical cycle of community conflict. For instance, it’s too late to start to learn how and why residents develop NIMBY sentiments when you’re sitting in a public meeting being shouted down by a hundred angry neighbors! Equally, it makes no sense to squander all your political capital early in a dispute; such resources should be used sparingly, and saved for difficult times ahead.

Each conflict tends to have its own internal rhythm, almost always revealing a three-stage cycle:

- **"Youthful"**
  News of the proposal breaks, and the fuse of conflict is lit. Opposition tends to be confined to a small vocal group in very close proximity to the proposed development. NIMBY sentiments are usually expressed in the rawest, bluntest of terms, often reflecting an irrational, unthinking response by opponents.

- **"Maturity"**
  Battle lines have been solidified, and the two sets sides have assembled ranks of supporters and objectors. The debate has moved away from private complaints, and into a public forum. As a consequence, the rhetoric of opposition becomes more rational, and "objective." Less is heard of the desire to "throw the bums out" of the neighborhood; more measured voices express concerns about property value decline, increased traffic volumes, and the like. Sophisticated opponents often couch their NIMBY arguments in terms of concern about the facility's users. ("Ours simply isn't the best kind of neighborhood for these people.")

- **"Old Age"**
  The period of conflict resolution is often a long, drawn-out affair and sometimes inconclusive. Victory tends to go to those with the persistence and stamina to last the course. Typically, at this stage, some kind of arbitration process is adopted, utilizing professional and/or political resources. Concessions are made by both sides. If positions become sufficiently entrenched, a stalemate can ensue; in this situation, victory again tends to fall to those with staying power.

Opposition arguments follow consistent patterns. If we ignore the angry, irrational outbursts characteristic of the initial/youthful phase of conflict, opposition arguments can usually be distilled into three specific concerns: property values; personal security; and neighborhood amenity.

In past decades, the principal concern voiced by opponents has been that property values in their neighborhood would decline. However, a large number of studies on real estate transactions in the vicinity of facilities have concluded that facilities have little or no impact upon surrounding property values. When changes have been observed, they tend to be associated with broader market movements such as a change in interest rates, or a large-scale property development nearby (e.g. a new shopping mall). In some instances, neighborhood property values have actually increased because the facility was so well-maintained or renovated. The
accumulated evidence within these studies has reduced the property value effect to the status of a "myth." Yet it is still encountered in current siting disputes, despite evidence to the contrary. Even though adjacent neighbors may never be convinced, arbitrators seem to be much swayed by the accumulated evidence.

Concerns about personal security are more common with certain client groups than others. The key variables in this category are client dangerousness and unpredictability. As one might expect, substance abusers (particularly drug addicts who might be associated with criminal behavior to support their habits) and ex-offenders (with manifest records of lawlessness) figure prominently in this category. But such concerns have also influenced responses to people with mental disabilities, who sometimes display aberrant and/or aggressive public behavior. Well-publicized accounts of behavioral extremes (such as murder by a recently-discharged mental hospital patient) tend to unduly color public perceptions of the mentally disabled as a whole. Neighborhood concerns about personal security often find expression as questions about facility operating procedures, especially supervision arrangements.

Third, the potential decline of neighborhood quality also worries people close to proposed facilities. This applies equally to the anticipated impact on business as well as residential amenity. Specific threats to overall neighborhood amenity include: the physical appearance of facility clients, some of whom may appear dirty or unkempt; and antisocial behavior, such as loitering, public urination or defecation, and aggressive panhandling. Businesses complain that clusters of clients drive customers away; residents worry that the presence of clients detracts from their enjoyment, and that certain clients provide a bad example for children and young people. Increased traffic volume and parking difficulties are also commonly mentioned, as are concerns about the specifics of the property itself and the surrounding neighborhood.

More sophisticated opponents express their opposition in terms of the clients' needs. For example, the host neighborhood may be represented as "unsuitable" for the client group, or unsafe. This is "NIMBY with a caring face."

Opposition tactics are almost always the same. Strategies and tactics adopted by opposition groups vary, but in the past they have overwhelmingly focused on the zoning hearing. This is because, more often than not, facilities in residential districts have required a zoning variance.

The variance procedure usually insists that the immediate neighbors be informed about the proposed change to a "non-conforming" land use. Public hearings may be held to deal with objections. These information and public meeting mechanisms have
historically been the principal vehicles through which community opposition has been alerted and channeled.

Besides zoning hearings, other common pressure tactics adopted by opponents are:
- neighborhood petitions
- letter-writing campaigns (usually targeting the facility and its sponsor, local politicians, or the media)
- political pressure through elected representatives
- media involvement
- demonstrations
- formation of formal neighborhood opposition groups.

Very often, these tactics are combined and even coordinated with the process of a zoning variance.

In extreme cases, violent and/or illegal means are employed by opposition groups. This kind of vigilante action is relatively rare, but it can flare up at any time during a locational conflict. Such tactics include: damage to property; arson; and physical assault on staff and clients.

Four factors determine the host community's response to a proposed facility.

It is always difficult to predict exactly how community residents will respond to the proposal to open a human service facility in their midst, but four major factors contribute to the formation of that response.
- Client characteristics, including their demographic profile (age, sex, etc.), and their particular disability (e.g. mental handicap, addiction, and so on);
- Nature of the human services facility itself, including its physical condition and appearance (such as the presence or absence of landscaping), and its operating procedures (e.g. opening times);
- Structure of the host community, including its socioeconomic composition (income, etc.), as well as the neighborhood's physical characteristics (such as density or land-use mix); and
- Programmatic considerations, which refer to administrative conditions affecting the siting process, including peculiarities of the local zoning ordinance, and the existing distribution of facilities (if any) within the community.

In the final analysis, NIMBY sentiments arise because of geographical proximity.

All our knowledge about the characteristics of client, facility, neighborhood, and local programs is subordinate to one over-riding factor: that of geographical proximity. The rule is simple: the closer you are to an unwanted facility, the more likely you are to oppose it. This is especially true if the facility is on your block. But somewhere within a radius of between two and six blocks, a neighbor's interest or awareness declines to the point of indifference. This rule will be obvious to most readers. But it remains extremely important in understanding community opposition, and in dealing with it.

YOUR STRATEGIC OPTIONS
It's a safe bet that dealing with community opposition is something that most operators would prefer not to have to think about. Yet all the program planning and best intentions will come to nothing if opponents are successful. To put it bluntly: if
NIMBY sentiments prevail, the facility will never open. The potency of this threat should concentrate operator's minds on a simple lesson: BE PREPARED. Make community relations an integral part of your program planning, to be implemented as needed.

What should your community relations program look like? In this section, we discuss the variety of alternatives available to the operator.

The Fundamental Choice: collaborative or autonomous action?

The collaborative approach assumes direct contact between the facility operator and the host community or its representatives. Implicitly or explicitly, it grants priority to the community's rights to be made aware of, and participate in, decisions affecting their neighborhood. However, while acknowledging those rights, it also implies a community obligation to host services for the disabled. In essence, collaboration is about establishing a "social contract" between the provider and host community. Service operators offer a useful service, openly and honestly, and anticipate community support in return.

The collaborative option is always indicated in those circumstances where good community relations are vital to the on-going success of a program. It is a sound "insurance policy" in neighborhoods where community support is confidently anticipated, but makes most sense in neighborhoods where opposition is likely to be strong. Handled properly, collaboration promises long-term community support for the facility. Its principal drawback is that it risks alerting and provoking the opposition.

The autonomous approach accords priority to the rights of the clients. Generally speaking, operators (and others responsible for the service in question) reject the notion of "difference", and insist on the clients' rights to live/work/play/receive care wherever they please, and under circumstances of their own choosing. In accordance with this principle, the autonomous approach presumes no direct contact with the host community prior to siting. When challenged by disgruntled opponents, the service providers, clients and their advocates usually reply simply: "You didn't seek permission to move into this neighborhood, so why should we?" This powerful argument ignores host community attitudes, being concerned mainly to avert opposition behavior by local residents.

To be successful, the autonomous approach has to be backed by good authority (even if this authority is never explicitly invoked). This usually means that the operator is acting with the mandate of governmental and/or legal rules. Two kinds of rules are important: those relating to the civil rights of clients and operators; and those pertaining to local land-use zoning and licensing regulations. The opportunity for operators to act autonomously largely depends upon the legitimacy granted by these sources. The operator who invokes their authority without first checking on their application is obviously taking a risk.

A Little Bit of History

How does the facility operator begin to decide between a collaborative or an autonomous approach? A little bit of history may help us understand the choice.

In the early days of community-based care, during most of the 1960s, enthusiastic operators tended not to worry too much about potential opposition. They adopted,
usually quite unconsciously, an autonomous approach to facility siting. During the 1970s, as the community care "movement" took hold, opposition and conflict became more prominent. Sensitive operators engaged in community outreach, or avoided those neighborhoods where intense opposition was anticipated. Whenever opposition arose, operators invoked a wide variety of appeasement strategies. So that by the 1980s, most operators were aware of the negative potential of the NIMBY syndrome, and a rich body of "case studies" had grown up. Many manuals advising on siting procedures placed establishing good community relations somewhere near the top of their lists of recommendations for service planners. "Outreach" had become the buzz-word for a successful siting.

In the early 90s, there developed a just-perceptible trend that we can characterize as "aggressive autonomy." The approach is marked by independent siting actions on the part of facility operators and advocates, who grant special prominence to the civil rights of client groups, and correspondingly diminished importance to community opponents. Such actions are bolstered by recent legislation at the federal level, but also by related state and local initiatives. A major impetus for aggressive autonomy was the passage of the Fair Housing Amendments Act in 1988, which outlawed discrimination toward the disabled. Further impetus has been provided by the passage of the Americans with Disabilities Act (1990), and by other local legislative initiatives (for example, in the States of Illinois and Massachusetts, and in New York City).

On the face of it, the disabled and their advocates have learnt a lesson from previous civil rights struggles. However, history also shows us that mere enactment of a law does not guarantee compliance. Therefore, many advocates are currently promoting the civil rights of the disabled in many areas, in order to ensure the effective application of new legislation. This is primarily why the nation-wide "cutting edge" in dealing with community relations is toward aggressive autonomy.

But... it takes time for new and relatively untested ideas to filter through to localities. For some time to come, most operators will continue to face a general 1980s-originated climate of collaboration, even though the legislative authority exists to permit more autonomous action.

The important lesson from this history is that facility operators should determine which strategy is most suited to their local circumstances. We know what the crucial variables are, but there are many other local conditions that affect your choice, and we cannot anticipate all of them here. They include such issues as whether or not the operator is planning further siting efforts in the community (and hence, is likely to be just as concerned with future as well as present community reaction), and the availability of collective support for the local siting effort, especially the availability of technical/legal/advocacy back-up.

Before we go on to consider communication strategies in more detail, it's important to emphasize one thing. There is no way you can confidently predict local response to your siting initiative. Even if you are 100% certain of good support, something can still go wrong. A well-publicized murder by a "crazy" person in New York City can the very same day jeopardize siting plans in Chicago and Los Angeles; a decision to close a major metropolitan institution can place new demands on suburban and rural-based facilities; or prominent supporters can get "cold feet", causing your support to dissolve overnight.
Whatever your local circumstances, when it comes to community relations, preparedness is the first and most vital component. Next you must decide between a collaborative or an autonomous approach. This choice will depend not only on your predictions of local response, but also your judgment about the effectiveness of the different strategies in your local context. So let’s look at these strategies in more detail.

A Guide to Communications Strategies
Faced with the option (or need) to interact with the host community, facility operators have at their disposal what appears at first to be a bewildering array of alternative communications strategies. It may help to understand that these alternatives can be distilled into three basic approaches:

- community-based,
- government-based,
- and court-based strategies.

There is also a fourth consideration, after siting has been successful, that we shall refer to as post-entry strategies.

The four strategies are integrally related, and indeed, a service provider may employ multiple strategies in a single siting experience. The collaborative approach assumes direct outreach to the host community, thereby hoping to encourage positive response. If community relations go sour, then recourse to the courts or to government for action and/or adjudication is possible. In contrast, autonomous siting action relies on the authority of government-promulgated laws and regulations in order to legitimate the provider’s actions. The appeal to government can be explicit, as when the provider seeks appropriate licensing approval, or checks compliance with local zoning statutes. Or it may be implicit, as when operators assume that the authority of a particular statute covers their situation, or that government funding provides an umbrella for their actions. In both cases, operators may be obliged, when challenged, to refer to the courts to justify their procedures.

Operators may also proceed directly to a court-based strategy. For example, they may sue an opposing group because of its obstruction of their plans or activities. They may also prosecute a government body because of its impedance of an operator’s objectives (e.g. the denial of an operating license because of community disapproval).

Once the service is accepted by the host community, the operator is faced with another decision: whether or not to engage in a "post-entry" program. This generally has two purposes: to ensure continued support; and (where applicable) to promote client integration. If a facility is rejected, operators may choose to abandon a siting effort, or to approach the community with a fresh initiative (presumably different from the strategy that had previously failed).

a. community-based strategies

Community education
This is the use of communications media (television, radio, print, general mailings, leafleting, etc.) to increase public awareness and understanding of the client group and its needs. It is important because familiarity and understanding tends to increase tolerance and acceptance, even though it is sometimes time-consuming (e.g. in establishing good media relations), and expensive (for mailings, or for
resource materials). The strategy may be more effective and efficient when the facility operator has links to a broadly-based national or local advocacy groups that have resources, experience and expertise to call upon. Community education is an indirect strategy, in the sense that it is general and untargeted (i.e. the operator cannot control who watches the TV spot, reads the ad, or opens the mail).

**Community outreach**
This refers to direct contact with a host community or its representatives, usually in the form of public or private meetings, in order to promote acceptance. Typically, the operator first approaches representatives of the community, hoping they will persuade their neighbors to accept the facility. A follow-up meeting with the community-at-large is also routinely planned, although it may be unnecessary. Outreach can be important at several stages of the siting process, especially in the early stages of planning in order to "scope out" likely host community responses; and later, as part of a mediation process. However, it can also be time-consuming and risky, because poorly-prepared meetings antagonize residents and may undermine public trust ("If they can't run proper meetings, why should we assume they'll operate their service as good neighbors?")

**Community advisory boards**
Creating an advisory board of prominent local leaders can be an effective way of: (a) legitimizing the activities of the proposed facility; (b) incorporating needed skills (both technical and advocacy); and (c) defusing opponents (by, for instance, appointing the most vocal to the advisory board). A board should be appointed before opposition surfaces, otherwise certain local personalities (especially politicians) might be unwilling to stick their necks out. This is a low-cost, potentially highly effective strategy, although it depends very much on access to influential local networks.

**Concessions & incentives**
There is every reason to accede to host community demands if they (a) do not compromise the facility's purpose, operations and effectiveness, and (b) lead to the withdrawal of community opposition. A little can go a long way in demonstrating the operator's willingness to listen and desire to be a good neighbor. Typically, operators offer concessions that relate to the design and operating characteristics of their facility. These include landscaping, property rehabilitation, parking arrangements and adjustments to operating procedures (e.g. levels of supervision, opening times, etc.). In addition, whenever possible, operators should identify those areas where the facility benefits the host community beyond direct service provision. These include: employment opportunities (hiring local staff persons); utilizing local contractors (for building renovation, food and linen supplies); the use of the facility for community purposes (e.g. local meetings); or obtaining other funding that will be spent in the host community.

**b. government-based strategies**

**Local licensing regulations**
At a most elementary level, facility operators must comply with local licensing codes relating to building, fire regulations, operations, parking, etc. This applies equally to operators anticipating a collaborative approach to the host community, but it acquires extra force for those electing to act autonomously. Any human service operation without appropriate licensing authority presents too easy a target for opponents, especially since government agencies can hardly be expected to defend a
facility operating in breach of its regulations. For our purposes, licensing procedures only become important when they are ignored. Facility operators in breach of these regulations must expect to be regarded as illegitimate by the host community.

Zoning

Land-use zoning is one example of the delegation of the State's "police powers" to local municipalities. It provides localities with authority to "zone" (i.e. define allowable uses by geographical area), and thereby regulate the use of land. Community-based facilities have consistently run into zoning problems because they are relatively new types of development, and are typically not mentioned in lists of allowable uses. Under such circumstances, a conditional-use permit or zoning variance must be obtained.

Some municipalities, under pressure to locate sites for human service facilities and seeking to offset the constant demand for site-specific variances, have adopted general amendments to their zoning codes. These designate certain facilities as "permitted uses" within existing zoning categories. Henceforth, all such facilities may locate "as of right" (i.e. without use permit or public hearing) within the designated districts.

A similar effect can be achieved through overlay zoning. The overlay zone defines alternative development regulations within a given zoning category, allowing certain kinds of development that meet the specified criteria. For instance, shelters for the homeless may be allowed within single family residential zones so long as they meet certain standards of (say) size, appearance, and operations.

Another way for operators to shake free from local zoning constraints is to appeal to pre-emptive state codes (where they are available). A number of states have enacted policies that explicitly or implicitly support the establishment of community-based residences. Courts have upheld arguments that local zoning codes cannot contravene over-riding state policies.

Because some of their land-use control mechanisms are obsolete, some states and municipalities have begun to revise their regulations. In California, for example, state law requires that each city and county compile a Housing Element as part of their "General Plan". The Housing Element must incorporate an assessment of the community's housing needs, including emergency shelter and transitional housing. Experience has shown that such laws are not self-enforcing; indeed, the State of California currently lacks a mechanism to enforce this policy. Hence, much depends upon the willingness of local advocates to utilize such regulations where they exist.

What all these options boil down to is this. That facility operators must comply with local zoning laws; that when they do, they have the authority to act fairly independently; and that many states and localities have made it easier for facilities to comply with zoning ordinances. Hence, whereas in the past human service facilities would generally qualify as nonconforming uses and operators would require a zoning variance, today's operators can find other ways to establish compliance with zoning ordinances. According to local circumstances, these include:

- general amendments to the zoning code
- overlay zoning opportunities
- pre-emptive state codes
- revised Housing Element of the General Plan.
A facility in compliance with zoning ordinances is much less likely to be challenged.

Civil rights

Even though they possess appropriate licensing and zoning authority, some operators seek further legitimacy by appealing to the civil rights of the client group. Such appeals can be based on informal local practices. For instance, the Department of Mental Health in the State of Massachusetts pursued an aggressive, successful, year-long civil rights-based campaign on behalf of group homes in the Commonwealth. The approach had no specific legislative basis, but carried a powerful moral authority associated with historical civil rights movements, and was backed by a 1989 State law limiting many local zoning ordinances.

The recourse to civil rights arguments is made easier, however, if formal legislation or public policy exists to back up a moral stance. Such legislation may be promulgated at any level of government. For instance, the State of Illinois in 1989 enacted a Community Residence Location Planning Act which requires every home-rule municipality to prepare plans to meet local needs for group homes. And the Charter of New York City has explicit wording anticipating the "fair share of the burden of care for the disabled among its boroughs. An analogous statement, promoting a broad geographical distribution of human service facilities, has been developed by the Seattle Human Services Strategic Planning Office.

By far and away the greatest long-term potential in this category of rights-based strategies is afforded by three recent pieces of federal legislation on behalf of the disabled. The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990. It extends the protection of the 1964 Civil Rights Act to people with disabilities, prohibiting discrimination in employment, public accommodations, transportation, communications and other services. At the moment, it is not possible to gauge the effect of this far-reaching legislation. Many of its most far-reaching provisions will not come into effect until two years after the bill's passage. In the meantime, experience with the Act is being accumulated.

The disabled are protected against discrimination in housing by another legislative milestone, the Fair Housing Amendments Act (FHAA). Effective from March 12, 1989, the FHAA extends to the handicapped the protection afforded by Title VIII of the Civil Rights Act of 1968 (popularly called the Fair Housing Act) against discrimination based on race, color, religion, gender and national origin. This has been interpreted to outlaw discrimination against the developmentally and physically disabled, people with mental disabilities, recovering alcoholics, and people suffering from AIDS and other diseases. More specifically, the FHAA makes it illegal to discriminate in housing sale or rental, or "otherwise make unavailable or deny", a dwelling to any renter or buyer because the applicant has a handicap, or is providing housing for people with handicaps. Moreover, the Act prohibits discriminatory effects, not simply intentional discrimination. The FHAA is particularly important, since it outlaws many local licensing and zoning requirements.

Several important test cases based on the Act are working their way through the courts, and it is not yet clear how effective the Act will be in facilitating siting. In one of the earliest cases (January 1990), the City of Chicago Heights, under court direction, approved the construction of a home for retarded people, reversing its previous denial of the permit. The City also agreed to pay $45,000 in damages: $30,000 to the company for construction delays; and $1,000 to each of the fifteen people who will live in the home. The U.S. Department of Housing and Urban
Development (HUD) has also prepared FHAA-based guidelines for making new multifamily housing available to people with disabilities. It is also worth noting that many State Attorneys General have incorporated FHAA requirements into State law, thus making it even more effective in facilitating sitings. In a recent (1995) ruling, the Supreme Court upheld the FHAA by voting to invalidate local ordinances that bar five or more unrelated persons from living together in a neighborhood of single family homes. While this ruling does not open the way for group homes which cater to the homeless or paroled convicts, it does make clear that "single family" ordinances cannot be used to exclude homes for groups such as people with AIDS, or people with mental disabilities.

Finally, the 1990 national Affordable Housing Act promises changes in the Section 202 program, which henceforward will have two components: one on behalf of the frail elderly, and a second for people with disabilities. The latter remains a housing-oriented program. The former will also offer funds for non-housing services (such as transportation, food, and social activities); these services may also be made available for non-elderly persons in the community.

**Mediation**

This is a form of assisted negotiation that utilizes a neutral third party to resolve disputes. The nonpartisan intermediary may be a public- or private-sector agent, although some public funding is usually necessary to defray the costs of mediation. Mediation is to be preferred over litigation, which tends to be more costly and time-consuming. Mediation is suggested in disputes that have become polarized. The mediator's task is to involve all parties to the dispute in a non-confrontational search for a mutually-agreeable solution. This includes: compiling the facts; maintaining ground rules; clarifying opposing views and areas of overlapping interest; and identifying new options that address the concerns of the conflicting parties.

**c. court-based strategies**

As a general rule, recourse to the courts is to be avoided. Lawsuits can be expensive, time-consuming, and tend to be counterproductive to the goal of community integration. They also may delay a facility's opening while a case is being considered. Operators utilizing either the collaborative or autonomous approaches can find themselves threatened by, or facing the need to adopt, legal proceedings. Even facility operators who elect a collaborative approach may quickly stir up a vocal opposition; their mediation efforts may fail or be rejected; and finally, opponents engage lawyers to block the facility's opening. Independently minded operators electing the autonomous route can also quickly encounter community-instigated legal challenges to the authority behind their siting actions. In these circumstances, the government (on whose legislative/regulatory authority the operator's claims are based) may find itself drawn into the dispute.

The law may be invoked not only in disputes between the facility and host community, but also in circumstances where human service providers are dissatisfied with government. This is common, for instance, when municipalities are perceived as not responding to local services needs (say, in providing shelters for the homeless, or hospices for AIDS sufferers). The courts may provide relief by establishing government's obligation to provide certain levels of service.

Human service facility planners and advocates have enjoyed significant success using the judicial process to advance the cause of community-based residences. To overturn local zoning decisions, for example, advocates have relied heavily on two
arguments: (a) that community residences (e.g. group homes and the like) function as single housekeeping units, and hence should be regarded as "families" for zoning purposes; and (b) that restrictive local zoning ordinances may not contravene preemptive state legislation that supports community-based residences. Federal lawsuits, advanced by the U.S. Department of Justice in pursuit of the FHAA, have also been significant in adjusting local government decisions and rebuking community opposition. There is little doubt that court decisions on the FHAA, as well as the ADA legislation, will become increasingly prominent over the next decade.

One final point worth remembering is that the threat of legal proceedings can be as effective as pursuing your case right to the bench. It is not always necessary to go to court in order to make effective use of judicial authority and precedent. Sometimes the threat of court proceedings is enough to encourage opponents to seek an out-of-court compromise. But do not use such a threat lightly! People who back down from a threat, once their bluff is called, tend to lose credibility as a consequence.

d. post-entry communications strategies

Once a service has been established in a neighborhood, operators must decide whether or not to continue communication with the host community. So-called "post-entry" programs are indicated (a) when it is necessary to maintain good relations with the local residents (after either a positive or a negative siting experience); and/or (b) when community support is vital to assist the process of client integration and socialization.

Most facility operators are likely to favor Post-entry community outreach, even those who earlier elected to go the autonomous route in facility siting. Two approaches are common. First, clients participate in community service, including neighborhood clean-up days or flower planting. Such service is a gesture of good will, not an incentive or concession in the sense we explored earlier. Second, there are programs for post-entry contact between facility clients and the host community. These are especially important when client integration is a relevant objective, and when community education (about the client's needs and problems) is necessary. Contact can occur in many formal or informal ways: block parties, open houses, casual labor in the neighborhood, and so on.

In many cases, it will be beneficial to maintain a community advisory board after the facility has opened. Such boards are useful in liaising with the community-at-large, providing opportunities for contact, information sharing, as well as for channeling local grievances.
Community Relations: A Resource Guide
A BLUEPRINT FOR COMMUNITY OUTREACH

In this section, we want to examine the community outreach option in more detail. This is because community outreach (in some form or other) is likely to be the most common strategy adopted, or at least considered, by facility operators.

We assume that by choice, or through force of circumstance, you are preparing for a dialogue with your host community. Obviously, we cannot present an outreach program for every circumstance. Instead, the outline that follows is intended to alert you to the concerns that should be uppermost in your mind in approaching the Community, and to provide a blueprint, or template, according to which you can determine your particular response. This may also be termed a "modular" approach in that the pieces (or modules) of the program can be retained, rejected, modified or preserved to suit your specific needs. The program has three necessary facets: preparatory, design for outreach, and implementation.

1. Preparatory
   a. Ensure that potential opponents have little or nothing to object to.
      You must comply with all local regulations relating to zoning and licensing. The physical appearance of your potential facility (or that of the examples you invoke) should be exemplary. All manner of facility operations (supervision, emergency arrangements, etc.) must be adequate, appropriate, and fully thought-through. And, whenever possible and necessary, your clients must be prepared for their role in good community relations. If it would help, you may wish to phase the growth in your client population so as to minimize initial adjustments by both client and community.

   b. Prepare access to necessary resources.
      Your task will be easier if you gain access to human and material resources that could sustain you in any dispute with the community. These include individuals and organizations (local and national) willing to act on your behalf either in an advocacy or an advisory capacity; plus the documentation necessary to counter opposition arguments (e.g. the facts about AIDS transmission, the property value myth, the dangerousness and criminal behavior of people with mental disabilities). Local, regional or national advocacy groups sometimes have on hand stocks of pamphlets and other materials that can be used in a community education campaign.

   c. Know yourself
      You must be able to show why your service is needed in the community, and know every important detail about its operations. If you have a good track record, or a reputable sponsor, do not hesitate to let the community know about it. Also, know your clients, their problems and their capacities, plus what you expect your program to do for them. Finally, be prepared to make concessions to the host community without compromising the integrity of your service.

   d. Know your host community.
      It is important to gain a rapid "take" on your host community. Ask the local library or a friendly bureaucrat to guide you to census sources, or to other public documents that help you determine the demographic composition of the neighborhood. That way you can get some idea of how close your community matches the accepting/rejecting profiles we have developed elsewhere in this series. Two pieces of intelligence are
also particularly useful: the nature of the neighborhood setting; and the host’s community's previous experiences with human service facilities.

There exists a variety of neighborhood settings (or contexts) into which facilities will need to be integrated. These include: high-density urban (typically inner-city zones with a highly variegated land-use pattern); low-density urban (typically suburban districts, or smaller towns); and rural areas (including small villages and essentially agricultural municipalities). The basis for these distinctions is the impact a facility might be expected to have in each neighborhood setting. In a high-density, mixed land-use urban area, a facility is likely to be "lost" in all the other activity; in a rural area, however, its presence is more likely to be widely noticed.

Contexts will also differ according to their degree of experience. Again, three basic types may be identified: neighborhoods with no experience of human service facilities; neighborhoods with a positive experience; and neighborhoods with a negative experience. If we combine the land-use and experience dimensions, we obtain a nine-fold (3 x 3) topology of different neighborhood contexts that we could expect to encounter in the process of facility siting.

In most cases, your opposition will also form part of the host neighborhood. Needless to say, it is vitally important that you understand their motivations, objectives, and actions. Talk with neighbors, teachers, and other community leaders. Check past issues of local newspapers to find out the track record (if any) of the opposing group. In short, do all you can to know everything there is to know about the opposition before you try to engage them in dialogue.

2. Design for community outreach

One theme figures prominently in community disputes over facility siting: the need for communication. It is almost an axiom of siting conflict that residents complain about the alleged "secrecy" surrounding the siting process (especially the choice of location). Now, most people like to be kept informed about what is happening in their neighborhood. This understandable curiosity creates serious ethical problems because, in principle, clients have the same rights to privacy and freedoms of association as other individuals. Moreover, an informed community is not necessarily an accepting community. We cannot assume that outreach will meet with a positive neighborhood response.

Under such circumstances, how do we construct a communications strategy to facilitate community acceptance? It is useful to recall that studies have shown that:

1. the general Public reveals a high level of tolerance/acceptance of disabled persons;
2. awareness of and familiarity with various disabled groups tends to promote acceptance;
3. close proximity to disabled groups tends to exaggerate worries; and
4. opposition is generally confined 4. to a small, vocal minority.

Given these conditions, the communications strategy that suggests itself is one which increases the familiarity and awareness of the few community opponents to such an extent that they become supportive of the facility, or (at minimum) their opposition is silenced. We assume that the ill-informed minority can be transformed into an informed, aware group that will be tolerant/supportive of community-based human service initiatives. At the same time, we shall want to reassure the "silent majority" that their basic supportive sentiments are well-founded.
Such a communications program could have five elements: target group; purpose; personnel; format; and materials.

a. target group
The appropriate target group for our program is the community-at-large. This term refers to members of the host community within roughly 4-6 blocks of a facility (in an urban setting), or within one mile (in a rural setting). Relevant community leaders are included in this designation, as well as any other individuals who express an interest in the service.

b. theme and purposes
One general theme of the communications strategy could be "A Mirror on our Community." Its intent would be to allow a community to learn about itself from the way it reacts to other communities' experiences with facilities. Specific emphases in this strategic theme are: the promotion of community-based service facilities as part of the solution, not part of a problem; emphasis on the human dimensions of client needs; and establishing the notion of a "caring community." The specific purposes of the communications strategy are: (1) to increase community awareness and understanding; and (2) to move through dialogue to acceptance.

c. personnel
Experience suggests that the communications program should be presented by a minimum of four personnel: a local chairperson capable of commanding community respect, and able to articulate the needs of the users; a government representative; a representative of the sponsoring agency (who may also be the facility operator); and a client/consumer (who is preferably from the local area). Where necessary, and where available, two other participants could be added: a human services professional (for instance, according to circumstances, a psychiatrist, social worker, or land use planner); and a facility neighbor and/or community leader.

It is vital that such personnel work to legitimize the support mode of behavior at the meeting; i.e. advocates must make the silent majority comfortable about voicing their support for the proposed service. However, care should be taken to avoid giving the impression that "outsiders" are parachuting into a community to tell it how to behave!

d. format
The community-based communications program is envisaged as a 2-3 hour evening meeting held in the neighborhood that will host the proposed facility. The meeting would be composed of a series of modular presentations. The selection and order-of-presentation of the modules will depend upon local need and resources. Four standard modules are likely to form the core of all meetings.

- **M-1. THE FACTS ABOUT COMMUNITY CARE:**
  The meaning of community-based care and the process of "deinstitutionalization". A description of need and related services (a) in the region, and (b) in "our" community.
- **M-2. COMMUNITY CARE AS SOLUTION:**
  A brief account of how community-based care operates, its philosophy, together with "personalized stories" of the benefits that residents enjoy, revealing positive examples of community acceptance.
- **M-3. THE MYTHS SURROUNDING COMMUNITY CARE**
Demythologizing the practice of community care: the selection of individuals eligible for service; the referral process; supervision; unpredictable and dangerous behavior; the myth of property value decline, etc.

### M-4. OUR COMMUNITY: A DIALOGUE
An open discussion about "our" community and its needs in light of the experiences reported in modules 1-3. This should lead (ideally) to a positive community response, plus a creative program of follow-up initiatives allowing citizens to participate actively in the facility's establishment and growth.

Other modules could be presented in communities with special needs or problems.

### M-5. SATURATION/GHETTOIZATION
The special problems of communities which have a proliferation of human service agencies and service-dependent populations.

### M-6. ZONING AND LICENSING PROCEDURES
This is likely to be useful in communities which need reassurance of your compliance with siting and operations procedures.

### M-7. FACILITY OPERATION
A detailed treatment of facility operating procedures, including: referral of residents; supervision; disposal of hazardous materials (as in the case of AIDS facilities); and problem residents. This may be especially needed in neighborhoods which are being asked to host residents low on the acceptance hierarchy.

e. Materials
As much information as possible should be made available to participants in the community dialogue. Especially recommended is the use of visual materials that give some idea of how the facility will actually look in the neighborhood (such as models, plans, and sketch renditions). More extensive summary material should be available on request. As well as creating an atmosphere of openness, this approach also facilitates recall and dissemination, and encourages follow-up and continued participation. All materials presented at the meetings should be of high quality, of the greatest possible accuracy, and should be designed to maximize communication and understanding.

### 3. Program implementation
The success of your communications program will depend upon four strategic considerations: government participation and leadership; the use of local intelligence; flexibility in program design; and program sequencing (i.e. timing).

a. Government participation
Formal or informal government back-up will help establish the legitimacy of your program. If possible, a designated government agency should be encouraged to accept a leadership role in a region-wide communications program. This would help because: (a) few individual operators will possess the resources, expertise or experience to mount an adequate program alone; (b) repeated duplication of program design at the local level is inefficient in terms of time, money and resources; and (c) a centralized responsibility is likely to mean that more operators will be encouraged to mount a communications strategy.

Of course, the exercise of responsibility by one level of government does not guarantee cooperation and participation by other levels of government, or other
interested parties (such as the voluntary sector). Hence, whenever appropriate, effort has to be made to ensure such wider cooperation and participation.

b. Local intelligence
The value of local knowledge in the preparation and execution of the communications strategy cannot be overestimated. Such intelligence is necessary in: selecting appropriate participants; the choice of modules to meet local concerns; identifying local constituencies (including the opposition); activating support agents and mechanisms (e.g., service groups, church groups, available premises); and ensuring positive follow-up and outreach action after the program has been presented.

c. Flexibility in the modular approach
The communications program should be tailored to local circumstances. This need not imply that each individual program will be an eclectic mishmash of diverse concerns. Four modules are likely to form the core of all meetings:
- M-1. Facts about community care
- M-2. Community care as a solution not a problem
- M-3. Myths surrounding community-based care

In addition, at least four program personnel likely to be consistently utilized:
1. Local chairperson
2. Government representative
3. Representative of sponsoring agency

Three other program modules and two supplementary program personnel have been identified. The precise manner in which these resources and personnel are combined will depend on local conditions. In some cases, modules may have to be invented to take account of special local conditions.

d. The proper sequencing of a communications strategy
Success in community meetings is more likely if the community meeting is executed as part of a sequence of strategic interventions. This should involve proper preparation for the public meeting, as well as plans for subsequent follow-up.

Following an initiative to open a community facility, the operator or sponsoring agency will typically begin the search for an appropriate location. This search should trigger the start of an operator's training session. The purpose of this session is to alert staff of potential problems in the host community, and of ways to combat any opposition.

Once the operation's staff is sensitized to the potential problem, the first contact with the host community is initiated. This is best achieved through an operator/agency meeting with representative community leaders. The communications program outlined earlier could serve to animate the necessary dialogue between operator and community representatives. Such dialogue might be used to identify possible sites for the facility.

A meeting with the community-at-large should follow community leaders' acceptance of the facility site. In the event of a negative community response at the meeting, members of the operator community leader coalition could be mobilized to persuade
the dissenters to accept the facility. A follow-up community meeting may be required to consolidate the provider's legitimacy.

e. Be prepared to compromise and make concessions
Common sense and decades of experience suggest that, in order to resolve community disputes, concessions will have to be made by both sides. You should understand this, and be prepared to make some concessions to achieve neighborhood harmony. However, concessions that jeopardize your ability to deliver effective services to your clients must be firmly rejected.

Summary
The community outreach format that we recommend as a basis for deciding what will best work in your community is structured as follows:

1. Preparatory
   a. ensure that potential opponents have little a. or nothing to object to
   b. prepare access to necessary supportive resources, material and human
   c. know yourself, your operation and your willingness to compromise
   d. know your host community, and what kind of response you may expect
2. Design for community outreach
   a. decide on the appropriate target group for outreach
   b. decide on theme and purposes of Your outreach campaign
   c. identify key personnel to help you meet the community
   d. decide the best format for outreach meetings
   e. assemble all necessary supportive materials beforehand
3. Program implementation
   a. get government participation and backing
   b. compile local intelligence on key players and their likely roles
   c. ensure flexibility in the modular approach to meet local needs
   d. pay attention to the proper sequencing of a communications strategy
   e. be prepared to compromise and make concessions if this will buy peace.