ACHIEVING RESIDENTIAL ALTERNATIVES IN THE COMMUNITY: A STUDY OF THE FORCES WHICH GUIDE THE LOCATIONAL DECISIONS OF COMMUNITY RESIDENTIAL PROGRAMS

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ABSTRACT

During the early years of the last decade, the Commonwealth of Massachusetts adopted a philosphy of "deinstitutionalization" and took steps designed to develop community based residential programs as an effective alternative to the continued placement of clients in outdated and often understaffed institutional facilities.

Public attitudes toward community residences are influenced by a basic lack of information about patterns of locations and about the requisities of successful integration of the programs into residential areas. In the absence of comprehensive locational data, it is easier for many neighborhoods to resist the development of any community residential programs in their districts and harder for the already saturated areas to avoid new ones.

To move residential program placement activities into a more informed plane, this thesis proposes to present descriptive, statistical, and geographical data (via comprehensive maps) on the current locations of community residential programs in Boston. This includes an inventory of where these programs are located and the influencing factors behind their locational decisions. The key variables most clearly associated with the dense, moderate, and sparse populations of community residences in Boston's neighborhoods will be identified.

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Table of Contents

INTRODUCTION

As part of the movement to deinstitutionalize physically handicapped persons, mental patients, and former offenders, drug abusers, and alcoholics, community residential programs are being established throughout the country at a rapid rate. Recognizing the ineffectiveness of large institutions in rehabilitating or treating their patients and inmates, the diverse needs of persons entering the health or corrections systems, and the high costs of building and maintaining institutions, these residential facilities are seen as serving an important need.

The general public attitude typically appears to be uncertain or fearful when a community residential program is planned for their neighborhood. Local residents are concerned about safety, possible negative influences of the residents of these programs, unattractive or "odd" behavior, decline in property values, and other issues.

Neighborhood apprehension to community residences is grounded in a basic lack of information about patterns of location and about the requisites of successful integration of the programs into residential areas. What the literature on the subject does hold, however, is voluminous information on the care and the treatment of the clients of community residents and the types of services that residential programs should provide. Studies of

particular issues as they relate to community residential development such as zoning and program policy are also present. A small amount of literature can be found on neighborhood rejection (as it relates to sources of opposition to community residences) and neighborhood acceptance (in terms of establishing neighborhood relations). Since hundreds of community residential programs developed, there is at least the possibility that empirical inquiry could contribute to a better understanding of the problem.

In the absence of comprehensive locational data, it is easier for many neighborhoods to resist the development of any community residential programs in their districts and harder for the already saturated areas to avoid additional ones. Therefore, to move residential program placement activities into a more informed plane, this thesis proposes to do the following:

- Present descriptive, statistical, and geographical data (via comprehensive maps) on the current locations of community residential programs in Boston. This includes an inventory of where these programs are located and the influencing factors behind their locational decisions; and

- Identify the key variables most clearly associated with the dense, moderate, or sparse populations of community residences in Boston's neighborhoods.

In order to uncover information concerning locational

issues, I had to identify a large number of the existing community residential programs. My initial sources of information on the locations of existing community residences was the Zoning Board at the Boston Redevelopment Authority (BRA). For zoning purposes the BRA designated the term "group care facilities" as a categorical label for all community residential programs in metropolitan Boston. This category includes the following types of programs; group home/community residence, specialized community residence, foster home, halfway house, residential treatment facility/residential school, detoxification center, sheltered housing, and cooperative apartment.

After having sifted through countless records of zoning permit requests for these programs, I began to compile a list of existing community residences. I then contacted all the relevant state departments and agencies which were charged with the care of persons likely to be served by a residential program.[1] Thus, I acquired (and in most cases compiled) separate lists of community residential facilities from the Division of Youth Services, the Department of Mental Health (including the Division of Mental Health, the Division of Mental Retardation, the Division of Drug Abuse, the Division of Alcoholism), the Department of Corrections, the Department of Public Welfare (including the Office for Children), the Bureau of Developmental Disabilities, and the Department of Community

Affairs. Through telephone contacts and much footwork, I updated this information. As a result of interviews I conducted with various program directors, I later became aware of additional programs and I expanded my inquiry accordingly.

I was able, therefore, to compile a comprehensive inventory of community residences in Boston. From this listing I selected a sample which included a wide range of residential programs (affording tremendous variety in program size, therapeutic philosophy, cliente served, etc.) across neighborhood lines in order to study the forces which influenced their locational decisions. The next step involved extensive interviewing of residential program directors, government facilatators, community groups, and various neighborhood residents.[2]

Since interviewing was my major source of information gathering, I wanted to make my questions as brief and concise as possible to increase the likelihood of willing response.[3] Thus, of all the possible things I might want to know, I was forced to settle upon a few key pieces of information. Accordingly, I composed my set of questions to provide the following information efficiently:

1. The amount of support or opposition which a community residence initially encountered, as the source of the opposition or support.
2. The probable impact of the residence on its immediate neighborhood; in part, a measure of the extent to which the residence was

socially integrated into the neighborhood.

3. The origin of the community residence whether it be the neighborhood, the surrounding community, or from outside the community.

4. The program director's view of the neighborhood; in part, his perception of the turnover in housing, the degree of home ownership, the extent to which neighbors were aquainted with one another, and the amount of diversity amongst the neighbors.

5. Basic facts about the characteristics of the site selected including; whether a zoning change, lodging house license, or building permit was required; whether the site was owned or leased; and the previous use of site property.

6. An indication of the type of approach or entry strategy employed by a community residential program; for example, whether the program sponsors approach neighborhood residents, community groups and leaders and local officials; also, whether program sponsors sought to minimize publicity surrounding their neighborhood entry and whether they needed, but intentionally tried to avoid, a zoning change.

7. Information on any previous entry attempts of this community residential program which had failed because of local opposition or information about other residential programs which had failed for similar reasons.

8. A sketch or diagram of the site and the

surrounding neighborhood including information on the types of housing in the area, the locations of schools, hospitals, churches, community buildings, etc.

Thus, this inquiry will attempt to examine the three types of actors who together shape locational decisions. These actors including program directors, government facilities, and neighborhood residents. The extensive interviewing of these forces should reveal the key variables which pertain to program, program resident, and neighborhood characteristics. This information is essential to this study of the factors which influence the locations of community residences in Boston. The design of this task is as follows:

Chapter One, the historical context, will examine the origins of the deinstitutionalization movement. The examination will cover three major stages which include: 1) the invention of asylums, penitentiaries, and reformatories to facilitate the care and treatment of the "deviant" or "dependent"; 2) the change in philosphy against the institutional approach spurred by a philanthropic movement which had evolved; and 3) the emergence of community residential programs (particularly in Massachusetts) and its confilcts with neighborhood improvement efforts.

Chapter Two will describe the data, or, the information sought. This information will be presented in a comprehensive framework of key variables which pertain to program, program resident, and neighborhood characteristics.

Those variables relating to program characteristics will include: type of facility; program origin; year program opened; previous use of site; program size; staff size; budget size average length of resident's stay; limits on admission; site ownership; program entry strategy; zoning, permits, and lincenses; program integration in neighborhood; and overall opposition. Resident charcteristics will consist of: type of deviance served by program; sex age; and race, ethnicity variables. Under neighborhood characteristics the variables will include residential quality, family orientation and cohesion; history of neighborhood leadership; socioeconomic class; race and ethnicity; vicinity of other human service programs; leadership; and mobility of neighborhood families.

Chapter three will present the determinants of locational decisions that emerged from my interviews with residential program directors, goverment officials, and neighborhood residents.

Chapter Four will survey the descriptive, statistical, and geographical data on the current locations of community residences in the Boston metropolitan area. The survey will include: a profile of specific characteristics of each of Boston's neighborhoods; an inventory of where community residences are located; a comprehensive mapping of those locations; and an assessment of the influence of particular neighborhood variables on location.

Chapter Five, the conclusion, will present an analysis of the neighborhood characteristics most important to this study. These characteristics will be discussed in relationship to the locational patterns they exhibit in neighborhoods of dense, moderate, or sparse populations of community residences. The policy implications of these findings and the future steps of inquiry will also be discussed.

Notes to the Introduction

[1]My original system of contact with the various state agencies could best be described as "hit or miss." Fortunantely, one fruitful contact gave lead to another. After I had almost concluded this activity, I discovered that the Department of Human Services had made a similar effort to coordinate a directory of agencies providing community residential services. That project, left incomplete, was shelved. My final product, an inventory of existing community residences, can be found as Appendix A.

[2]The identification of Key community organizations resulted mostly from my interviews with program directors and government facilitators. Many of the neighborhood residents interviewed were members of those organizations while others were selected randomly.

[3]My set of questions in their final form are included as Appendix B.

CHAPTER ONE: HISTORICAL CONTEXT OF THE CONCEPT OF DEINSTITUTIONALIZATION

In every age and in every society there are those who, because they are too helpless or too unruly, simply do not fit in. No society can totally ignore its misfits, the deviant and the dependent. In one way or another they must be taken into account or at least explained.

In our own society the history of the treatment of the deviant and dependent took an important turn in the early decades of the nineteenth century. At that time the idea arose that certain types of deviant and dependent persons could be restored to normal functioning in society if special measures were taken. One measure was to entrust these persons to the care of those who had special insight into the nature and causes of their problematic behavior and had special expertise in changing that behavior. The second measure was to remove the deviant and dependent from their accustomed life circumstances and to gather them into special institutions which were specifically designed facilitate their care and treatment. Thus were "invented" the asylums, penitentiaries, almshouses, and reformatories of that age - monuments to another generation's enormous optimism in the basic perfectibility of what had previously been regarded as highly imperfect human specimens.[1] This study, therefore, begins in the colonial period for nineteenth - century innovations cannot be understood apart from the earlier system.

Americans in the colonial period relieved the poor at home or with relatives or neighbors; they did not remove them to almshouses. They fined or whipped criminals or put them in stocks or, if the crime was serious enough, hung them. They did not conceive or imprisoning them for long periods of time. The colonists left the insane in the care of their families, supporting them, in case of need, as one of the poor. They did not errect special buildings for incarcerating the mentally ill. Similarly, homeless children lived with neighbors, not in orphanages. Surely, there were exceptions to these general practices. Large colonial towns did build almshouses, but only to meet unusual conditions; to confine persons so sick or disabled that no household could function as caretaker; and to cope with strangers to the community. The few institutions that existed in the eighteenth century were clearly places of the last resort.

> Eighteenth - century procedures consistently reflected the colonists' concepts of the proper functioning of the society. Poverty and crime, in their estimation, did not indicate a basic defect in community organization, nor could they be eliminated through ameliorative action. Under these conditions, noninstitutional mechanisms of relief and correction seem logical and appropriate, and social

> realities did not compel a reexamination or revision of the program.[2]

Americans in the Jacksonian period reversed these practices. Institutions became places of the first resort, the preferred solutions to the problems of poverty, crime, delinquency, and insanity. New York, Boston, and Philadelphia set the pace of the change, but the rest of the country quickly emulated them. Almshouses proliferated in urban areas and in country towns, rapidly replacing the old poor - relief procedures. Philanthropists and state legislatures errected insane asylums and doctors and interested laymen urged families to put thier mentally ill in institutions as soon as the symptoms of the disease appeared. The penitentiary became the basic mechanisms for punishing criminals. Philanthropic societies, often with state assistance organized orphanages and built houses of refuge for delinquent children.

Thus, the response in the Jacksonian period to the deviant and the dependent was first and foremost a vigorous attempt to promote the stability of the society at a moment when traditional ideas and practices appeared outmoded, constricted, and ineffective. The alshouse, the orphanage, the penitentiary, the reformatory, and the insane asylum all represent an effort to ensure the cohesion of the community in new and changing circumstances. State legislators, philanthropists, and local officials,

as well as students of poverty, crime, and insanity were convinced that the nation faced unprecedented dangers and unprecedented opportunities. The asylum, they believed, could restore a necessary social balance to the new republic, and at the same time eliminate long-standing problems.

> The nation had a new sense of its society. Americans now wrote voluminously about the origins of deviant and dependent behavior, insisting that the cause of crime, poverty, and insanity lay in the faulty organization of the community. From this perspective they issue harsh judgements on the functioning of the society and the perils that citizens faced. Yet, at the same time they shared a keen sense of the promise of social action, for the diagnosis seemed to contain the cure. This viewpoint led directly to the discovery of the asylum.[3]

Boston, the commercial center of the colonies, was the first to establish an almshouse in America. The almshouse, which began operation in 1664, lodged residents who were incapable of caring for themselves, were without relatives to assume the responsibility, and would have greatly inconvenienced a neighbor. It also admitted strangers in need - to prevent them from perishing; but they, unlike the chronic poor of the town, were supposed

to be soon on their way.

Between 1764 and 1769, the almshouse admitted 174 men, 236 women, 25 couples, and 72 unattached children.[4] The majority of the men were strangers to the city; most often they were simply in need, occassionally they were also sick or injured. Their tenure was usually brief, as they moved on to another town or sometimes to the grave. The townsmen in the almshouse were the sick (with smallpox as well as other diseases) and the aged. A small group of them were acutely disabled, crippled, or blind.

Unmarried expectant mothers were numerous, with no place to go incapable of self-support. Many mothers with children entered the institution, usually when they or their offspring were sick. Finally, some of the women were strangers, but not nearly so many as among the men. Few women took to the road alone in the eighteenth century, except for those of dubious character like prostitutes. But what was the community to do with that mother who, with two children in hand and a third all to obviously on the way, entered Boston? THe almshouse was a useful place for such occassions.

Of the twenty-five couples admitted to the institutions, 13 were strangers to the city, without a household of their own.[5] Some of them were soon discharged to continue on their way; the others were not only outsiders, but old and sickly, both over 70, or with terminal diseases, and so they did not remain a charge within the

institution very long. The husbands and wives who were Boston residents were too severely ill or disabled - both suffering from smallpox, or over 80 years old and totally incapacitated - to maintain themselves or board conveniently in a neighbor's household.

The last group in the institution was also the most impermanent - orphans and deserted children without family relations. The older ones were temporary residents, waiting for the overseers of the poor to arrange an apprenticeship. The younger ones remained until they too were of age to board out. Only the severely handicapped stayed on, so the younger permanent almshouse residents resembled the adults there; both were disqualified from taking a place in the community at large.

The Boston almshouse and its counterparts elsewhere did not function as places of punishment or stand as monuments to warn the poor to mend their ways. Officials set their sights very low, at most hoping that the poor stranger would not return and endanger the community. They simply tried to provide a substitute household for those who lacked their own and could not easily fit in with a neighbor. Nothing better demonstrates this aim than the external appearance and internal routine of the eighteenth-century almshouse.

> The almshouse patterned itself upon the family, following this model as closely as possible.

> The structure, typically located well within town boundaries, lacked both a distinct architecture and special administrative procedures. Some settlements did not bother to construct a poorhouse; instead they purchased a local farmhouse and used it without altering the room divisions. The new buildings were also indistinguishable from any other residences, except occassionally by size.[6]

We now live in a different age one which may be seen in retrospect as another turning point in the history of our treatment of the deviant and dependent. Nearly one hundred and fifty years after the invention of these special institutions, the view is now being advanced that the care, treatment, and reform of the deviant and dependent has in fact been impeded by the very institutions which were specifically created for their care. The attack on these institutions has proceeded two fronts: first, for what they have accomplished, and second, for what they have failed to accomplish. What they have accomplished, in the view of many critics,[7] is the creation of a uniquely dehumanizing social and physical environment. Their size, their bureaucratic complexity, their regimentation of daily life, their architectural uniformity, their regimentation of daily life, their architectural

unifromity (which later evolved) are all seen to contribute to the impoverishment of the persons in their care. Their inmates not only fail to get better, they get worse. Within institutional walls, the disaffected are hardened in their hatred of society, the weak become more helpless, and the unsteady are driven mad.

The potentially destructive side of institutional life has been known about and criticized for some time. What has taken much longer to become evident is that the special institutions only rarely produce the hoped for "cure" or "reform". There is widespread skepticism, for example, that penitentiaries make men penitent, that hospitals cure the metally ill, that reformeries reform wayward youth, or that special state "schools" educate the retarded. Some of this sketcism has been mobilized to reform the institutions themselves and to replace custodial care with more effective treatment. Essentially, the most serious charge made against these special institutions could not be remedied by internal reform. This was the view characteristic of these institutions via the physical segregation of those in their care, which constituted the greatest obstacle to thier treatment, rehabilitation, and reintegration inot normal community life. From this point of view successful participation in community life in the role of parent, spouse, employee, club member, church goer, and citizen was itself a critical ingredient in rehabilitation. By definition, institutional

life was life apart from one's home, family, friends and community. Inevitably, institutional life weakened those ties. But if immersion into community life was essential to the rehabilitative process, then institutional care itself became an obstacle to rehabilitation and reintegration.

Attacks on institutions based on reasoning such as this have led in our time to new "inventions." The inventions of the present age are not asylums but halfway houses and cooperative apartments; not penitentiaries or reformatories but group care facilities and residential treatment centers. The rationale for these new inventions has been twofold, paralleling the twofold attact on large institutions. First, these new programs, because they were small, family-like, and informal, were to avoid the dehumanizing condition with which the word "institution" has become synonomous. Second, by being located geographically in the midst of populated areas, these programs were intended to immerse their residents in the normal community life thought to be essential to successful rehabilitation. Hence, they were called, generically, "community residential programs."

Massachusetts was a leader in the nineteenth-century movement to create special institutions for the deviant and the dependent, and it is now prominent among the states for its efforts to dismantle these same institutions and to replace them with community-based residential

programs. In 1972 Massachusetts received national recognition when Jerome Miller, the new COmmissioner of the Division of Youth Services (DYS), began to systematically close state-run "training schools" for delinquent youth, returning many of them to foster care placements, group homes, and residential treatment programs, most of which were located in populated areas. ALthough other departments in the state government received less publicity, they too were quietly reformulating their policies toward the end of reducing the census in large institutions and of greater reliance on smaller, community-based residential programs. Thus, during the first half of the seventies considerable money and resources of the Department of Mental Health (DMH), the Division of Mental Retardation, the Division of Drug Rehabilitation, the Division of Alcoholism, DYS, and the Office for Children, among others, were put to work in the service of what came to be known as "deinstitutionalization".

Within the space of a very few years, large sums of money became available for the development of community-based residential programs, or what will be called hereafter "community residences". Funds became available from state and federal sources for the considerable capital investment involved in creating these programs, as well as for operating expenses and staff salaries. The rather sudden availability of money led to a proliferation of community residences in cities and towns

throughtout the state. Traditional social services agencies reoriented existing programs and created new ones to meet the demand for residential services created by the policy of deinstitutionalization. New agencies and organizations, many of which were comprised primarily of citizens and non-professionals, dedicated themselves to the establishment and operation of community residences in their own city or town.

Though there had been halfway houses and similar residential programs in Massachusetts for many years, the first half of the seventies saw a sharp increase in community residences. With the proliferation of new programs came frequent reports in the local press of the controversy surrounding their entry into residential areas. It quickly became apparent that though the advocates of deinstitutionalization had carefully considered the benefits to their clients of community residences, less attention had been given to explain the benefits which would accure to the recipient communities. Obviously the benefits were not self-evident to some citizens who view "deinstitutionalization" as a fancy word designed to cover up the fact that dangerous and undersirable persons were being dumped on thier neighborhoods. As a result, there was a fierce attack on the policy of deinstitutionalization, particularly as the impact of closing several institutions started to be felt by local communities. Generally, the state agencies involved withstood the attack,

however, the pace of deinstitutionalization has slowed since the early seventies.

The move from large institutions as a means of caring for the deviant and the dependent is an important turning point in the history of our treatment of those persons. But how is one to understand the deep and widespread resistance to that change? Why is there a direct collision between the deinstitutionalization movement and the neighborhood movement including decentralized approaches to governance and efforts to promote the physical, social, and economic development of communities? With whom in society does the responsibility lie for the care of the deinstitutionalized? I suspect that the ideals of deinstitutionalization and the intense opposition to it represent the two poles of a basic human ambivalence. My own view is that it is unwise to ignore the underside of our ideals and aspirations. It is in that spirit that I turn to a consideration of the forces which guide the locational decisions of community residences.

Notes to Chapter One

[1]For excellent account of that period see David J. Rothman, The Discovery of the Asylum (1971; Little,Brown).

[2]Ibid., pp. XVII - XIX.

[3]Ibid., XIX.

[4]Ibid., pp. 39 - 40.

[5]Ibid., p. 40.

[6]Ibid., p. 42.

[7]Perhaps the most eloquent and passionate statement of the case is Erving Goffman, Asylums (1961).

CHAPTER TWO: THE DATA

During the early years of the last decade, the Commonwealth of Massachusetts adopted a philosophy of deinstitutionalization and took steps designed to develop systems of community based services as an effective alternative to the continued placement of clients in outdated and often understaffed institutional facilities. This philosophy stressed placement in the least restrictive program, as close to the client's own home as possible, and in a community system capable of responding to a full range of client needs.[1]

As part of this program of deinstitutionalization, it was necessary to develop a variety of community based programs able to offer a wide range of services to clients of various human service agencies. One important component of a community based service is its residential facilities. These facilities, generally known as group homes, halfway houses, or community residences, are critical parts of any successful community based service system. Residential programs serve a growing number of community based clients and are crucial to the development of alternatives to institutional placements.

Due to their great variety, community residential programs are difficult to define precisely. Since one of the objectives of this study is to create a directory of existing community residential programs, an operational set of definitions was developed. All of the program categories included provide educational, theraputic,

and/or socialization activities as part of their basic program. A discussion of the categories follows.

There are eight basic types of community residential programs which include[2]:

- *group home/community residence*
- *specialized community residence*
- *foster home*
- *halfway house*
- *residential treatment facility/residential school*
- *detoxification center*
- *sheltered housing*
- *cooperative apartment*

The services provided by these residential programs are targeted toward three client groups - children, adolescents, and adults. Although they vary in the number of clients which they serve, community residences can be broken up into two broad categories: small programs which serve fewer than seven and those which are much larger. Regardless of size, these facilities can be classified as those which serve only short term clients whose tenure is less than one year and others which serve both short and longer term clients.

The *group home/community residence* serves either of two basic client groups. The first group consists of residents who have been adjudged delinquent and have been assigned by a court and/or the State Board of Corrections to a group home in lieu of placement in a correctional

institution. Residents who have emotional problems or lack social maturity but have not been adjudged delinquent compose the second group. Although they do not require placement in an institution, these residents cannot reside with their natural parents for various reasons. The objectives of the group home are: to return the minor to his natural parents; provide other placement or emancipation depending on circumstances; and provide 24 hour adult care, supervision, and consultation.

The *specialized group home* serves physically, emotionally or developmentally disabled residents - persons who cannot function independently in society. The home provides individualized programs of continuous care, support, and development for tis residents to assist them in the realization of their capabilities as human beings in an alternative family or social network. In addition, the specialized group home furnishes therapeutic, behavioral, and/or physical care, vocational training, and reacreational activities as part of a structured program.

Normal children or adolescents who for various reasons cannot live with their natural families may reside in a *foster home*. The foster home provides 24 hour adult care and supervision in a home setting.

The *halfway house* serves individuals who have been institutionalized in a correctional facility but for various reasons released, or who have physical and social

difficulty and require the protection of a group setting to facilitate their transition to society as functional members. The objective of the halfway house is to provide shelter, supervision, and rehabilitative services.

The intent of the *residential treatment facility/residential school* is to train the mentally retarded to operate in normal society primarily through the delivery of formalized instruction and related services which include various therapeutic and behavioral activities.

The detoxification of diagnosed alcoholics and drug abusers through care and treatment is the primary objective of the *Detoxification Center*. It also serves as a source of public information on the subject.

Shelter housing accomodates persons who are self-maintaining but who have special health related disabilities or conditions which may affect their ease in living in a totally independent environment. The facility follows either of two program models. In one type, the staff provides a structure dof supervision and a plan for care and/or treatment either on site or externally. The other program model consists of a staff of health professionals who can provide on-site therapy, nursing care, medical care treatment, emergency care, and counseling.

Adults capable of living independently may reside in a *cooperative apartment*. This group living arrangement permits the exercise of independent daily living skills.

Thus, these community based residential facilities serve many different functions. "They serve, in part, to ease the transistion from the institutional to 'normal' society."[3] For example, the prisoner sent to a halfway house, a month before the end of his sentence, is given a chance to escape the subculture of the institution and face the challenges of society within a supportive family-like atmosphere. "Community residential programs not only function as transitional residences but also as alternatives to institutional living."[4] They can be a point of entry into a social service or correctional system as well as an aftercare or rehabilitative facility. In such cases they can be treatment centers for former drug users or alcoholics or residential centers for the treatable mentally ill or retarded. Youths who have been mistreated or abandoned, or who are unable to live with their natural parents, may live in such homes.

Notwithstanding their particular functions, community residential programs should: provide a home environment with supervision, guidance, and any care and/or treatment as needed; afford living experiences appropriate to the functioning level and learning needs of the individual; be located within the mainstream of community life; and provide access to necessary supportive, habilitative, and rehabilitative programs based on a developmental model.[5]

Thus, "the movement toward deinstitutionalization

and community care has been spurred on by the increasing awareness among professionals that generally, large institutions have not worked: they have not, in the case of the mentally ill, helped people get well; they have not, in the case of the mentally retarded, helped people to learn and improve their functioning; nor, in the case of offenders, have they taught them to lead noncriminal lives."[6]

Although the movement from institutionalization has intensified in the last decade, the objective of the movement does not appear to be a total elimination of the larger institutions. Instead, most community residential programs are seen as part of a larger care treatment system with the institution at one extreme and residential living at the other.

The development of community residences in any municipality raises a variety of issues with many different foci. As previously mentioned, it is the consideration of the factors which influence the locational decisions of the community residential programs in the metropolitan Boston area which serves as the point of departure for this thesis.

Thus, in what follows, I will examine the variables which emerged out of my preliminary research and investigation that I propose are key to this study.

PROGRAM CHARACTERISTICS

TYPE OF FACILITY

My categorization includes eight basic types of community residential facilities. I asked each program director interviewed to characterize his own program as: group home/community residence, specialized community residence, foster home, halfway house, residential treatment facility/residential school, detoxification center, sheltered housing, or cooperative apartment.

PROGRAM ORIGIN

This information provides the geographical origin of the program sponsors. One major reason for the inclusion of this item is to permit the examination of the possible effect of program sponsors' presence on the neighborhood entry of community residences. Another reason was to distinguish between residential programs that were established in response to neighborhood concerns, community based programs, and programs which were initially conceived outside of the community. It can then be determined from where the initial idea for the program had come, and whether it was generally perceived in its community as an indigenous community project or an external entity.

YEAR PROGRAM OPENED

The year a program began operation is important

basically as a point of comparison. This information is necessary in examining whether any or not of the locational issues confronting the community residence had varied greatly from its initial point of operation to date. In most cases the information on the year a program started was straightforward. In certain cases, an established agency opened a new community residence on the same site as an older residential program. This raised the question as to whether this was in fact a new program or merely a continuation of a previous program.

PREVIOUS USE OF SITE

This item concerns the use of the site just prior to its becoming the site of a community residence. This data is important in finding out if programs whose sites were previously residential or were newly constituted would encounter locational decisions different from those community residences established on sites whose previous use was the same purpose.

PROGRAM SIZE

The size of the community residen-e is important as it may indicate the extent to which a relationship exists between the scale of a program and the attitudes of the residents in the neighborhood, hence, the degree of community acceptance or rejection.

STAFF SIZE

The number of staff involved in a community residence is another indication of the size and complexity of the program, the intensity of activity within the facility, and the general movement of persons in the immediate vicinity of the site.

BUDGET SIZE

As an indication of the financial resources available to each program, total operating budget for the community residence was used. There are obvious problems with this measure. For example, when a residential program is part of a large agency, the actual cost of operating the program is often concealed within a large total operating budget. In some cases the budget is a carefully guarded secret. In others, funding sources are so unstable that predictions cannot be made accurately.

AVERAGE LENGTH OF RESIDENT'S STAY

The average lenght of stay of the residents served by the program may suggest the extent to which neighbors come to view the program residents as members of the community. Thus, this variable may help to explain possible relationships between the program residents, neighbors, and the neighborhood.

LIMITS ON ADMISSION

The information provided by this item permits the examination of a possible relationship between the geographic origins of the program residents and progrm site selection.

SITE OWNERSHIP

This item concerns the owner(s) of the community residential site. This information is needed to allow the study of any relationship between the residential program and the site owner(s).

PROGRAM ENTRY STRATEGY

The strategy of program entry consists of two types of information. The first type of information pertains to those activities which program directors considered important to do prior to their approaching a neighborhood to the establishment of community residences. The second type relates to the program directors' various strategies of neighborhood entry. A general knowledge of the strategies is helpful in evaluating the variables which may make each neighborhood situation unique.

ZONING, PERMITS, AND LICENSES

This information concerns whether the acquisition of a zoning change, lodging house license, or building permit was required for the establishment of each particular residnetial facility. This information permits the

examination of the possible effects of such requirements on the programs' neighborhood entry strategies and on neighborhood reception.

PROGRAM INTEGRATION IN NEIGHBORHOOD

This item intends to provide some indication of the extent to which the community residence and its residents are integrated into a neighborhood. "Integration" means the amount of actual contact the residents and staff are liekly to have with the neighborhood; for example, whether residents move freely in the neighborhood or are primarily confined to the residential site.

OVERALL OPPOSITION

This characteristic concerns the amount of opposition program directors received from the following sources when they sought to locate in neighborhoods: 1) neighbors; 2) community leaders, agencies, and organizations; and 3) government facilitators.

RESIDENT CHARACTERISTICS

TYPE OF DEVIANCE SERVED BY THE COMMUNITY RESIDENCE

The type of deviance or disability attributed to the residents of the program may be a critical variable. The deviant label affixed to the program's residnets may play a prominent part in the attitudes of the neighbors around a particular type of community residence. Thus, it is

extremely important to investigate whether programs which serve different deviant populations meet different fates.

SEX OF RESIDENTS

Many residential programs limit admission to one sex or the other, though a substantial number serve both sexes. This imformation permits the examination of the possible influence of the sex of residents on program locational choice, particularly as this choice relates to neighborhood reaction.

AGE OF RESIDENTS

Many residential programs also restrict admission according to age. Age, like other residents' characteristics, may relate to the level of community acceptance or rejection.

RACE, ETHNICITY OF RESIDENTS

Race and ethnicity are rarely used as open objections. Negative or confused racial and ethnic attitudes, however, are almost always present in the neighborhood. Consequently, the possible implication that the races and ethnicities of the program residents may have on the locational decisions is examined.

NEIGHBORHOOD CHARACTERISTICS

RESIDENTIAL QUALITY

This item considers the predominant type of housing

in the community; land costs/property values; neighborhood standards with respect to property upkeep and appearance; and the absence or presence of apartments, shops, institutions, industries, etc.

FAMILY ORIENTATION

This tiem provides information concerning the residential make-up of the area, particularly the predominance of families. The data is important in understanding the ways in which neighbors view the effects they believe community residences will have on their neighborhoods.

HISTORY OF NEIGHBORHOOD ORGANIZATION

Past neighborhood organizational activities may give some clues as to present and future organizational efforts to either oppose or support the establishment of community residential programs in the neighborhood.

SOCIOECONOMIC CLASS

This item is important as it may suggest a relationship between the socioeconomic class of a neighborhood and its response to the entry of a community residence into that neighborhood.

RACE AND ETHNICITY VARIABLES

Since community residences generally serve all races and ethnic groups, this data allows the examination of any possible relationships that might exist between

neighborhood composition and neighborhood reaction to the establishment of these residential programs.

VICINITY OF OTHER HUMAN SERVICE PROGRAMS

The vicinity of other human service programs (including community residences) and the neighborhoods' experiences with them are studied to discover any effects that these variables may have on the neighborhood entry of community residences.

LEADERSHIP

This item provides information as to whether the neighborhood leadership has a positive or negative orientation to the establishment of residential programs in that community.

As stated earlier, the key variables proposed in this chapter which pertain to program, program resident, and neighborhood characteristics emerged out of my preliminary research and investigation. In order to explore the possible influences of these characteristics on the locational decisions of community residential programs in metropolitan Boston, I interviewed the programs directors, government facilitators, community groups, and various residents in my sample. The results of my extensive interviewing will be presented in chapter three.

Notes to Chapter Two

[1]Residential Service and Facilities Committee, "Right to Choose" (Texas: National Association for Retarded Citizens, 1973), p. 8.

[2]Daniel Lauber with Frank s. Bangs, Jr., "Zoning for Family and Group Care Facilities", American Society of Planning Officials 300 (March 1974). In addition to using this source in developing my categories, I referred to the designations used by the Boston Zoning Board for various types of community residences.

[3]Ibid., p. 3.

[4]Ibid., p. 4

[5]Residential Services and Facilities Committee, "Right to CHoose," introduction.

[6]Lauber and Bangs, American Society of Planning Officials, p. 2.

CHAPTER THREE: ESPOUSED DETERMINANTS OF LOCATION

Establishing a community residence is often a long, complex process that may extend over a year or more in time. The process begins when some individual or group first conceives of the program. Between conception and operation lie months of planning, program design, staff recruitment, site selection, etc. The site selection process begins once the program director inspects a piece of property for their program. The actual decision may be as informal as a verbal assurance or as informal as a written offer accompanied by a sizeable deposit. What is essential is that the program directors' actions be interpreted as sincere efforts to buy, lease, or otherwise gain use of the property. Once the transactions are made, the programs are established.

This senario describes the major tasks involved in the processing of establishing community residential programs. Location, which is the focus of this study, is a significant part of that process. In examining the forces which influence the locations of community residences, three group dynamics must be taken into consideration. These include program directors, government facilitators, and neighborhood residents. When set against the comprehensive framework of variables introduced in chapter two, in what follows, I will present my findings as they relate to the ways in which these three major forces influence community residential location.

PROGRAM CHARACTERISTICS

TYPE OF FACILITY

Each vendor interviewed was asked to characterize his own program as one of the eight basic types of community residential facilities included in my categorization. In general, the programs' self-designations were consistent with these definitions, though in a few cases programs chose to call themselves group homes when in fact there was a considerable treatment emphasis or when the program functioned more like a halfway house.

PROGRAM ORIGIN

Most of the privately sponsored community residential programs in Boston have local sponsors, in contract with the Commonwealth of Massachusetts. These sponsors are predominantly non-profit organizations whose organizational service areas include the neighborhoods in which the community residences are located and in some cases, additional neighborhoods as well. Those publicly sponsored residential programs have either city or state affiliations.

Many program directors admitted that although the presence of their sponsored organizations rarely smoothed the way for their entrance into residential areas, the sponsors' presence served as a major element of the residential programs' introductions to the neighborhoods of

desired location. As one director of a specialized community residence for mentally ill adults stated: "Most neighbors do not liek faceless bureaucracies, especially those that are centrally located elsewhere, yet planning to aid the disadvantaged by locating a treatment program in their neighborhoods. Such programs are hardly ever well received."

YEAR PROGRAM OPENED

Several of the program directors indicated that their programs had closed and reopened within the past five years usually because of financial proglems. All of these programs were considered continuations of previous programs and had to basically deal with the rehiring of staff, the admission of new residents, procedural issues involving zoning and licensing, etc. The program directors expressed no change in neighborhood response to the reopenings of their facilities.

The majority of the program directors reported that the major obstacles they faced were various degrees and means of neighborhood opposition and lack of government support when they initially expressed the desire to locate. All of the programs which expressed a lack of government support were established prior to the creation of any formal government system of providing assistance to residential programs and prior to the development of any process to monitor community residential establishment. Although

neighborhood interaction had not significantly increased (for those programs that encouraged it) since their initial dates of operation, most directors noted a history of program progression in terms of dealing with the two aforementioned forces in achieving their programmatic goals.

PREVIOUS USE OF SITE

Programs whose sites were previously residential or newly constituted anticipated locational inputs different from those community residences established on sites whose previous uses were of that same purpose. Most of the directors felt that the possibility of neighborhood resistance to community residences would be greater on previously residential or newly constituted sites than it would be otherwise since many neighborhood residents tend to view community residences as "lesser" uses of their neighborhood properties. Consequently, they felt the need to develop comprehensive programs of community education in regards to the development of the residential programs with the hope that such community education strategies would alleviate some of the predicted neighborhood opposition. After several attempts to present the residential programs to the neighborhoods as part of community education plans, many program directors continued to face community opposition. Although some continued in battle, others admitted that when faced with such discouraging

forces, they directed their efforts to locating on sites whose previous uses were of that same purpose with the anticipation of less neighborhood opposition.

For some programs choosing to locate, this method served as their initial siting strategy. The directors of these programs alluded to the possibility of a smoother neighborhood entry since the reestablishment of the residential facilities would be the reintroduction of nothing new. Still, in some cases, these reestablished programs faced varying degrees of opposition due to the interaction of other programs, program resident, and neighborhood variables of consequence.

One program director provided an interesting anecdote on a neighborhoods' reaction to the conversion of an "undesirable" site to a community residence. The program director selected a disreputable neighborhood bar for his program site. The bar was to be internally restructured for optimal programmatic use. The reaction of the neighbors was quite favorable, feeling that the new community residential use represented an improvement in the status of that property.

PROGRAM SIZE

The size of the community residence was relevant in determing an accomodable site and in examining the impact of the program on the neighborhood. Several program

directors felt that positive neighborhood impact usually led to neighborhood support of the programs and paved the way for the entry of other community residences. Conversely, negative neighborhood impact almost led to neighborhood opposition to existing residential facilities and in some cases prevented the locating of other residential programs in the neighborhoods. Program directors additionally indicated, however, that the impact of program size varied primarily across program type and resident type lines. Also, the degree of integration into the existing physical design of neighborhoods emerged as a relevant factor in some cases. In accordance are most of the group homes, specialized community residences, sheltered housing, and the cooperative apartment in this study sample. Most of the programs have approximately four to seven residents particularly because of the small, family-like support system that they encourage. Consequently they can be accomodated in most any of the housing stock in Boston. The majority of the directors of these programs felt that program size and integration into the existing architectural fabric of the community lessened neighborhood impact, with the latter characteristic often being a function of the former. It must be noted, however, that some of the program directors felt that program size was a key variable in terms of community impact but was often outweighted by the type of deviance served by the program.

Most of the directors of the larger scale programs, the detoxification centers and halfway houses, felt that program size and resident type in concert, increased neighborhood impact regardless of other characteristics such as their neighborhood integration architecturally or their handsomeness in general physical design.

STAFF SIZE

Although the number of staff involved in a community residence is another indication of the size and complexity of the program, the directors view it more significantly as it relates to the facilitation of activity within and around the residence. Many of the program directors felt that the neighborhood residents were much less interested in the number of staff members per sea than in the retention of staff needed to maintain "order" in and around the community residence.

One group home director stated, "A powerful neutralizer of neighborhood anxiety is to have bright, reasonable, enthusiatic group home parents or agency administrator and staff who are willing to establish working relationships with neighborhood residents and are available to answer any of these residents' questions as part of community education."

BUDGET SIZE

Most of the programs' per resident costs fell within

a range of $9,000 to $13,000. Nearly all of the program directors stated that their budget sizes were major influences on their locational decisions. In most cases, they felt that the budgets were restrictive factors in terms of their array of locational choices.

AVERAGE LENGTH OR RESIDENT'S STAY

The average lenght of stay of residents served by a program was an indication of the kind of relationship which the residents and the programs had with the surrounding neighborhood. The shorter the average length of stay, program directors believed, the less opportunity there was for residents to develop relationships with neighbors and to come to view themselves as actually living in the neighborhood. There were comparable consequences for the neighbors' view of the community residents: very short stays inclined the neighbors to view the residents as transients; very long stays made it possible to view them as real members of the neighborhood. Program directors felt that which end of the spectrum is less well received is a matter of conjecture. Transient program residents presumerable have less stake in the neighborhood and may be less restrained in thier behavior. Long term residents cannot be so easily ignored or dimissed as temporary aberrations in an otherwise normal residential setting.

LIMITS ON ADMISSION

At least half of the program directors in my sample indicated that the policies of their sponsor organizations maintain that the majority of program residents be placed in their own communities. This policy has implications for two groups of people. First, it provides for the placement in community residences of people currently living in the community who are in need of such programs. Second, it includes the concept of placing people in residential facilities located in communities in which they have "meaningful ties" such as their families. The director of one community residential program stated that the neighbors were adamant that the residents served by the facility be limited to persons from their own community. Thus, it appears that the geographic origin of the residents is a major consideration in the site selection process.

SITE OWNERSHIP

Many of the community residential sites were owned by sponsor organizations, the City, or the Commonwealth. In a few cases, the program directors indicated that an archdiocess, a realty trust company, etc. owned the site. Of the program directors interviewed, only those whose sponsor organizations owned the residential site indicated that this variable influenced their locational choice.

They felt that with ownership went greater control over its use. Conversely, they felt that if the site was not owned but was leased, there was a greater chance that the owners of the site would raise the rent, set limits on the programs' use of the property, or, in the event of severe community opposition, bow to neighborhood pressure and evict the program.

PROGRAM ENTRY STRATEGY

Of those activities that program directors had to do prior to their establishment of community residences, the majority of them considered the most important activity to be gaining the cooperation of key officials (e.g. Building Inspector, Town Counsel, the Mayor, etc.) who actually make the legally-binding decisions. Other important activities expressed by the program directors related to winning the support of community leaders, citizen groups, and/or neighborhood residents. Their attitudes regarding these activities were revealed in their discussions of their strategies of neighborhood entry. The information obtained from these discussions was compiled into six categories[2] which can be described as follows:

1. Low Profile Entry - Community residential program directors sought to conceal the entry from all parties.
2. Official-focused Entry - Programs directors sought to quietly win the necessary approvals, permits,

licenses, etc. from local officals without raising the siting issue with the neighborhood in general.

3. Buffer-Site Entry - Director intentionally selected a site on property of some other institution or organization so as to minimize publicity surrounding their entry.

4. Neighbor-focused Entry - Program directors quietly approach neighbors to inform them of community residence entry but avoid publicity in the surrounding community.

5. Community-focused Entry - Program directors activity solicited the support of community leaders, local agencies, and often local officials, but intentionally avoided contact with neighbors.

6. Community-organized Entry - Program Directors made a maximum publicity effort; approach neighbors, community groups, and local officials.

The response to this item were generally clear and straightforward, except that in a few cases program directors indicated that minimizing publicity was important while also indicating that serious promotional efforts were made with neighbors, community leaders, officials, or some combination. Thus, in an area with powerful community organization some directors informed neighbors but carefully avoided contact with community organizations; whereas in other settings, the community residence entry was concealed from neighbors while being highly publicized (except for the

exact address) at the community level.

ZONING, PERMITS, AND LICENSES

Nearly all cities have zoning ordinances governing the location of community residences. However, these facilities are seldom defined or specifically provided for in the ordinances. In the absence of specific provisions, communities faced with an application for such facilities typically have treated them as uses they superficially resemble, such as boarding, rooming, or lodging houses.[2] Most of the smaller community residences were treated under Boston's zoning ordinance definition of "family." In some cases, program directors were skeptical that their programs would fall under the "family" definition. Consequently, they purchased homes in areas primarily designated for residential use and later converted these homes into community residences. The majority of the larger residential programs were treated under the definition of "education," for which no zoning restrictions apply. In these cases the Zoning Board recognized that the community residences emcompassed a comprehensive educational process rather than custodial/residential care. Included in this broad definition of education are the development of self-help skills (such as dressing, personal hygiene, and housecleaning duties) as well as those of daily living (e.g. learning to travel between home and school or employment,

to make purchases, and to seek and obtain employment).[3]

Although the programs were treated under various zoning ordinance definitions and hence permitted to establish, many were fraught by intense community opposition, ranging from angry presentations at local meetings to formal petitions and legal action. A BRA official stated that, "Two years ago, neighborhood residents filed suit against the opening of a community reident in West Roxbury (which currently has only a residential treatment center). This is more the rule than the exception.

In order to create a process of designating the zoning uses of community residences, the BRA, in July 1979, amended the Boston Zoning Code to include two categories of residential programs: "Community Residence, Limited" and "Community Residence, General."[4]

The "Community Residence, Limited" Amendment provides that such a facility (which serves the mentally ill, mentally retarded, or physically handicapped) be allowed use in all residential and business districts in the City of Boston only if such a facility is located no closer than 1,000 feet from any other community residence, limited facility. For such facilities closer than 1,000 feet from any other community residence, limited, conditional use permission (Zoning Board approval) is required. Any community residence, limited is regarded as legal non-conforming use as defined in the Boston Zoning Code.

All "Community Residences, General" require conditional use permission. These premises provide for the residential care and supervision of ex-alcoholics, ex-drug addicts, pre-repease or post-release convicts, or juveniles under seventeen years of age who are under the care of correctional agencies of Massachusetts. BRA officials stated that Zoning Board decision (which precedes a required public neighborhood hearing) is required because the impacts these programs' residents on neighborhoods are considered to be potentially more serious than those of the program residents in the "limited" category. Thus, the neighborhood residents are given opportunities to respond to a proposed community residential location and in the cases of negative responses suggest alternative sites. Some of the program directors felt these public hearings were merely forums where neighborhood residents could voice their opposition to community residences. These actions, they felt, hidered residential program development.

Regardless of the use designation, all of the residential facilities had to meet building code requirements and be licensable in the written opinion of fire, health, and social service departments.

PROGRAM INTEGRATION

In order to provide opportunities for the integration of community residents into the neighborhoods and to

facilitate speed, convenience, and safety of access to and from residential facilities for clients and their families, program directors developed locational criteria.[5] The majority of the directors sought locations which permitted and encouraged the community residents to experience a full range of neighborhood and community activities - use of convenient shopping, area restaurants, churches, local entertainment and recreational facilities, social services, and enjoyment of activity of public spaces and town centers. Ideally the locations of the community residences should be in close proximity or in easy transportation range of these activities. In addition, the program directors sought to locate in residential neighborhoods among buildings whose differences in external dimensions, proximity to the street, and general design features did not emphasize the separateness of the program residents from the surrounding community. When asked to evaluate their efforts in meeting their exposed criteria, more than half stated that they initially made "all out" attempts to meet the criteria, but were restrained primarily by neighborhood responses and program monetary problems. I was unable to attest to the extensiveness of thier initial efforts to meet the criteria and was also unable to verify their expressed restraints. However, because of my site and neighborhood visits, I found (more obviously in some cases than in others) that more than half of the programs did not meet the espoused criteria.

The establishment of community residences symbolizes, though it does not insure, the integration of the residents into neighborhoods. Many of the programs encountered minimal community interaction, if any at all. In contrast were the experiences of many program directors in Jamaica Plain becaush of the Jamaica Plain Improvement Association which serves as an umbrella to all community residences located in that area. It strives to involve program residents in neighborhood activities and in community organizations. It was expressed by some directors of residential programs, particularly sheltered housing, that community integration is not a very significant factor. For example, a shelter for battered or abused women works foremost to provide internal support.

OVERALL OPPOSITION

Almost all community residential programs were confronted by some level of resistance. Program directors recollected about three of four cases in which moderate resistance (vocal, stopping short of formal petitions and legal action) or intensive resistance (legal action; personal vindictive, verbal attacks; attempts at changing zoning laws; angry presentations to city councils; etc.) developed. "Anyone developing a community-based treatment program should expect resistance and prepare for it."[6]

RESIDENT CHARACTERISTICS

TYPE OF DIVIANCE SERVED BY THE COMMUNITY RESIDENCE

It must be noted, however, that in a few cases....low, community residences serving the mentally retarded and physically hendicapped residences serving the mentally retarded and physically handicapped faced some neighborhood opposition, the level of which was usually low.

In most cases of group homes for the mentally retarded, and physically handicapped neighborhood residents considered themselves to be sensitive to these program residents because they felt the behavior of the program to be less harmful and/or "abnormal." In some instances, they even reationalized the normal behabior of these residents as abnormal.

On the other hand, neighborhood residents' tolerence to other residential programs, particularly group homes for the mentally ill, halfway houses, and detoxification centers appeared to have a direct link to issues of public safety. In a variety of ways the fear was expressed that these community residents were a threat to the safety of both persons and property in the immediate neighborhood. Embedded in the metaphors, images, and analogies stated by the neighborhood residents were visions of murder, assault, rape, robbery, muggings, vandalism, auto theft, arson, the molestration of young children, and the like.

SEX, AGE OF RESIDENTS

Although a substantial number of community residential programs serve both sexes, many limit their admission to one sex or another and restrict admission according to age. The majority of the program directors' felt that usually "sex" coupled with "age" proved to have the greatest impact on the neighbors' attitudes toward residential program establishment in their communities. For example, most programs with adolescent male residents experienced high levels of community apprehension especially if there were many teenage girls in the neighborhood. Since neighborhood residents often believed that these particular program residents were rowdy and irresponsible, program directors felt this client group to be one of the most difficult to locate.

Still, in some cases, age was the most significant variable. Opposition was not so intense to program with young residents (children usually through the age nine) if the facility provided accomodable space for the residents' living and recreation purposes and sufficient staff for supervision/surveillance. Since elderly people were thought by neighborhood residents to be relatively docile, the experiences of the directors of residences for this client group showed them to be easier to locate than many of the community residences which served other client groups.

RACE, ETHNICITY OF RESIDENTS

Many community residences are both racially and enthusically integrated. Although race and ethnicity are rarely used as open objections, there were some cases of intese opposition to community residences which program directors attribute to the major presence of negative or confused racial and ethnic attitudes in neighborhoods. These program directors stated that although they had no proof or support to ground such accusations, their suspicions were based on instinct and their perception of Boston as a city of neighborhoods which were in some instances, unaccomodating (even hostile when taken to the extreme) to any residents outside of their own.

NEIGHBORHOOD CHARACTERISTICS

RESIDENTIAL QUALITY

On the hierarchy of land uses, the traditionally accepted apex is the single family neighborhood. The majority of the program directors that had approached such neighborhoods for entry purposes felt that generally, the more single-family oriented and attractive the neighborhood was - neat green lawns, well cared for homes - the more community resistance they faced. With respect to property upkeep and appearance, the director of a residential treatment facility that was able to locate in West Roxbury (after several entry attempts) stated that: "Community residences must exceed neighborhood standards, not just

meet them, especially in the initial stages of the program." Because of budgetary constraints, several program directors could not consider sites in these apex areas of high land costs and property values as potential locations.

Most program directors characterized areas of poor residential quality as being areas dominated by manufacturing or heavy industrial uses in which there were very few residential homes: areas of high rates of deteriorated housing; areas of low neighborhood standards; and various combinations thereof. The consensus was that these areas were generally unfit for siting community residential programs. On the other hand, neighborhoods that had a mixture of uses, for example, hospitals, stores, restaurants, educational facilities, churches, etd. together with residential homes and apartment buildings that satisfied building codes and were reasonably priced, were considered as desirable locations and were most frequently stated as the areas which the program directors initially approach for entry.

FAMILY ORIENTATION

Residents of neighborhoods made up primarily of families with children most often view the establishment of community residences as a threat to the "wholesome" children in their neighborhood versus the "unwholesome clients" the families think the residential program will serve. As stated earlier in this chapter, families in these neighbor-

hoods also feel that the safety of their daughters is threatened by the presence of programs with adolescent male residents.

HISTORY OF NEIGHBORHOOD ORGANIZATION

If the neighborhood has developed a "neighborhood batterment association" or has organized, for example, against a rezoning request for a bar or possibly another human services program, then they probably know the several alternatives at their disposal to stop the development of any "undesirable business" in the neighborhood.[7] This was true in the case of several neighborhoods, particularly those with single family orientation, which had filed suit against the establishment of community residential programs in their neighborhoods on numerous occasions.

SOCIOECONOMIC CLASS

Neighborhoods in transition sometimes contain more community residential programs although the issue of these neighborhoods as ideal locations is debatable. Most program directors felt that transistion neighborhoods were accustomed to change and consequently were better able to establish programs in those neighborhoods. However, others felt that these neighborhoods faired poorly in terms of establishing community ties. Upper income neighborhoods sometimes caused fewer locational proglems, presumably because these families had greater mobility. On the other hand, there were instances cited in which the

members of these neighborhoods used their resources to oppose the location of these programs in their communities particularly if they felt these programs to be "neighborhood contaminants."

RACE ETHNICITY VARIABLES

In Erving Goffman's phrase, some groups bear the "tribal stigma of race, nationality, or religion" in contrast to the stigma due to "blemishes of individual character" with which community residences are more likely to be concerned.[8] When we speak of "ghetto" areas we mean stigmatized people are forced to live and where few who are not stigmatized would choose to live. There are a number of such neighborhoods in Boston which are predominantly of one race or ethnic group. These neighborhoods have varying numbers of community residences located within them which were confronted with varying degrees of neighborhood response. Several program directors suspected that since community residences usually serve all races and ethnic groups, their entry may have been viewed as an "integration" threat by some neighborhoods.

VICINITY OF OTHER HUMAN SERVICE PROGRAMS

Some residents feared that their neighborhoods may become "human service ghettos" or "dumping grounds" for community residential facilities. This was sometimes the case when zoning ordinances were restrictive elsewhere, when homes most suitable for community residences were in one

were in one neighborhood, or in areas of low rents and minimal political activity. Many program directors indicated that other nearby programs in the neighborhood, if successful and unobtrusive, proved to be assets. Conversely, negative experiences with human service programs hindered community residential development.

LEADERSHIP

Program directors felt that neighborhood leadership worked both for and against the establishment of community resident programs. Cohesiveness for or against the program was more likely to develop if there were acknowledged leaders.

In summation, most program directors sought locations which permitted and encouraged the community residents to exeprience a full range of neighborhood community activities - use of convenient shopping, area restaurants, churches, local entertainment and recreational facilities, social services, and enjoyment of activity or public spaces and town centers. Ideally the locations of the community residences should be in close proximity or in easy transportation range of these activities. In addition, the program directors sought to locate in neighborhoods that had a mixture of uses such as hospitals, stores, restaurants, educational facilities, churches, etc. They desired to establish their programs among buildings whose differences in external dimensions, prosimity to stret, and general

design features did not emphasize the separateness of the program residents from the surrounding community. Most of the programs maintained the concept of placing people in residential facilities located in communities in which they have "meaning ties" such as their families.

When they sought to locate in these areas, an overriding consideration, in most cases, was that of community response - support, opposition, or ambivalence. Consequently, the program directors expressed the need to develop neighborhood entry strategies which included gaining the cooperation of key government officials, community leaders, citizen groups, and/or neighborhood residents and also included minimizing or maximizing publicity around residential program entry. Two relatively successful methods of program establishment included the locating of programs on sites whose previous uses were of that same purpose or on sites whos previous uses were considered "undesirable" by neighborhood residents with community residences representing improvements in those uses. Also, many program directors considered the history of neighborhood organization and the relationships established between the neighborhood and existing human services (including other community residences) as to whether they were postively or negatively oriented towards residential program development.

Most program directors articulated locational criteria and expressed their major considerations and activities that were important in meeting those criteria. From these

discussions, several key variables emerged. In a variety of ways, these variables frequently limited residential program locational choice.

The type of deviance served by a program in many cases affected neighborhood response which had consequences for the ease or difficulty of community residential entry. It also affected the degree of program integration into the community. In most instances, the behaviors of the mentally retarded and the physically handicapped were more tolerable than those of the mentally ill, delinquent youths, ex-alcoholics, ex-drug abusers, and ex-offenders who were often considered harmful to public safety. The size of the program was important as it related to the behavior of the later group: the larger the program, the more harmful the impact.

Sex and age variables tended to impact locational choice. Programs whose residents were predominantly adolescent males were difficult to locate particularly in neighborhoods with many teenage females. Residential programs for the elderly were frequently the easiest of all residential programs to place.

Prior to 1979, many residential programs were the victims of restrictive and ambiguous zoning ordinances. Consequently, many sought treatment under the definition of "family" or the definition of "education" for which zoning restrictions apply. In order to create a process of designating the zoning uses of community residences, the

BRA, in July 1979, amended residential the Boston Zoning Code to include two categories of residential programs: Community Residence, Limited and Community Residence, General. The former category which includes the mentally ill, mentally retarded, or physically handicapped, is an allowed use in all residential and business districts in the City of Boston. The latter category which includes ex-alcoholics, ex-drug abusers, pre-release or post-release convicts, or juveniles under the age of seventeen, is a conditional use requiring a public hearing and Zoning Board Approval. Program directors felt that most public hearings served as forums for voicing neighborhood opposition and consequently hindered residential program development.

Since most of the community residences were racially and ethnically integrated, several program directors suspected that their entry may have been viewed as an "integration" threat by some neighborhoods.

High degrees of neighborhood cohesiveness, single fmaily orientations, high property values, high levels of homeownership and consequently low turnovers in housing all suggest residential areas in which the neighbors have a great stake and, have more to loose financially and personally. Hence, these neighborhoods frequently resisted the entry of community residential programs. Consequently, many programs had to locate in lower income areas with lower property values and less political ability to resist their establishment.[9]

Thus, community residential programs are a residential use of land. As an essential part of a system of care for homeless children, delinquent children, the mentally ill, the mentally retarded, the ex-offender, the ex-alcoholic, or the ex-drug addict, they should offer their residents the opportunity to return to community life in a family-like atmosphere within a larger system of various neighborhood supports. "They are not institutions; rather they function to behave as 'home' for their occupants."[10] To function in this manner, however, they need to locate in existing houses or small apartment buildings in residential neighborhoods supportive of such environments. Therefore, in chapter four, I will map the locations of existing community residential programs; present information concerning specific charactdristics of these neighborhoods; and assess the influence of particular neighborhood variables on location.

Notes to Chapter Three

[1]Glenn Rogers Johnson, "Sources of Neighborhood opposition to community Residential Programs" (Ph.D. dissertation, Harvard University, 1976), p. 63. My original groupings were of low, medium, and high profile entries. Upon the discovery of this source, I refined my categories accordingly.

[2]Daniel Lauber with Frank S. Bangs, Jr., "Zoning for Family and Group Care Facilities," American Society of Planning Officials 300 (March 1974), 1976.

[3]North Shore Association for Retarded Children, Inc. V. Joseph F. Dolye et.al., No. 990, Commonwealth of Massachusetts Superior Court, Essex County, 1976.

[4]Boston Zoning Ordinance, Chapter 665 of teh Acts of 1956.

[5]Many sponsors of community residential programs and several governmental sources of financial assistance to the programs have adopted this locational criteria established by the Massachusetts Department of Mental Health.

[6]Donald E. Weber, "Neighborhood Entry in Group Home Development," Child Welfare, November 1978, p. 629.

[7]Ibid., p. 629

[8]Erving Goffman, Stigma, Notes on Management of Spoiled Identity. (Englewood Cliffs: Prentice Hall, Inc., 1963), Chapter One.

[9]Lauber and Bangs, American Society of Planning Officials, p. 14.

[10]Lauber and Bangs, American Society of Planning Officials, p. 10.

CHAPTER FOUR: PLACEMENT OF COMMUNITY RESIDENCES IN SPACE

It is likely that whenever a community residential program attempts to locate in or near a residential area, its entry, if known about, will cause a certian amount of apprehension amongst the neighbors. It is possible to imagine that more than one neighbor might be quite uneasy and would prefer the program to be located "elsewhere." But where is "elsehwere"? To the best of my knowledge it is a place that is understood to exist and yet its location is never defined. It is this very element of aura which makes it the perfect resting place for a community residential program.

To continue my probe into locational issues, I decided to look beyond the aura to the actual. Thus, I will map the current locations of Boston's community residential programs within the nineteen planning areas[1] and briefly describe some specific characteristics of those areas.[2]

BOSTON

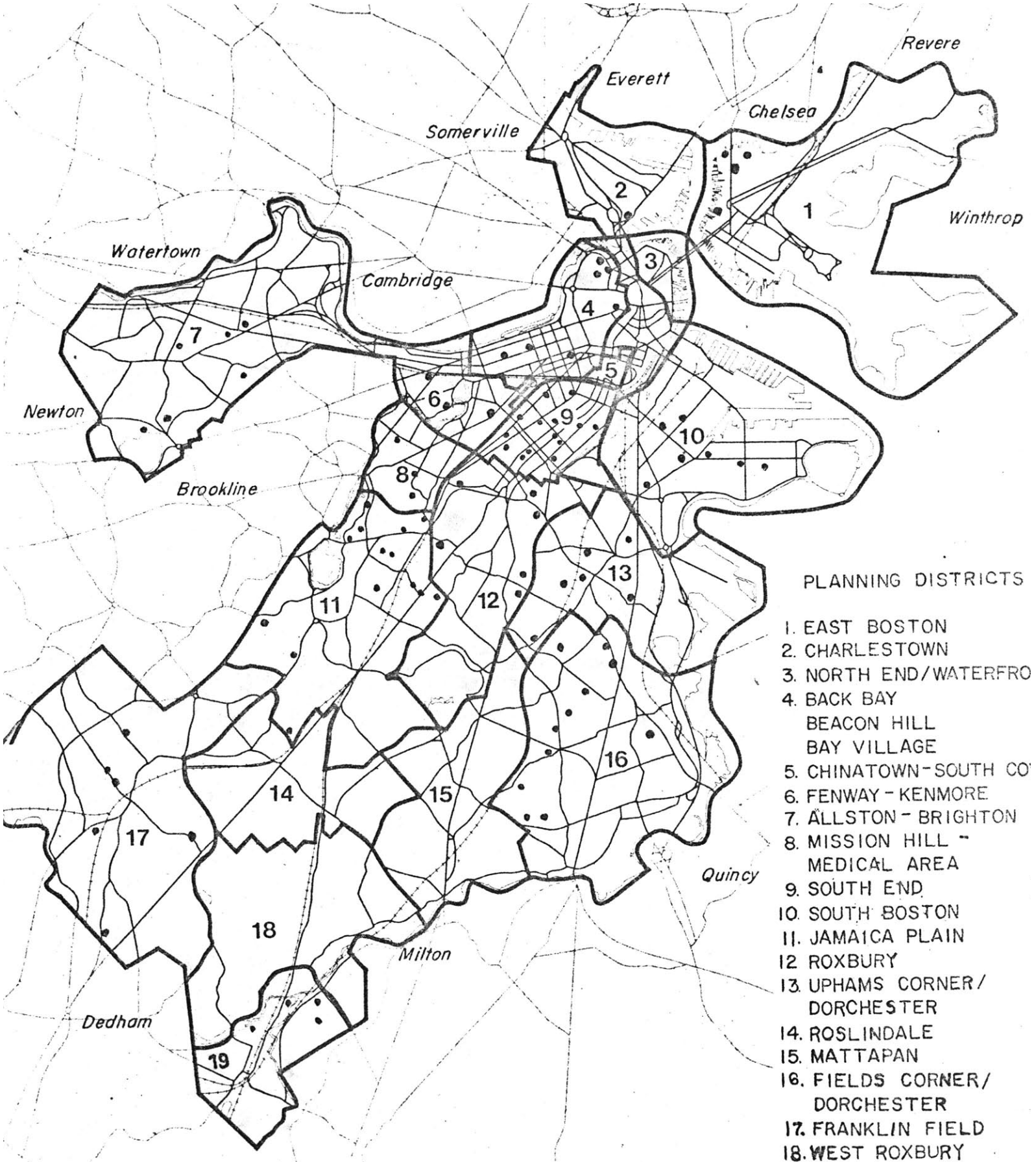
For the City of Boston as a whole, according to my categorization, there are ninety-four community resdential programs; Twenty group homes, twenty-one specialized community residences, two foster homes, twenty-six halfway houses, eight residential treatment facilities/resdential schools, ten detoxification centers, six sheltered homes, and one cooperative apartment. As table A indicates, Jamaica Plain, South End, and Fields Corner have the largest numbers of residential programs which are fourteen,

fourteen, and eleven, respectively. At the opposite end of the spectrum are Charlestown, West Roxbury, Chinatown, Mattapan, North End, and Roslindale. Each of the first two districts has one community residence while the remaining have none. Some neighborhoods are predominated by particular types of residential programs. This is true for: Jamaica Plain which has six residential schools; South End which has six halfway houses; and Uphams Corner which has five.

Table A

Community Residential Programs by Type

	GROUP HOME-COMMUNITY RESIDENCE	SPECIALIZED COMMUNITY RESIDENCE	FOSTER HOME	HALFWAY HOUSE	RESIDENTIAL TREATMENT FACILITY/RESIDENTIAL SCHOOL	DETOXIFICATION CENTER	SHELTERED HOUSING	COOPERATIVE APARTMENT	TOTAL
JAMAICA PLAIN	6	1		2	5				14
SOUTH END	1	2		6		3			14
FIELD'S CORNER		3	1	3		2			11
BACK BAY		2			1				7
SOUTH BOSTON		2	1	4					7
UPHAMS CORNER		2		5					7
ALLSTON-BRIGHTON	1	4			1				6
FRANKLIN FIELD	2	3		1					6
ROXBURY	3			1		2			6
EAST BOSTON				2		2			4
HYDE PARK	3			1					4
FENWAY	2					1			3
MISSION HILL	1	1		1					3
CHARLESTOWN		1							1
WEST ROXBURY					1				1
CHINATOWN									0
MATTAPAN									0
NORTH END									0
ROSLINDALE									0
	20	21	2	26	8	10	6	1	94



PLANNING DISTRICTS

1. EAST BOSTON
2. CHARLESTOWN
3. NORTH END/WATERFRO
4. BACK BAY
   BEACON HILL
   BAY VILLAGE
5. CHINATOWN-SOUTH CO
6. FENWAY-KENMORE
7. ALLSTON-BRIGHTON
8. MISSION HILL-
   MEDICAL AREA
9. SOUTH END
10. SOUTH BOSTON
11. JAMAICA PLAIN
12. ROXBURY
13. UPHAMS CORNER/
    DORCHESTER
14. ROSLINDALE
15. MATTAPAN
16. FIELDS CORNER/
    DORCHESTER
17. FRANKLIN FIELD
18. WEST ROXBURY
19. HYDE PARK

DISTRICT PLANNING PROGRAM

BOSTON REDEVELOPMENT AUTHORITY

ALLSTON-BRIGHTON

Allston-Brighton is one of Boston's most integrated and diverse neighborhoods. High concentrations of the elderly, college students, and working class families combine to present a wide range of lifestyles. The area has traditionally been a family-like, residential district with a strong neighborhood identity. It has of late provided housing for a large student population and has become more transient in nature.

POPULATION

Allston-Brighton's estimated population in 1975 was 67,405 making it the second most populous neighborhood in the City. Traditionally the community has been made up of large groups of Irish, Italian, Greek, and Jewish populations. Recent trends show an increase in the numbers of Blacks and Hispanic individuals and a large influx of Chinese people coming to Allston-Brighton from Chinatown.[3]

EMPLOYMENT

In 1977, the area had the second lowest rate of unemployment in the City at 6.8%. Most of the residents are considered "working class."

HOUSING

The predominant housing form is the single-family home with concentrations in Brighton and North Allston. Other

housing units include two-family houses, triple-deckers, row houses, and a variety of apartments ranging from six to several hundred units.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Allston-Brighton has a complete range of organization, including those that are human service providers and those that are politically oriented. Interesting, the Allston-Brighton Interagency Council is an association of most if not all of the human service providers in the community. As Massachusetts moves away from institutionalization and towards community service facilities, the Interagency Council collaborates with local officials and community leaders to educate residents about new programs that seek to locate in Allston-Brighton. The political organizations in the area are active but their power has gradually become diluted over the eyars due to the growing transient population in the community.

COMMUNITY RESIDENCES	COMMENTS
1. Eikos-Allston Street House	Group Home, mental illness
2. Eikos-Therapeutic Environments	Specialized Group Residence, mental illness
3. Gateway House	Special Group Residence, mental illness
4. Hilltop House	Specialized Group Residence, mentally ill adults

5.	League School of Boston	Residential Treatment Center
6.	Life Center	Specialized Group Residence, mentally ill adults

SUMMARY

- Transient community
- Ethnically and racially diverse
- Predominantly working class and student populace
- Mostly single-family houses and an expanding apartment stock; basically affordable
- Active community organizations; modest political influence

SUB-AREAS
ALLSTON/BRIGHTON
0
1600
3200
FEET
ALLSTON
BRIGHTON
COMMONWEALTH
SOLDIERS' FIELD
ROAD
N. HARVARD ST.
AVENUE
WESTERN
TURNPIKE
STREET
AVE
HARVARD
AVENUE
AVENUE
BRIGHTON
STREET
WARREN ST.
COMMONWEALTH
AVENUE
NORTH
STREET
DEACON
CAMBRIDGE
WASHINGTON
MARKET
WINSHIP ST.
AVENUE
CHESTNUT
HILL
AVENUE
COMMONWEALTH
AVENUE
WASHINGTON
TREMONT
ST.
FANEUIL
STREET

BACK BAY/BEACON HILL/BAY VILLAGE

Back Bay, Beacon Hill, and Bay Village are three contiguous neighborhoods located in downtown Boston.

POPULATION

According to the 1970 U.S. Census, the district experienced a 13% increase in population to 27,526 persons between 1960 and 1970. The population is predominantly young adults and students. In recent years there has been an influx of families with children (particularly in lieu of the increasing degree of condominium conversions in the area).

INCOME

The district affluence relative to the rest of the City is shown by median family income figures of families and individuals.

HOUSING

Housing in the area is predominantly a mixture of quality apartment buildings, lodging houses, and dormitories. Not suprisingly, a high proportion (85%) of the district's housing units are renter-occupied and a low proportion (9%) are owner-occupied. The latter figure has since increased due to the recent growth in the coversion of apartments to condominiums which took place after 1970. Still, the majority of the area's residents continue to be renters.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

The neighborhoods are very active through their civic associations in affecting change within their communities. they convey the neighborhoods' recommendations on specific issues to the appropriate agency; appear at zoning, licensing and commission hearings; propose changes; and through the architectual commissions insure the architectual quality and integrity of the exterior facades.

COMMUNITY RESIDENCES		COMMENTS
1.	Berkeley House	Specialized Group Residence, mental illness
2.	Bridge over Trouble Waters	Sheltered Housing
3.	Interfaith Youth Adult Ministry	Sheltered Housing
4.	Jewish Vocational Service	Specialized Group Residence, mental retardation
5.	League School of Boston	Residential Treatment Center, mental retardation
6.	Project Place	Sheltered Housing
7.	Temporary Home for Women and Children	Sheltered Housing

SUMMARY

- Cosmopolitan community of mostly students and young professionals
- Strong econmic base relative to median family income
- Mostly apartments and dormitories; much condominium conversion

- Community interests or political concerns cheifly physical and/or related to condominium conversions

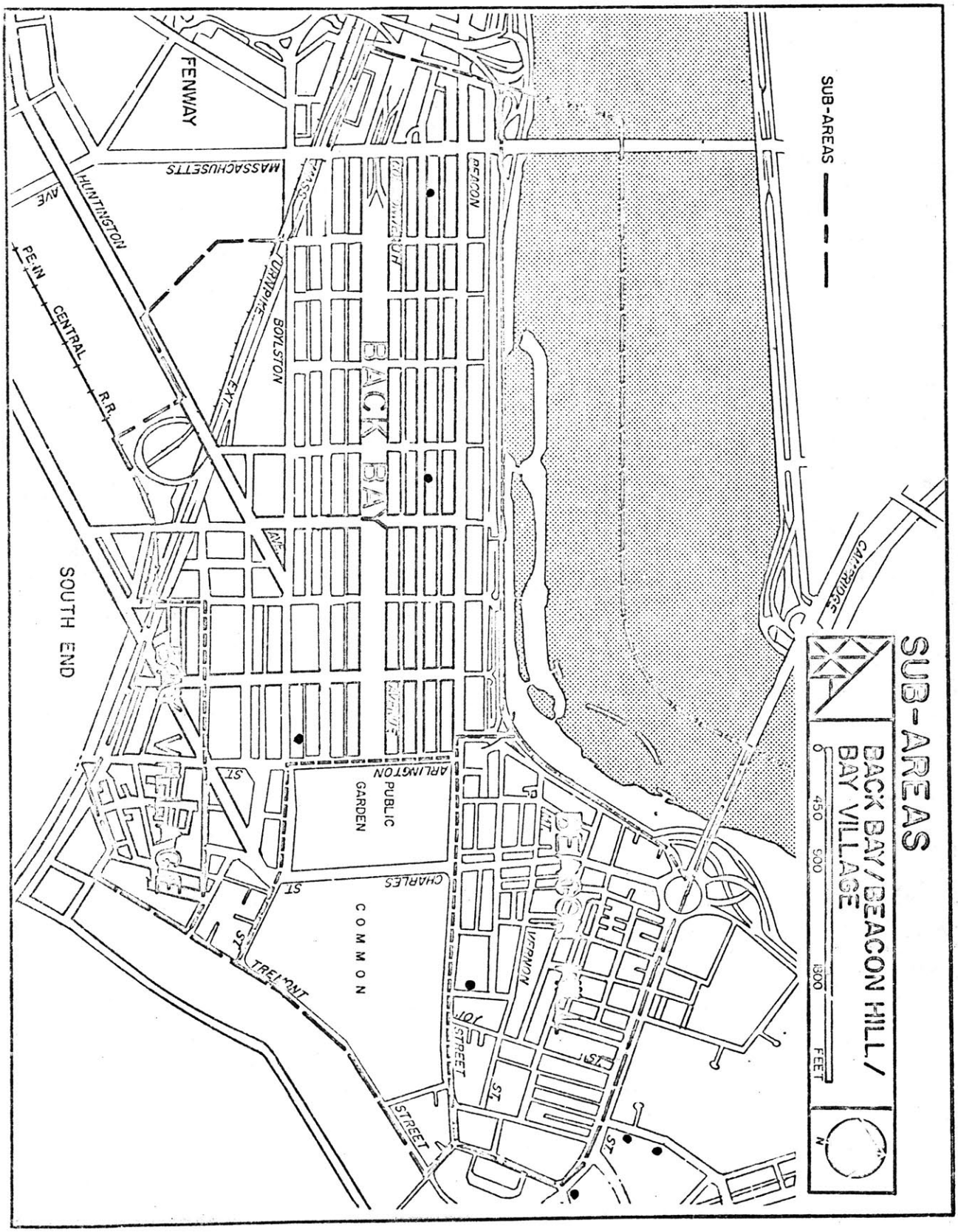
COMPARATIVE STATISTICS — BACK BAY/BEACON HILL/BAY VILLAGE

Population	Back Bay	Beacon Hill	Bay Village	District*	City
Total 1970	18,267	9,259	886	27,526	639,803
Change from 1960	+20%	+1%	−13%	+13%	−7%
Black 1970	478	105		583	104,429
% 1970 total	3%	1%	1%	2%	16%
% 1960 total	2%	2%	-	2%	9%
Aged 15-24 years	8,843	2,670	186	11,513	137,858
% 1970 total	48%	29%		42%	22%
% 1960 total	29%	20%		26%	15%
Aged 25-34 years	3,564	2,296	155	5,860	79,210
% 1970 total	20%	25%		21%	12%
% 1960 total	18%	21%		19%	13%
Aged 65 yrs. & Over	1,907	1,196	254	3,103	81,437
% 1970 total	21%	13%	22%	11%	13%
% 1960 total	18%	16%		17%	12%
Income					
Median Family	$ 9,584 – 19,106	$10,908 – 18,574		$ 9,584 – 19,106	$ 9,133
Median Individual	$ 3,360 – 7,023	$ 4,524 – 5,645		$ 3,360 – 7,023	$ 2,189
% Families Under $5,000	13%	12%		15%	22%
Household Patterns					
Total Households	8,940	5,513		14,453	217,622
Family Households	1,908	1,414		3,322	140,966
% total	21%	26%		23%	65%
Non-Family Households	7,032	4,099		11,131	76,656
% total	79%	74%		77%	35%
Persons in Group Quarters	1,350	302		1,652	39,346
% total population	7%	3%		6%	6%
% Population in Same Unit 5 ± years**	12%	26%		24%	50%
Housing					
Total Units	7,891	5,880	552	13,771	232,400
Owner-Occupied Units	613	575	12	1,188	59,178
% total	8%	10%		9%	26%
Renter-Occupied Units	6,810	4,938	82	11,748	158,257
% total	86%	84%		85%	68%
% Total Units in:					
Single-unit structures	2%	7%	6%	4%	15%
2-9 unit structures	31%	53%	60%	39%	62%
10+ unit structures	67%	40%	24%	57%	23%
Units Needing $1,000 Fix-up in 1973	28%	23%		26%	29%
Market Condition***	Rising	Rising		Rising	Stable

*District figures include Back Bay and Beacon Hill Only

**Reliable data available only for district and City

***Source: BRA Research Department


SUB-AREAS
BACK BAY/BEACON HILL/
BAY VILLAGE
0
450
900
1800
FEET
N
SUB-AREAS
FENWAY
MASSACHUSETTS AVE
HUNTINGTON
PENN CENTRAL R.R.
MASS. TURNPIKE EXT
BOYLSTON
BACK BAY
BEACON
MASS. AVE
ARLINGTON
PUBLIC GARDEN
CHARLES ST
COMMON
TREMONT ST
SOUTH END
VERMONT
STREET
CAMBRIDGE

CHARLESTOWN

POPULATION

Since the first wave of immigrants arrived in Boston during the late 1800's, Charlestown has remained a working class, Irish-Catholic neighborhood. Thirty percent of Charlestown's residents are foreign. Of these, 50% came from Ireland and the United Kingdom, 20% from Canada, and 14% from Italy. Recently, however, new residents, particularly young professionals attracted by the convenient location and attractive historical housing features, have moved into the area.

INCOME/EMPLOYMENT

The median family income in Charlestown in 1970 was approximately $8,775, which was slightly lower than the City median of $9,133. The most serious problem in Charlestown is unemployment. Estimation of unemployment amongst the adult population ranged from 7.5% to 19%, well above the national average of 6%.[4]

HOUSING

Seventy percent of Chalestwon's housing structures are owner-occupied, compared to the City average of 72%.[5] The owner-occupancy rate would be higher if only private housing were included in this figure; 20% of Charlestown's housing units are public housing.

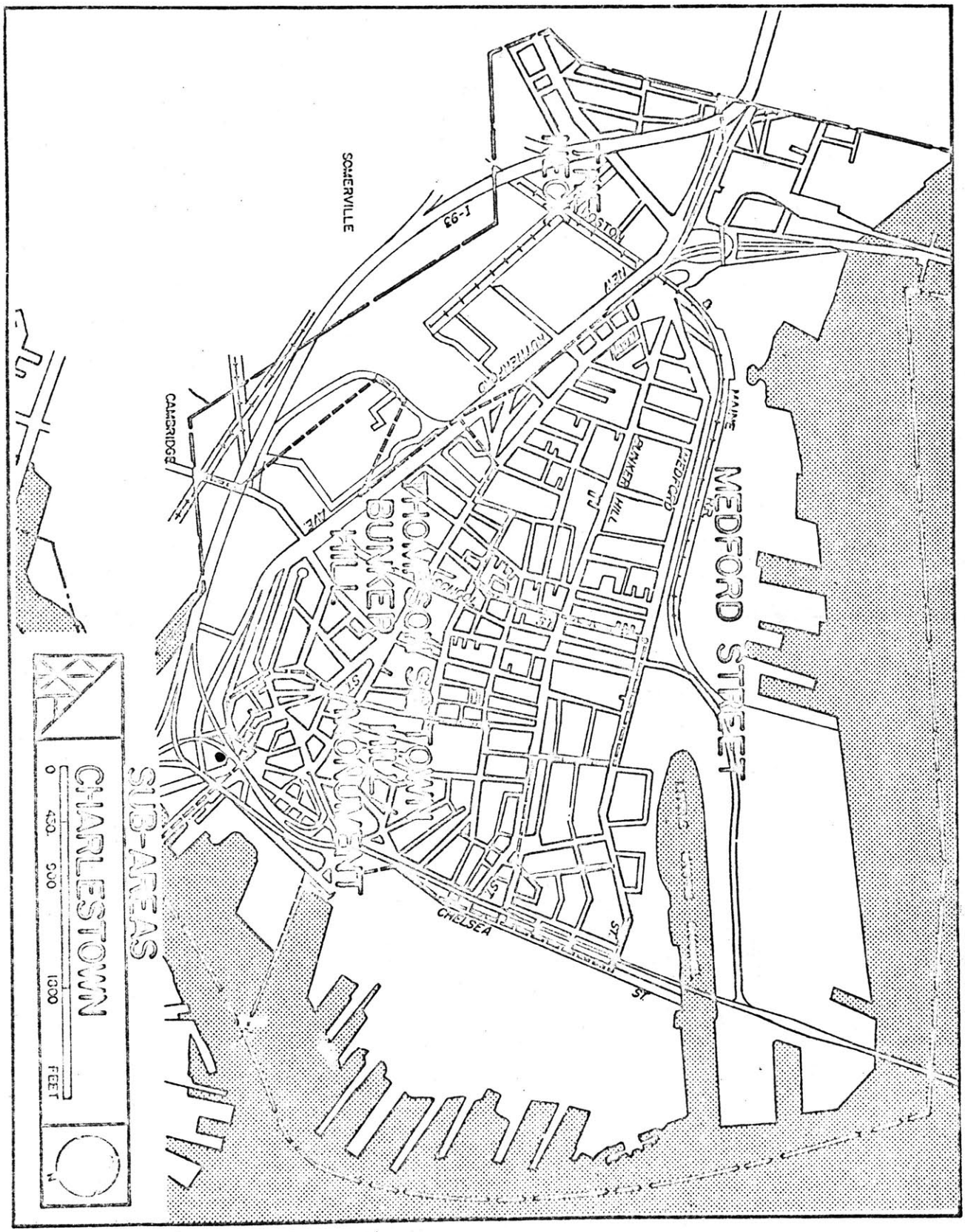
COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Much of the energy of Charlestown's community organizations is currently spent on developing and expanding their range of human services which now include employment assistance, family counseling, and programs in delinquency and alcoholism. Recently, Charlestown was very politically active during the mid 70's at the early stages of shcool desegregation. It was strong as a community in displaying its opposition to court-ordered bussing.

COMMUNITY RESIDENCE	COMMENTS
1. Community Residence at the YMCA	Specialized Group Residence, mentally ill adults

SUMMARY

- Closely knit, Irish-Catholic neighborhood
- Predominantly working class
- Mostly owner-occupied, single-family structures
- Politically vocal community


SOMERVILLE
I-93
CAMBRIDGE
MAIN
MEDFORD STREET
CHELSEA
CHARLESTOWN
SUB-AREAS
0
450
900
1800
FEET
N

CHINATOWN-SOUTH COVE

Chinatown-South Cove is a small residential area near the downtown core, yet it encompasses a great mixture of uses: residential, light industrial, commercial, and institutional. Institutional and commercial expansion and proximity to the regional experssway threaten the existence of Chinatown and its ability to expand to accomodate growing housing and commercial needs.

POPULATION

Chinatown is a fairly homogenous neighborhood of low to middle income Chinese with a large percentage of elderly residents. It is a small community of approximately 5,000 persons.[6]

INCOME/EMPLOYMENT

The area has a recorded median family income considerably lower than the City as a whole. Thus, employment opportunities are a major concern. The restaurant industry is the major employer of men in the Chinese community with 42% of the entire labor force working as waiters, cooks, and general help. Unfortunately, the restaurant industry is rapidly reaching its saturation point. Further, many residents of the Chinese community are caught in a self-perpetuating cycle of limited job opportunities because of the language barrier. It is estimated that 60% to 80% of the Chinese population do not speak English.

HOUSING

Previously, housing was concentrated in three-story brick row-houses. However, with Urban Renewal, many of these buildings were demolished and replaced by two HUD assisted developments containing a total of 414 units. Presently, the housing stock in Chinatown was estimated at 966 units, 50% of which were Chinese owned.[7]

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Several community organizations exist in Chinatown. In such a small area, an effort is bieng made to establish more interagency cooperation to prevent the duplication of services and to provide the best possible product. Most of its political concerns are channeled through the Chinese Economic Development Council.

COMMUNITY RESIDENCES	COMMENTS
	none

SUMMARY

- Fairly homogeneous Chinese neighborhood
- Low to middle income
- Mostly three-story birck rowhouses; problem of accomodating communities growing housing needs
- Many community organizations most of which focus on improving the quality of life for the Chines people

PUBLIC GARDEN
BOSTON COMMON
ADULT ENTERTAINMENT AREA
THEATER DISTRICT
BEACH
CHINA TOWN
KNEELAND ST.
LEATHER DISTRICT
STUART ST.
BAY VILLAGE
CHARLES ST.
TUFTS NEW ENGLAND MEDICAL CENTER
TRENMONT
TYLER
HUDSON
SOUTH COVE
MASS TURNPIKE
SOUTH END
WASHINGTON
SUB-AREAS
CHINATOWN/SOUTH COVE
FEET

DORCHESTER-FIELDS CORNER

POPULATION

Fields Corner is one of Boston's most diverse neighborhoods. Racial composition varies widely from neighborhood to neighborhood, ranging from 0% to 90% minority.

INCOME/EMPLOYMENT

The area's medina family income in 1970 was approximately $9,500 while the City median was $9,133. The Plesser Survey indicated that the 1978 median family income was $13,000. Fields Corner's unemployment level in 1970 was 3.7% versus a Citywide average of 4.3%. The 1977 Hart Survey placed Fields Corner's unemployment rate at 9.9% and the rate of unemployment for the City at 12.8%.[8]

HOUSING

Housing styles vary fron new ranch-style homes to triple deckers and from large apartment buildings to ornate Victorian mansions. The district has a higher percentage of owner-occupied and single two-family structures than Boston. In 1970, over 76% of the area's residnetial structures were owner-occupied. It also has greater residential stability than the City average. In 1970, approximately 55% of the district's residents had lived in their current homes for five or more years. Since that time, more young families have increasingly become attracted to and continue

to remain in the area.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Residents are very active in their organizations and concentrate mostly on internal activities.

COMMUNITY RESIDENCES	COMMENTS
1. Alleyn	Foster Home
2. Andrew House Detoxification Center	Detoxification Center-alcohol
3. Bay Cove Community Residence	Specialized Group Residence, mentally retarded adults
4. Bay Cove Human Services	Specialized Group Residence, mentally retarded adults
5. Butler's	Cooperative Apartment
6. Charles Hayden Inn School	Halfway House-alcoholism
7. DARE Alpha House	Group Home, children
8. Fairmount Street Residence	Specialized Group Residence, mental illness
9. Hamilton House	Halfway House-alcoholism
10. Interim House	Halfway House-alcoholism
11. Mrs. Jame's Residence	Detoxification Center-alcohol

SUMMARY

- Racially diverse neighborhood; relatively stable
- Growing economic base relative to median family income
- Variety of housing styles; high rate of owner-occupancy
- Recent trend of young family movement into area
- Community activity is of an internal nature


ST MARKS
NEPONSET
PORT NORFOLK
WEGAN
ASHMONT
PODMAN
MILL
CEDAR GROVE
LOWER MILLS
SUB-AREAS
DORCHESTER
0 700 1400 2800 FEET

DORCHESTER-UPHAMS CORNER

The Uphams Corner Planning District, with over 50,000 persons, is composed of five distinct neighborhoods whose characteristics can be more effectively examined on an individual basis rather than as a total district.

DUDLEY

POPULATION

In 1970, the neighborhood had 9,805 people, with over 50% Black residents. During the past ten years, there has been a growing number of Hispanic residents who constituted 13% of the population in 1970. The White population in the Dudley is primarily elderly persons who have lived in the area most of their lives. Very few young White families have moved into the area since 1970. In the future, the ethnic/racial diversity of the area is expected to increase with continued growth of the Hispanic, Cape Verdean, and West Indian population.

EMPLOYMENT

In 1975, over 17% of the area's labor force was unemployed. Twenty-two percent of the residents were employed as operatives; 20% as service workers; and 20% as clerical workers.

HOUSING

Residential structures in the Dudley neighborhood are large, old, woodframe, two and three-family houses. Owner-occupied structures comprised 59% of the housing stock in 1970. The percentage of owner-occupied structures declined to 54% in 1978.

COLUMBIA-SAVING HILL

Columbia-Savin Hill is considered the largest and most stable neighborhood in the planning district.

POPULATION

In this neighborhood, only 14.8% of the population were born outside of the United States. In 1970, the largest single ethnic group was the Irish comprising 36.7% of the population. Persons of Polish (16.9%), Canadian (15.2%), and Italian (5.9%) descents were also present.

INCOME EMPLOYMENT

The median family income was about $9,500 in 1970, slightly higher than that of the City. Seventeen percent of the families were below the poverty level, as opposed to a Citywide average of 22%. In 1975, unemployment rose to 14.8% of the labor force.

HOUSING

Of the neighborhood's 10,466 housing units, 25.2% are owner-occupied; 74.8% are rental units; and 5.8% are vacant.

BRUNSWICK-KING

POPULATION

In 1970, this area had 5,747 people with 95.5% being Black and 4.5 Hispanic. This area is the most transient of the district; only 38% of the residents have remained in the same dwelling for over five years. However, there are some families in Brunswick-King that have resided there for over 20 years.

INCOME/EMPLOYMENT

In 1970, Brunswick-King had the second lowest annual income of the neighborhoods in the district, with 44.4% of all families reporting less than $5,700, well under the City medina of $9,100. In 1975, approximately 15% of the area's labor force was unemployed.

HOUSING

The neighborhood has the lowest percentage of owner-occupied structures of the district (except Columbia Point) with 51.3% in 1970.

JONES HILL

POPULATION

Jones Hill can be characterized best as a fairly stable neighborhood. In 1970, Black families comprised 11% of the population and Hispanic families comprised 9%. The majority of the population remains Irish (26%) anc Canadians (23%) with smaller proportions of Italians (10%) and Cape Verdeans.

INCOME/EMPLOYMENT

In 1970, the median income for that neighborhood was about $8,000, slightly lower than the Citywide median of $9,133. The heads of most households were employed in either service or manufacturing jobs. In 1970, over 22% of the households depended on Mocial Security and 17% on some form of public assistance for their major source of income.

HOUSING

The majority of the neighborhood's 4,985 dewlling units are located primarily in one, two, and three unit buildings.

COLUMBIA POINT

POPULATION

The public housing project built in 1954 primarily for veterans has declined in population from 6,100 persons in 1962 to approximately 1,200 person in 1978. Of the 1,504 apartments, 75 are occupied by elderly households, 290 by families, and 80 by social service agancies. However, the remaining population is fairly stable with over 54% of the households having been there over five years in 1970.

INCOME/EMPLOYMENT

In 1970 the median family income was $4,100 with 61.8% of the families with incomes under the poverty level. Almost 42% of the families were on Welfare, 41% headed by wage earning adults, and 11% depended on social security for income. In 1975, 35% of all youths and 20% of all adults were unemployed.

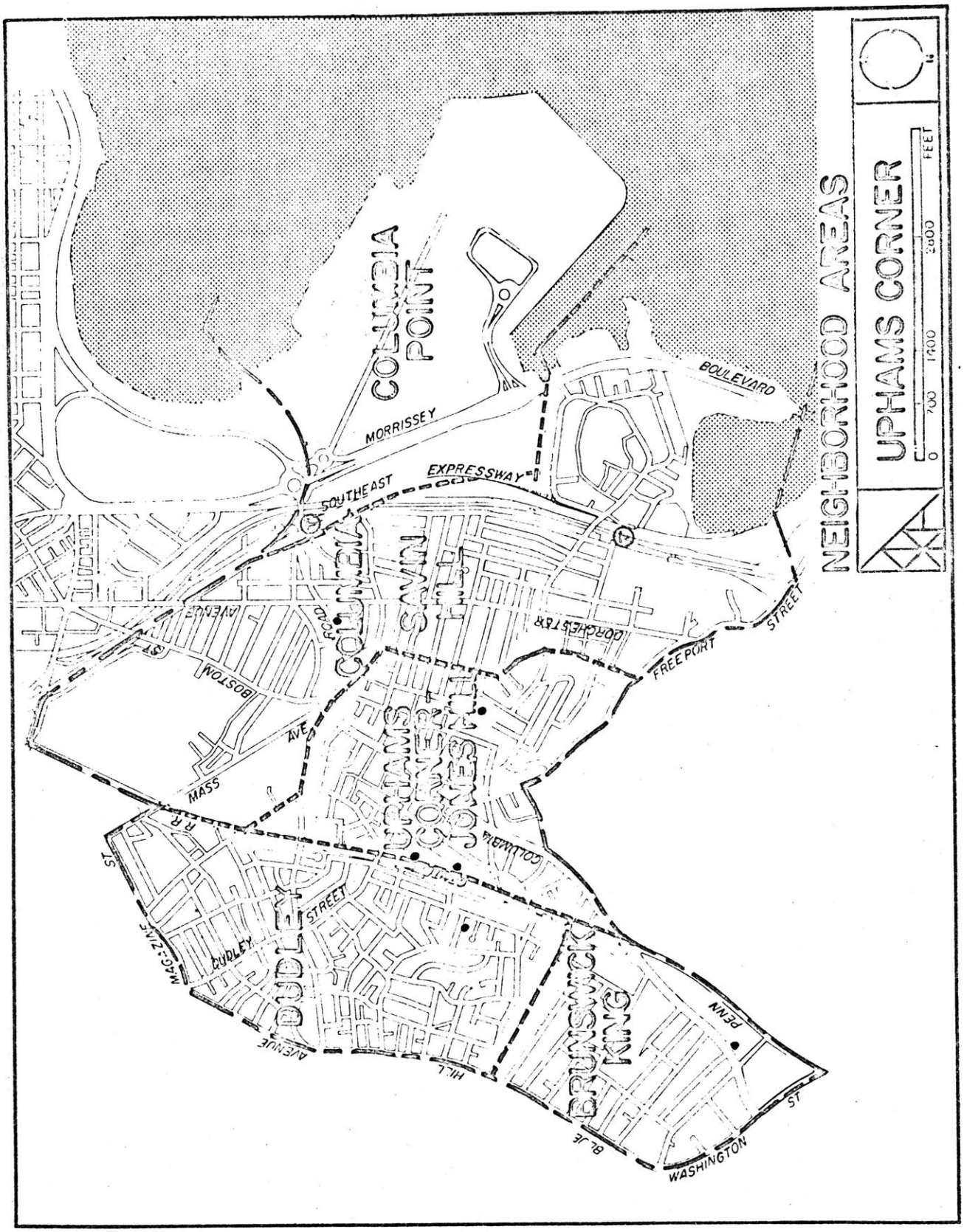
HOUSING

The Columbia Point Housing Project has 15 seven-story elevated buildings and 12 three-story walk-up buildings. Many of the structures are clustered around in high densities. Housing conditions remain poor at Columbia Point despite the expenditure of $3 million in federal modernization funds in 1971 and $8 million in 1977-1978.

COMMUNITY RESIDENCES	COMMENTS
1. Columbia Road Residence	Specialized Group Residence, mentally retarded adolescents
2. First, Inc.	Halfway House-alcoholism
3. Flynn Christian Fellowship House of Massachusetts	Halfway House-alcoholism
4. Interested Neighborhood Action	Halfway House-alcoholism
5. Shepard House	Halfway House-alcoholism
6. Virginia Street House	Halfway House-alcoholism
7. Wilson Street Group Home	Specialized Group Resdence, mental illness

SUMMARY

It is clear that such a large planning district lends itself to a broad range of characteristics in terms of the key categories specified. This observation is a statement of the tremendous diversity that the area possesses.


NEIGHBORHOOD AREAS
UPHAMS CORNER
FEET
0
700
1400
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N
COLUMBIA POINT
MORRISSEY
BOULEVARD
SOUTHEAST
EXPRESSWAY
COLUMBIA ROAD
DORCHESTER
STREET
FREEPORT
BOSTON
AVE
MASS
AVENUE
DUDLEY
STREET
WASHINGTON
ST
PENN

TABLE 1: NEIGHBORHOOD CHARACTERISTICS, 1970*

	Dudley	Columbia Savin Hill	Columbia Point	Uphams Corner Jones Hill	Brunswick King	Total District	Total City
Population							
Total Population (1970)	9,805	15,287	4,708	14,875	5,747	50,422	641,000
Total Black 1960	3,091 22.8%	5 0.0%	790 13.5%	258 1.7%	4,865 63.4%	9,010 15.4%	10%
Total Black 1970	5,041 51.4%	52 0.3%	2,837 60.3%	1,693 11.4%	5,489 95.5%	15,112 30.0%	16%
Total Spanish 1970	13.2%	0.9%	10%	8.9%	4.5%	6.9%	3%
Age 60 % Over	14.8%	13.1%	9.0%	20.3%	6.2%	14.4%	18%
Aged 18 & Under	44.9%	35.1%	62.4%	36.9%	44.9%	41.2%	28%
Same Residence Over 5 Years	49.7%	57.9%	54.6%	48.8%	38.0%	51.1%	50%
Income							
Median Family	$5,000- 8,000	$8,900- 10,000	$4,100	$6,600- 9,100	$5,200- 6,200	$4,100- 10,100	$9,100
Families Under $5,000/year	38.0%	17.0%	61.8%	24.3%	44.4%	29.8%	22%
Unemployment** in 1975	17.4%	14.8%	20.0%	15.0%	15.0%	16.0%	14.1%
Housing							
Total Dwelling Units (June 1978)	2,473	4,560	1,504	3,077	2,232	13,846	241,891
Units Needing Fix-Up in Excess of $1,000	1,880 57.2%	705 14.4%	1,480 100%	1,395 28.5%	1,014 45.4%	6,494 38.6%	67,396 29%
Owner Occupied Structures	58.5%	74.8%	0%	64.0%	51.3%	64.6%	80%
Single & Two Family Structures	45.0%	44.5%	0%	44.6%	33.3%	43.4%	15%
Vacant Buildings (August 1978)	65	13	--	42	50	170	N/A
Vacant Lots (August 1978)	840	97	--	113	121	1,171	N/A

* Source: U.S. Census, 1973 Building Condition Survey, and April, 1976 Vacant Land and Building Survey.

** Unemployed as a Percent of Labor Force, Mass. Department of Employment Security, Special Survey of the Insured Unemployed in Boston, May, 1975.

EAST BOSTON

POPULATION

Relatively isolated from the rewt of the City, East Boston has over the past two decades retained its homogeneity and remains a solid, stable, predominantly Italian neighborhood. The ethnic nature of the community contributes greatly to the sense of neighborhood. Those born in a foreign country or have a foreign born parent make up 50% of East Boston's population in comparison to only 34% of the total City population. Of these, 70% are of Italian decent. Moreover, 90% of its adult residents are Catholic; 78% are native Bostonian as compared to 53% Citywide; and 46% have lived at their present address for 15 years as compared to a citywide figure of just 26%. According to the 1975 State Census, East Boston has a population of 38,313.

INCOME/EMPLOYMENT

Although East Boston's median family income in 1970 was 11% less than that City. The distribution of income levels reveals that the median is low due to a substantial deficit of upper income residents rather than a large concentration of people at the lowest income levels. Census data show that many of East Boston's wage earners tend to hold skilled jobs or jobs in which skills are acquired through apprenticeship. This is also a reflection of level

of formal education which is lower than City average.

HOUSING

East Boston has approximately 14,318 housing units with 46% of those units in three-family homes. Some 19.7% of those units are single-family homes 28.5% are two-family. Only 5.1% of the district's housing units are within structures containing four or more units. In 1970, 80% of the one to four unit structures had resident owners. This high percentage of owner-occupancy has continued to be a strength of the district and has undoubtedly aided in the overall cohesiveness of the sub-neighborhoods.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Citizen participation is not a meaningless phrase in East Boston. It has a long history of active involvement by a neighborhood that realized the importance of community participation early on.

COMMUNITY RESIDENCE	COMMENTS
1. East Boston Drug Action Council	Detoxification Center-drugs
2. Rehabilitation and Health, Inc.	Halfway House-alcoholism
3. Andrew Johnson Intervention and Detoxification Center	Detoxification Center-alcoholism
4. Rehabilitation & Health, Inc.	Halfway House-alcoholism

SUMMARY

- Predominantly an Italian, Catholic community
- Working class neighborhood
- High percentage of owner-occupancy
- Strong community organization

CHELSEA
REVERE
SUFFOLK DOWNS
WALDEMAR
McCLELLAN HIGHWAY
ORIENT HEIGHTS
BENNINGTON ST.
ORIENT HGTS.
SARATOGA
BAYSWATER STREET
EAGLE HILL
PARK ST.
FLATS
HARBOR VIEW
DAY SQ.
NEPTUNE RD.
CENTRAL SQ.
SARATOGA
BENNINGTON
CONDOR ST.
PORTER ST.
SUMNER ST.
JEFFRIES POINT
LOGAN AIRPORT
WINTHROP
NEIGHBORHOODS
EAST BOSTON
0 800 1600 3200 FEET
N

FENWAY-KENMORE

POPULATION

The area's population is characterized chiefly by its young age, its low incomes, and its high transiency. Because the district is the site of so many educational institutions, its population is dominated by persons in the 15 to 24 age group. SInce 1960, the percentage of these groups - which now constitute 60% of the district's residents - has doubled, while the proporting of all other age groups has declined. The area's total population of about 25,000 has declined slightly (.3%), while the City's had decreased by 7% from 1960 to 1970.

INCOME

Median incomes for families and for individuals are below the City's median incomes. Thirty percent of the families in Fenway-Kenmore earn less than $5,000 per year comparable to 22% for all of Boston.

HOUSING

The district has the highest percentage of persons living in group quarters (36%) as compared to Boston (5%). Three-quarters of the district's housing units are in buildings containing 10 or more units, contrasted with one-quarter in the rest of the City. A greater proportion of the housing is in rental units than is owner-occupied. The

latter type is rare representing only 2% of the district's total units compared to the City figure of 26%.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

The Fenway community is very active through its neighborhood organizations in affecting change within the community. They convey neighborhood recommendations of specific issues to the appropriate agency, appear at zoning and licensing commission hearings, and propose zoning changes.

COMMUNITY RESIDENCES	COMMENTS
1. Kenmore Square Treatment Center	Detoxification Center-alcoholism
2. Massachusetts Halfway House, Inc.	Group Home-Corrections
3. Park Drive Pre-release Center	Group Home-Corrections

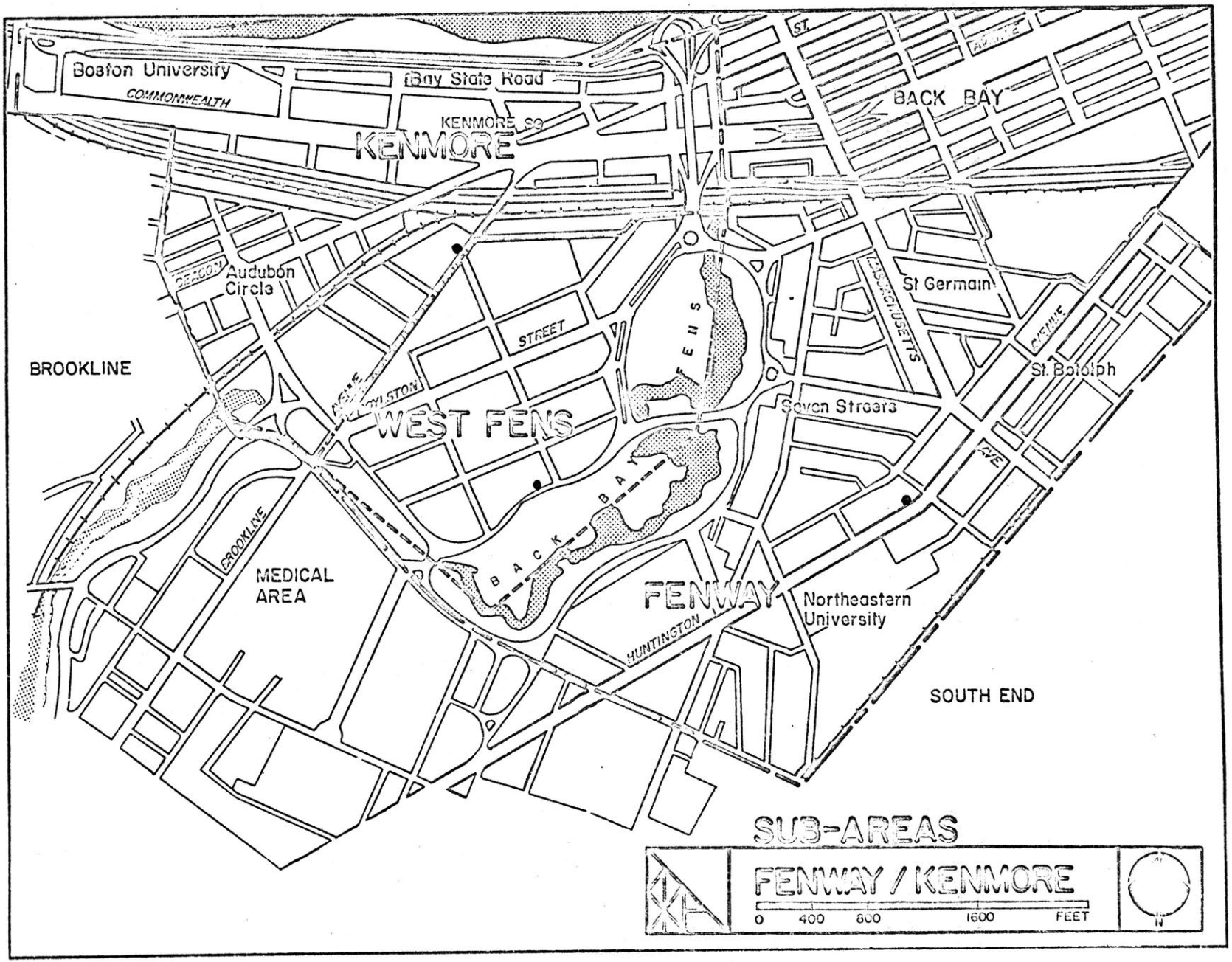
SUMMARY

- Very transient, young population
- Moderate income
- Housing predominantly group quarters, rented
- Active community organizations usually acting on independent issues and concerns

COMPARATIVE STATISTICS — FENWAY/KENMORE

Population	Kenmore	West Fens	Fenway	District	City
Total 1970	8,620	4,301	12,252	25,173	639,803
Change from 1960*				−3%	−7%
Black 1970	264	143	1,355	1,762	104,429
% of 1970 total	3%	3%	11%	7%	16%
% of 1960 total*				7%	9%
Aged 15-19 1970	3,362	239	2,900	6,501	60,900
% of 1970 total	39%	6%	24%	26%	10%
% of 1960 total*				12%	9%
Aged 20-24 1970	3,659	1,253	3,485	8,397	76,958
% of 1970 total	42%	29%	28%	33%	12%
% of 1960 total*				18%	11%
Aged 65+ 1970	296	652	1,785	2,733	81,437
% of 1970 total	3%	15%	15%	11%	13%
% of 1960 total*				15%	12%
Income					
Median Family	$7,283-$9,565	$7,283	$4,647-$8,250	$7,283	$ 9,133
Median Individual	$1,066-$3,427	$3,427	$ 984-$3,036	$2,126	$ 2,189
% Families under $5,000	26%	30%	31%	30%	22%
Household Patterns					
Total Households	1,845	2,684	5,272	9,801	217,622
Family Households	345	706	1,209	2,260	140,966
% of total	19%	26%	23%	23%	65%
Non-Family Households	1,500	1,978	4,063	7,541	76,656
% of total	81%	74%	77%	77%	35%
Persons in group qtrs.	5,456	176	3,385	9,017	39,346
% of total population	63%	4%	28%	36%	6%
% Population in same unit 5+ years*	8%	30%	26%	21%	50%
Housing					
Total Units	1,958	2,779	5,857	10,594	232,400
Owner-occupied units	94	5	133	232	59,178
% of total	5%	0%	2%	2%	26%
Renter-occupied units	1,751	2,679	5,139	9,569	158,257
% of total	89%	96%	88%	90%	68%
Vacant units	133	95	585	793	14,966
% of total	6%	3%	10%	8%	6%
% of Total Units in:					
single unit structures	5%	1%	2%	2%	15%
2-9 unit structures	34%	1%	28%	23%	62%
10+ unit structures	61%	98%	70%	75%	23%
Units needing $1,000 fix-up*+				34%	29%
Market Condition+	Stable	Uncertain	Stable	Stable	Stable

* Reliable data available only for district and city.
\+ Data source is BRA Research Department.


Boston University
COMMONWEALTH
Bay State Road
KENMORE SQ
KENMORE
BACK BAY
Audubon Circle
BEACON
STREET
BROOKLINE
WEST FENS
MASSACHUSETTS
St Germain
St Botolph
Seven Streets
BROOKLINE
MEDICAL AREA
BACK BAY FENS
FENWAY
Northeastern University
HUNTINGTON
SOUTH END
SUB-AREAS
FENWAY / KENMORE
0 400 800 1600 FEET
N

FRANKLIN FIELD

POPULATION

Over the past 20 years, Franklin Field's population has declined slightly, and has changed from a predominatly Jewish to a predominantly Black neighborhood.

INCOME

The medina family income of $6,516 was two-thrids that of Boston's at $9,133. Some of this disparity is due to the presence of three large public housing projects. Franklin Field has one of the highest unemployment rates in the CIty at 22% as compared to Boston at 12.8% and 8.6% for the Boston Metropolitan Area (SMSA).

HOUSING

Housing in Franklin Field varies from neighborhood to neighborhood. Northern Franklin Fields is characterized by one, two, and three family homes. These homes are mostly owner-occupied and in good condition. Most of the homes in western Franklin Field are two and three-family buildings. These homes are generally sound but have been suffering recently due to deferred maintenance. Housing in the southern part of the district has deteriorated over the last 10 years due to deferred maintenance and increasing absentee ownership causing a lost of 17.4% of its housing units compared to 11% for the total district. Two prevalent problems in the area are structural deterioration

and vacant lots.

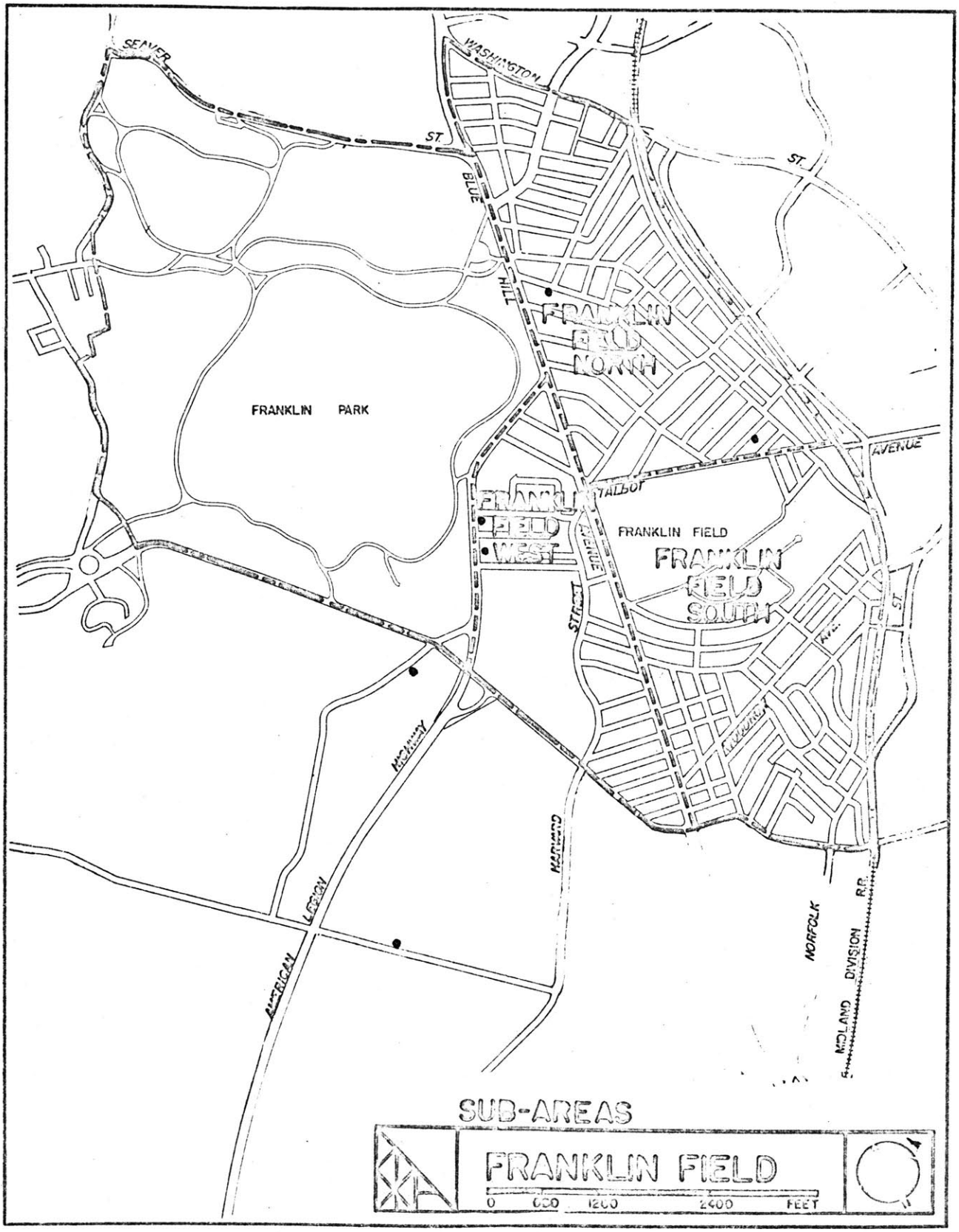
COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

There are several opportunities for community action at various scales which can effectively have a long-term impact on the growth of the community.

COMMUNITY RESIDENCES	COMMENTS
1. The Alternative House	Specialized Group Residence, mentally disabled
2. Charlotte House	Group Home-Corrections
3. Judge J.J. Connelly Youth Center	Group Home
4. Lena Park CDC	Specialized Group Residence, mental illness
5. Lena Park Development Corp.	Specialized Group Residnece, mental retardation
6. North Cottage Program	Halfway House-alcoholism

SUMMARY

- Black populace predominant
- Low to moderate income presence
- Housing varies but is basically of one, two, and three-family structures primarily owner-occupied
- Community activity is healthy


SEAVER
WASHINGTON
ST.
BLUE
HILL
FRANKLIN PARK
FRANKLIN FIELD NORTH
AVENUE
FRANKLIN FIELD WEST
FRANKLIN FIELD
FRANKLIN FIELD SOUTH
STREET
HIGHWAY
MARIANO
AMERICAN LEGION
NORFOLK
MIDLAND DIVISION
R.R.
SUB-AREAS
FRANKLIN FIELD
0 600 1200 2400 FEET

HYDE PARK

POPULATION

SInce 1960, Hyde Park has been experiencing a steady increase in population of about 1,000 people every five years. In 1976, Hyde Park's total population was 36,150. In 1970, the minority population was 1.2% and by 1976 it had risen to 4.6%. The 1978 Plesser Survey reported that the area contains a higher proportion of elderly people than the City. Slightly over 50% of the nighborhood's population is over 40 years old; 13.5% is over the age of 65.

INCOME/EMPLOYMENT

The mdeian family income as revealed by the 1978 Plesser Survey, was between $12,500 and $14,900, slightly above City levels. Approximately 33% of those employed Hyde Park residents are in blue collar occupations while about 40% are in white collar and professional occupations.

HOUSING

Housing consists primarily of fairly new one or two family structures. There are also many well-kept, moderately priced Victorian homes. A study of housing prices between 1975 and 1978 revealed that the value of an average house in Hyde Park is rising steadily - from $24,000 in 1975 to $26,000 in 1978. In addition, real estate brokers

indicate that investment potential is considerable in Hyde Park due to the low price and good condition of the housing stock.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Hyde Park has numerous community organizations which continue to have tremendous impact on the community's development.

COMMUNITY RESIDENCES	COMMENTS
1. Franklin Terrace	Halfway House-alcoholism
2. Lt. Joseph P. Kennedy Memorial School	Group Home, delinquent youth
3. Volunteers of America	Group Home, adolescent boys
4. Xenadelphia, Inc.	Group Home, Dept. of Public Welfare

SUMMARY

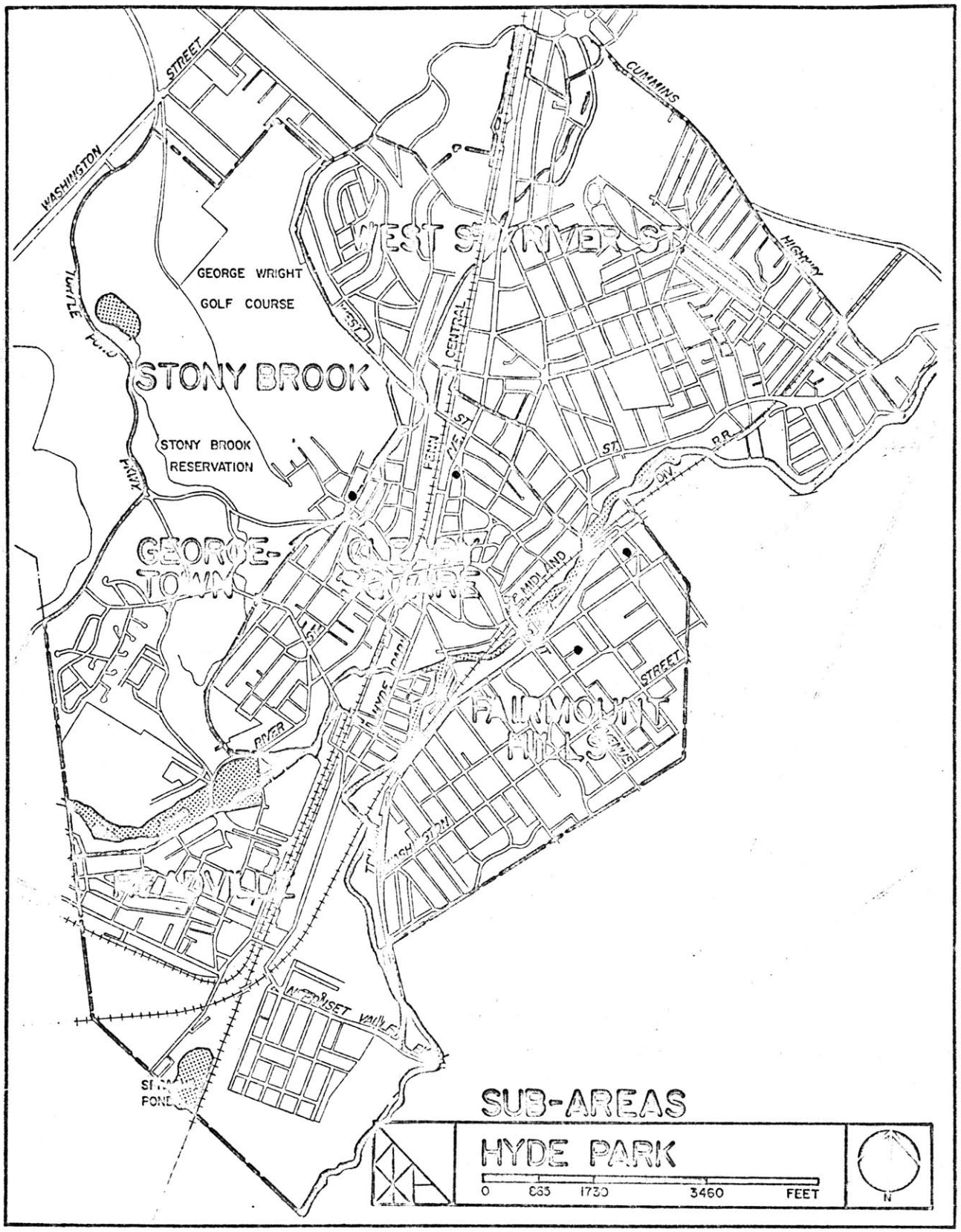
- Growing community; predominantly White; large elderly population
- Healthy economic base relative to median family income
- Most one and two-family structures
- Much community participation

COMPARATIVE STATISTICS — HYDE PARK
1970 U.S. Census Data

	River/ West Street	Cleary Square	Fairmount Hills	Stonybrook/ Georgetown
Population				
Total 1970	14,837	8,153	7.017	2,675
Change from '60	+12%	+31%	+29%	NA
Aged 15-19 yrs.	1,413	585	719	223
Change from '60	+16%	+11%	+33%	NA
Aged 20-24 yrs. 1970	1,204	587	513	181
Change from '60	+40%	+34%	+46%	NA
Aged 65 yrs. & over 1970	1,778	802	697	199
Change from '60	+15%	+14%	+24%	NA
Income				
Median Family	$10,289–10,939	$10,289–10,662	$11,057	$10,289
% Families under $5,000	4%	13%	12%	12%
Housing				
Total Dwelling Units	4,714	2,689	2,840	878
Units Needing Repairs in excess of $1,000	580	339	125	29
Owner Occupied Units	24%	54%	63%	0%
Mobility of Residents — % Residents in same house over 5 years in 1970	65%	65%	65%	60%

NA = not available.

	Readville	District	City
Population			
Total 1970	4,419	36,509	639,803
Change from '60	+25%	+28%	−8%
Aged 15-19 yrs.	380	3,037	60,900
Change from '60	+22%	+15%	+17%
Aged 20-24 yrs. 1970	441	2,819	76,958
Change from '60	+38%	+38%	+41%
Aged 65 yrs. & over 1970	409	3,749	81,437
Change from '60	+13%	+14%	−5%
Income			
Median Family	$10,289–11,051	$10,693	$9,133
% Families under $5,000	14.5%	12%	22%
Housing			
Total Dwelling Units	2,593	10,735	232,401
Units Needing Repairs in excess of $1,000	291	1,364	67,102
Owner-Occupied Units	53%	58%	27%
Mobility of Residents — % Residents in same house over 5 years in 1970	65%	65%	50%


STREET
WASHINGTON
CUMMINS
HIGHWAY
GEORGE WRIGHT
GOLF COURSE
TURTLE POND
STONY BROOK
STONY BROOK
RESERVATION
CENTRAL
FERN
ST.
RIVER
GEORGE-
TOWN
MIDLAND
STREET
PALMOUNT
HILLS
RIVER
WOODSIDE
WOODSET VALLEY
SUB-AREAS
HYDE PARK
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N

JAMAICA PLAIN

POPULATION

Jamaica Plain contains a healthy mixture of Boston's population. The area appears to have reached a plateau in terms of total population. Estimates for 1976 show an insignificant drop in population from the 1970 level. While both the City of Boston and Jamaica Plain reached their peak of population in 1950, neither can be expected to reach those levels again because of the decline in the number of available housing units. The loss of population in Jamaica Plain between 1960 and 1970 was accompanied by a significant change in the racial and ethnic diversity of the population. The latest statistics compiled by the City show a continuation of this trend into 1977.

INCOME

Jamaica Plain houses a wide range of income groups. The distribution appears to have remained relative stable since 1970.

HOUSING

Housing is available for virtually all income groups. New mid and upper income residents have been attracted to the area becuase of the large number of Victorian homes available or reasonable prices. While these new middle and upper income residents are occupying homes vacated by the

upper income groups of the past, Jamaica Plain once did and still does provide housing for blue collar families. Still, low income buyers and renters can find housing in some areas. The district remains primarily a community of owner-occupied residential structures at 74%.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

There is a tremendous amount of community activity in Jamaica Plain particularly relating to efforts directed at providing essential services for its low to moderate income residents. The community is also very politically vocal.

COMMUNITY RESIDENCES	COMMENTS
1. Booth House	Group Home, children
2. DARE, Inc.-DARE House	Group Home, children
3. Elizabeth Stone House	Group Home, mentally ill adults
4. Fortune House	Specialized Group Residence, mental retardation
5. Italian Home for Children, Inc.	Residential Treatment Facility
6. Nazareth Child Care Center	Residential Treatment Facility
7. New England Home for Little Wanderers-Child Care Home	Residential Treatment Facility
8. New England Home for Little Wanderers	Residential Treatment Facility

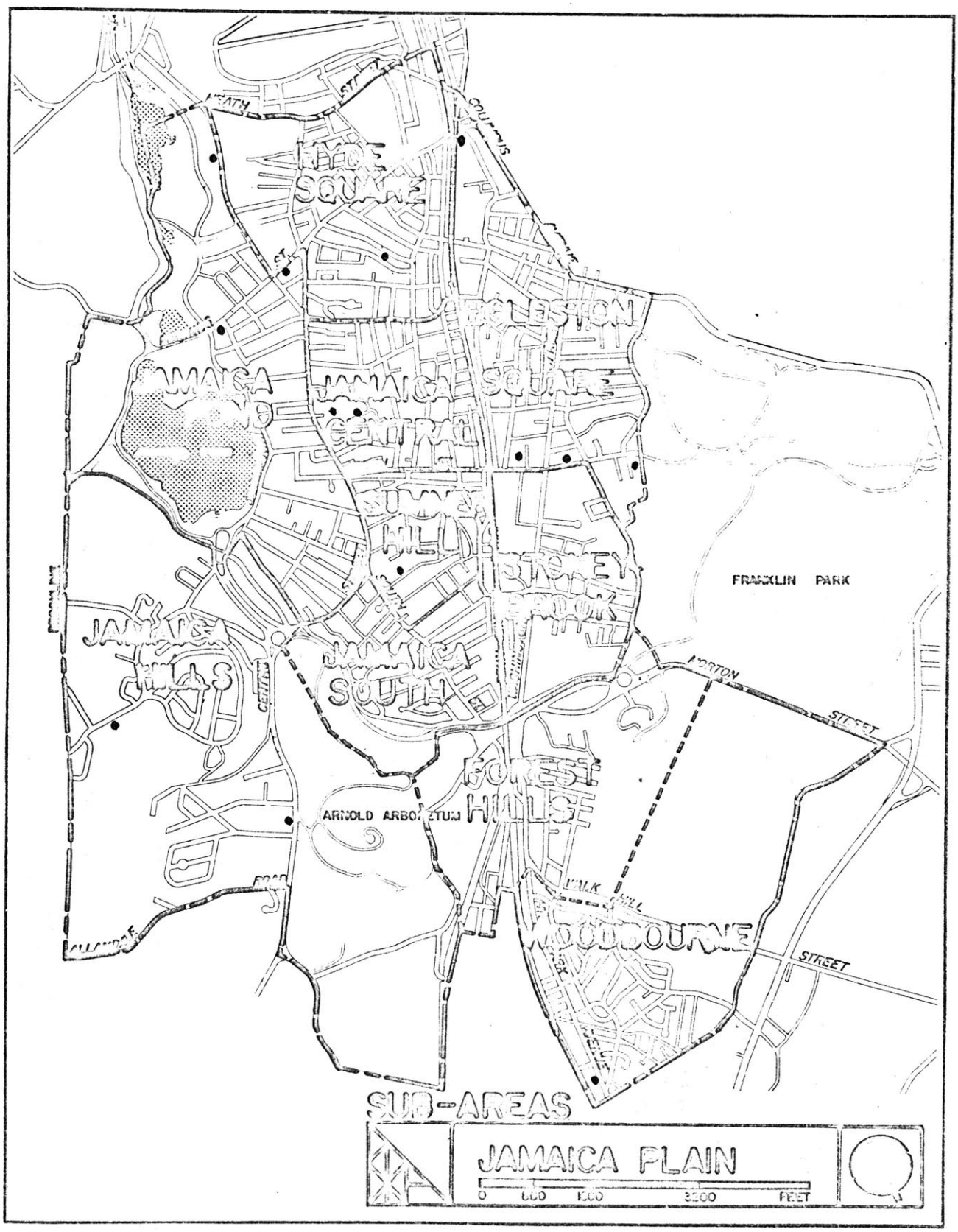
9.	Saint Jude Foundation	Halfway House-alcoholism
10.	Sedgwick Street	Halfway House-alcoholism
11.	Volunteers of America	Residential Treatment Facility
12.	Volunteers of America-Edith M. Fox Home	Group Home-Corrections
13.	Volunteers of America-Girl's Residence	Group Home-Corrections
14.	Xenadelphi, Inc.-Hyde Park House	Group Home

SUMMARY

- Health mixture of Boston's population
- Variety of income levels; recent influx of mid and upper income residents
- Board range of family housing types, predominantly owner-occupied
- Very active community organizations

COMPARATIVE STATISTICS

	Total Pop. 1970	Black Pop. 1970	Spanish Pop. 1970	65 & Over 1970	Total Resid. Struct. 1970	Owner Occ. Struct. 1970	Median Family Income 1970	% Families Below Poverty Level 1970
Egleston Square	7,085	1,087 (15.3%)	1,016 (14.3%)	1,172 (16.5%)	860	566 (65.8%)	$ 7,250	14.5
Forest Hills	2,811	2 (0.0%)	46 (1.6%)	347 (12.3%)	332	245 (73.8%)	$ 9,000	12.5
Hyde Square	10,563	3,078 (29.1%)	1,417 (13.4%)	1,056 (10.0%)	1,076	635 (59.0%)	$ 7,200	22.0
Jamaica Central	4,516	92 (2.0%)	266 (5.9%)	855 (18.9%)	607	428 (70.5%)	$ 9,600	10.0
Jamaica Hills	3,245	24 (0.7%)	15 (0.5%)	463 (14.3%)	720	704 (97.8%)	$ 12,700	2.0
Jamaica Pond	4,500	15 (0.3%)	21 (0.5%)	1,075 (23.6%)	591	486 (82.2%)	$11,000	6.0
Jamaica South	4,187	110 (2.6%)	70 (1.7%)	648 (15.5%)	555	387 (69.7%)	$ 9,000	10.0
Stoney-brook	3,003	157 (5.2%)	183 (6.1%)	350 (11.7%)	306	177 (57.8%)	$ 8,550	12.0
Sumner Hill	2,377	18 (0.8%)	28 (1.2%)	558 (23.5%)	335	226 (67.5%)	$ 9,700	10.0
Wood-bourne	3,188	0 (0.0%)	0 (0.0%)	469 (14.7%)	587	540 (92.0%)	$10,500	8.5
District	45,525	4,583 (10.1%)	3,062 (6.7%)	6,993 (15.4%)	5,969	4,394 (73.6%)	—	—
City	641,071	104,206 (16.3%)	17,984 (2.8%)	81,718 (12.7%)	80,700	58,100 (72.0%)	$ 9,133	


SUB-AREAS
JAMAICA PLAIN
0 600 1800 3600 FEET
FRANKLIN PARK
ARNOLD ARBORETUM
HILLS
STREET

MATTAPAN

POPULATION

As one of Boston's residential neighborhoods, Mattapan has experienced substantial growth in its population in the last 30 years; over the same period, the population of Boston on a whole has declined. The district has undergone significant racial changes, as shown in the table below. The Black population grew substantually from 1960 to 1970, and the percentage of Black residents has continued to grow since 1970.

Table X: Racial Breakdown[9]
Black Residents as % of Total Population

	1960	1970	1976
Wellington Hill	0.1%	48.2%	85.0%
Southern Mattapan	0.7%	5.2%	25.0%
Boston	3.4%	16.3%	17.0%

INCOME

The 1970 median family income in Mattapan was comparable to that of Boston: $9,500 in Mattapan and $9,133 in Boston. The median family income is lower in Wellington Hill sub-neighborhood by approximately $1,200. The unemployment rate is higher for Wellington Hill than for Mattapan as a whole, accounting for the lower median income.

HOUSING

Mattapan is a predominantly residential neighborhood with a varied housing stock. Wellington Hill contains the oldest homes with more one and two-family houses on the western side of Blue Hill Avenue than on the eastern side which has mostly triple-deckers, closely spaced. Southern Mattapan is a much newer area where most of the housing is less than 40 years old and is predominantly single-family and owner-occupied.

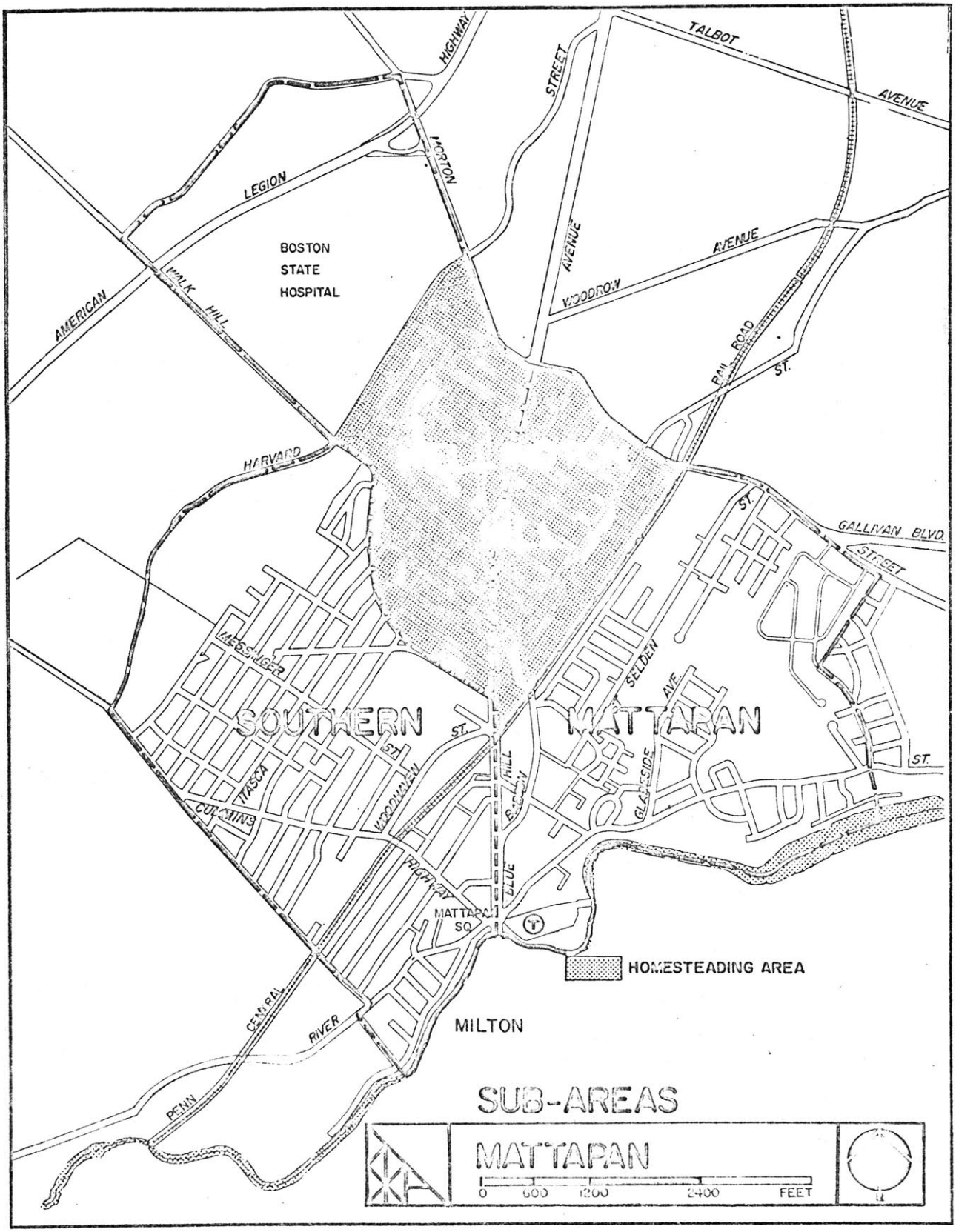
COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

There are many community gruops in Mattapan which have a significant impact on their community.

COMMUNITY RESIDENCES	COMMENTS
	none

SUMMARY

- Predominantly black, middle income, residential community witnessing continued growth
- Housing ranges from single-family homes to triple-deckers; mostly owner-occupied
- Active community groups particularly effective when energies are channeled through their Little City Hall


HIGHWAY
TALBOT
AVENUE
STREET
MORTON
LEGION
BOSTON
STATE
HOSPITAL
AMERICAN
MILK
HILL
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WOODROW
AVENUE
RAILROAD
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HARVARD
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GALLIVAN BLVD.
STREET
MESSINGER
SOUTHERN
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SELDEN
AVE.
MATTAPAN
ST.
TIASCA
CUSHING
WOODWARD
HILL
BOLTON
GLENSIDE
BLUE
HIGHWAY
MATTAPAN
SQ.
HOMESTEADING AREA
CENTRAL
RIVER
MILTON
PENN
SUB-AREAS
MATTAPAN
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FEET

MISSION HILL/MEDCIAL CENTER AREA

POPULATION

The composition of people in Mission Hill has shifted in the last twenty years from a closely-knit, Irish-Catholic, family residential neighborhood to a heterogeneous community of 21,000 people. It is now a multi-ethnic community that in 1970 was 76% White, 17% Black, and 7% Hispanic.

INCOME

While Mission Hill contains the largest concentration of medical and educational institutions in the City, most of the employees reside outside the district. The 1970 median family income was $8,400 which was slightly below that of the City.

HOUSING

The district is housing an increasing number of students and young professionals. A 1972 market study conducted by Robert Gladstone and Associates indicated that the demand for housing is found in all price ranges in all income levels. In 1970, 42% or Mission Hill's residential structures were owner-occupied. While some distortion of these housing figures occur because of the public housing project (which houses 25% of the population) and the Medical Center area, Mission Hill is well below the City

owner-occupancy rate of 72%. Only the Triangle Area with 74% exceeds this rate and the Top of the Hill follows with 64%.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Mission Hill residents are very active in their community organizations, particularly in the Area Planning Commission which is staffed by community people. The organization was originally formed in 1971 to combat institutional encroachment; particularly that of Harvard University. It now owrks to peacefully xoexist with that institution and the assorted others located in the community.

COMMUNITY RESIDENCES	COMMENTS
1. DARE, Inc.-Hillside House	Group Home, adolescents
2. Massachusetts Mental Health	Specialized Group Home, mental retardation
3. Tecumseh House	Halfway House-alcoholism

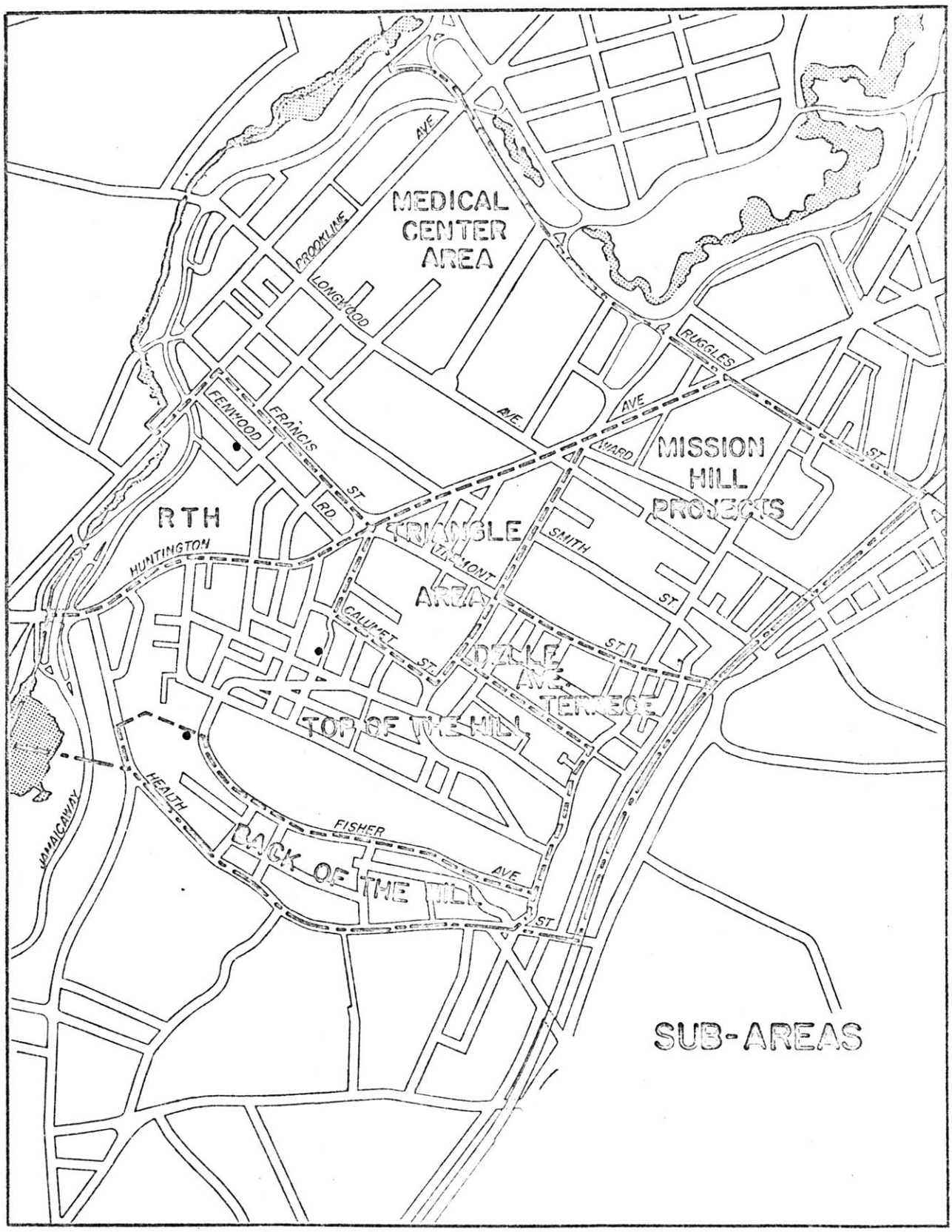
SUMMARY

- Multi-ethnic community; moderate public housing tenantry; modest student population
- Middle income neighborhood
- Housing available in all price ranges in all income levels; owner-occupied units; rental units; public housing

- Health community activity and interaction with neighborhood institutions

COMPARATIVE STATISTICS/MISSION HILL/MEDICAL CENTER AREA

	Total Pop. 1970	Black Pop. 1970	Hispanic Pop. 1970	65 & Over Pop. 1970	Total Resid. Struc. 1970	Owner-Occupied Struct. 1970	Median Family Income 1970	%Families Below Poverty Level 1970
Back of the Hill	537	73 (13.6%)	13 (2.4%)	39 (7.3%)	75	27 (36.0%)	$ 8,400	9%
Delle Ave/ Terrace	1,151	198 (17.2%)	271 (23.5%)	137 (11.9%)	163	64 (39.3%)	$ 7,500	18%
Medical Center Area	4,872	145 (3.0%)	0	298 (6.1%)	76	9 (11.8%)	-	-
Mission Hill Projects	5,138	2,474 (48.2%)	738 (14.4%)	572 (11.1%)	210	39 (18.6%)	$ 4,500	37%
RTH	1,607	171 (10.6%)	76 (4.7%)	200 (12.4%)	152	5 (3.0%)	$ 8,400	8%
Triangle Area	1,466	106 (7.2%)	78 (5.3%)	163 (11.1%)	104	77 (74.0%)	$11,500	5%
Top of the Hill	5,782	367 (6.3%)	248 (4.3%)	810 (14.0%)	493	315 (63.9%)	$ 8,400	8%
Total District	20,553	3,534 (17.2%)	1,424 (6.9%)	2,219 (10.8%)	1,273	536 (42.1%)	$ 8,400	
City	641,071	104,206 (16.3%)	17,984 (2.8%)	81,718 (12.7%)	80,700	58,100 (72.0%)		$ 9,133


MEDICAL CENTER AREA
BROOKLINE
LONGWOOD
AVE
RUGGLES
FENWOOD
FRANCIS
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WARD
MISSION HILL PROJECTS
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RTH
HUNTINGTON
TRIANGLE
AREA
SMITH
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CALUMET
ST
ST
TOP OF THE HILL
HEALTH
FISHER
AVE
BACK OF THE HILL
ST
SUB-AREAS

NORTH END/WATERFRONT

The Waterfront community, one of Boston's newest residential sections, is part of the North End georgraphically, however, it is not an extension of the Italian community.

WATERFRONT

POPULATION

The 1970 Census recorded a population of approximately 422 in the community which was not a residential area until the advent of Urban Renewal. At that time, the median family income was $11,000, with 60% of the households having incomes over $10,000. By the summer of 1973 when the BRA conducted a survey of the Waterfront residents there were 775 households; most of which were small, containing one to two people, 30 years or older. Of those households, 38% had incomes over $25,000 and only 16% earned less than $15,000. Most of the residents (68%) were in technical or professional occupations.

HOUSING

The Waterfront housing stock consist primarily of new and rehabilitated modern apartments and condominiums. Since 1970, approximately 1,000 luxury and market rental apartment units have been created either through new

construction or the conversion of warehouse buildings.

NORTH END

POPULATION

The North End's population is primarily Italian (over 60%), both in ethnic origin and social behavior. The neighborhood lifestyle is still oriented arount the Italian culture which places heavy emphasis on the family, its traditions, and its closeness. Recently, however, the North End has begun to attract a new non-Italian population because of its proximity to the business district and its reputation as a safe, low-rent district. Consequently, in some parts of the area, apartments are being renovated, rents are being raised, and long-term residents are moving.

INCOME

Analysis of U.S. Census information reveals a large variation in incomes with a 1970 median income of around $8,300 excluding the Waterfront area. This below that of the City's median of $9,133 and is also slightly below that of the City's older, predominantly working class neighborhoods such as South Boston, East Boston, and Charlestown. This income imformation would seem to suggest that North End residents are not as well paid as other City residents. In fact, the reason for the low median income is the larger than average number of retired people residing in the North End.

HOUSING

The housing stock in the North End is primarily brick, tenament structures of four to five units, absentee-owned. Of the 4,100 dwelling units, 15% are owner-occupied and 85% are rental units.

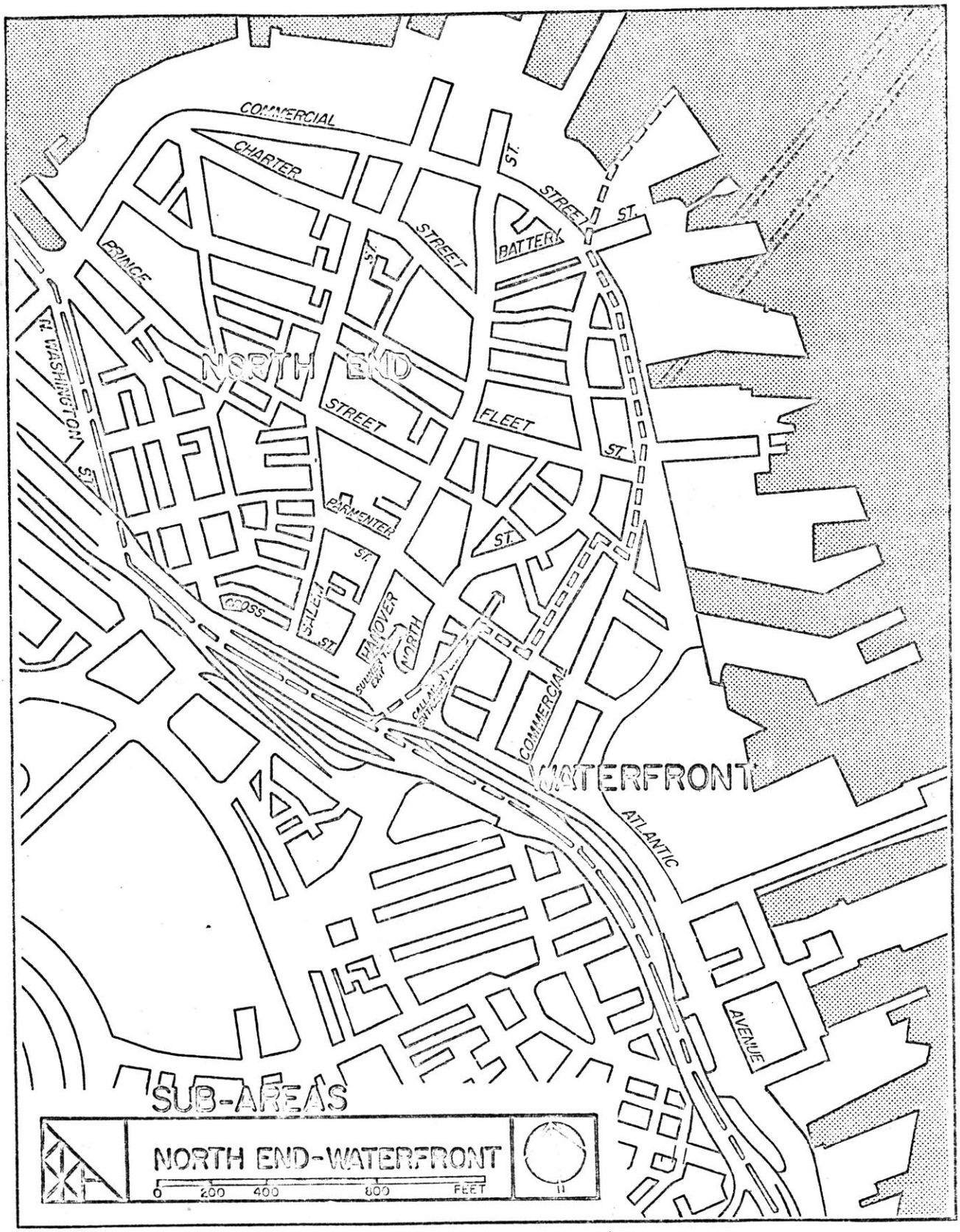
COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Community Organization is tremendous in the North End. Politically, the voice of the neighborhood is listened to when it speaks.

COMMUNITY RESIDENCES	COMMENTS
	none

SUMMARY

- Predominantly Italian; heavy ethnic and social influence
- Modest income level
- Multi-ethnic structures, primarily rented
- Politically active


COMMERCIAL
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STREET
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BATTERY
PRINCE
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STREET
WASHINGTON
NORTH END
STREET
FLEET
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PARMENTER
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ST.
CROSS
SALEM
ST.
HANOVER
NORTH
COMMERCIAL
WATERFRONT
ATLANTIC
AVENUE
SUB-AREAS
NORTH END-WATERFRONT
0 200 400 800 FEET
11

ROSLINDALE

POPULATION

Roslindale is an ethnically diverse community of 33,000 people located in the southwest section of the City. oge patterns are similar to those of the City although the distribution has a somewhat larger proportion of residents over 45 years old.

INCOME/EMPLOYMENT

In 1970, the median family was $10,539, somewhat above that of the City. The 1978 income figure, which allowed for inflation since 1970, indicated a median income of $16,500 for Roslindale. According to the Plesser Poll conducted that same year, 18% of Roslindale's residents ahad graduated from college and 31% had white collar jobs.

HOUSING

Roslindale had 12,253 housing units, mostly in one and two-family structures, in 1970. Over 88% of the total units were owner-occupied, compared to 27% of the City. The district's housing stock is moderately old - younger than most urban neighborhoods but older than most suburban areas.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Roslindale works vigorously to upgrade and coordinate all of its community programs and human services.

COMMUNITY RESIDENCES	COMMENTS
	none

SUMMARY

- Ethnically diverse; predominantly White
- Economically sound relative to median family income and employment
- Mostly one and two-family houses; high percentage of owner-occupancy
- Strong community activity

ARNOLD
ARBORETUM
V.F.W. PKWY.
CENTRE-SOUTH
LOWER WASHINGTON
MT. HOPE
METROPOLITAN HILL-BEECH
AMERICAN LEGION HIGHWAY
SUB-AREAS
ROSLINDALE
0 600 1200 2400 FEET

ROXBURY

Roxbury, located in the geographic center of Boston, is one of the most historically significant areas of the City. Once an affluent suburb, the neighborhood grew more densely populated around the turn of the century when the streetcare service was extended downtown.

HIGHLAND PARK

Although the community is relatively small, Highland Park is socially and ethnically diverse with Black and White families that have resided in the area for a long time. An increasing percentage of young White and Black professionals have become attracted to the housing stock (which is predominantly single-family, owner-occupied) and topography of the land.

SAV MOR

There appear to be two distinct neighborhoods within the Sav-Mor area, generally divided by Moreland Street. South of Moreland Street, the predominantly Black population is middle income with many long term residents. Housing is in better condition than in the rest of Roxbury as a whole and has mostly owner-occupied, single family structures. North of Moreland Street, the Hispanic and Cape Verdean communities have recently begun to expand. The

White population is composed mostly of older homeowners, scattered throughout the area.

LOWER ROXBURY

Lower Roxbury is an area with diverse land uses - residential, industrial, commercial, and recreational. The neighborhood is primarily considered a low income area, troubled by crime and dominated by housing projects.

WASHINGTON PARK

About 50% of Roxbury's residents live in Washington Park, an area where median incomes and property values are the highest in the district. Physically, Washington Park is quite diverse with well maintained old residential areas near Franklin Park, new housing construction in the center, and Dudley Station commercial/institutional area near Lower Roxbury.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

There are many community organizations in Roxbury in which the residents participate. It has continued to increase its strength in terms of improving the community. It does however lack the political influence posssessed by other old Boston neighborhoods.

COMMUNITY RESIDENCES	COMMENTS
1. Fairland House	Group Home, Mental illness

2.	First, Inc.	Halfway House, drug rehabilitation
3.	Packard Manse	Group Home
4.	Project Concern, Inc.	Detoxification Center-Drugs
5.	Roxbury Multi-Service Center	Group Home
6.	Fairland House	Group Home, mental illness

SUMMARY

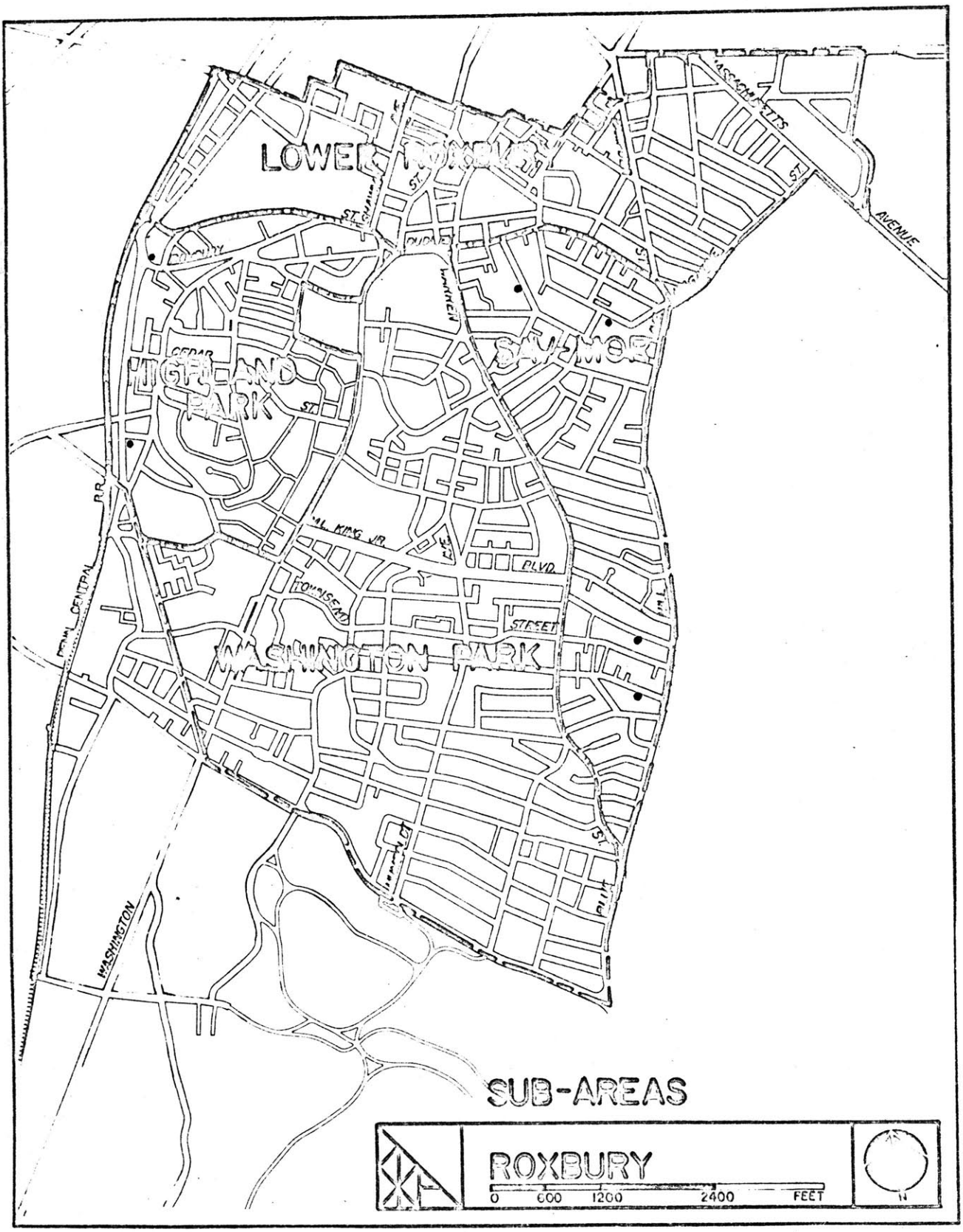
- Predominantly Black; Hispanic presence; gradual in-migration of young, White professionals in some neighborhoods
- Median family incomes vary significantly
- Variety of housing types in terms of value, unit size, and owner-occupancy
- Community participation strong

Statistics — Roxbury Planning District

1970 U.S. Census

Population	Highland Park	Sav-Mor	Lower Roxbury	Washington Park	Total District	City
Total	7,639	7,163	8,596	19,503	42,901	641,071
% Black	70%	84%	78%	88%	82%	16%
%Spanish	10%	05%	08%	03%	06%	03%
%White	20%	11%	14%	09%	12%	81%
% Under 18	34%	37%	43%	49%	42%	28%
% 65 & Over	11%	11%	7%	10%	10%	13%
Income						
Median	$6,100	$6,300	$4,900	$6,600	$6,300	$9,100
% Below Poverty Level	23.0%	20.0%	33.0%	24.0%	25.0%	12.0%
% Unemployed	8.6%	6.6%	11.0%	6.3%	6.5%	4.3%
Housing						
Total Units	3,258	2,455	3.443	6,919	16,705	232,448
Median Value	$8,800	$9,500	$7,400	$13,000	$10,300	$19,600
% 1&2 Family Structures	19%	34%	13%	26%	23%	31%
% Owner-Occupied	53%	66%	26%	52%	49%	80%

Note: 1977 unemployment was estimated to be 20.3% district-wide in a City of Boston survey conducted in May, 1977, by Hart Research Associates, Inc.


SUB-AREAS
ROXBURY
0 600 1200 2400 FEET
N
WASHINGTON PARK
HIGHLAND PARK
SALEM
AVENUE
BLVD.
WASHINGTON

SOUTH BOSTON

POPULATION

In 1975, the state estimated a population of 38,000 which was approximately the same as teh 1970 Census estimation. Although the majority of the South Boston population has been Irish since the early nineteenth century, this majority has been decreasing, while the numbers of Eastern Europeans, French Canadians, and Italians are growing. The community is considered to be very closely-knit (even to the point of being exclusionary).

INCOME/EMPLOYMENT

According to the U.S. Census of population and Housing, the median family income range within the sub-neighborhoods of South Boston from $4,590 to $11,207 in 1970. In that same year, the unemployment rate for South Boston was 5%. It has more than doubled over the past eight years to an estimated 12.5%.

HOUSING

The majority of the area's 14,170 housing units are predominantly of wood construction and were built prior to 1939. An average of 25% of the housing stock is owner-occupied. Conditions vary but a bulk of the housing is in need of major renovations.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

Community activity is great particularly when "Southie" feels the possibility of any kind of threat of infringement on its turf. The district is well remembered for the vehemency of its antibusing stand particularly in the early phases of court ordered school desegregation (1974).

COMMUNITY RESIDENCES	COMMENTS
1. Answer House	Halfway House-alcoholism
2. Basic, Inc.	Foster Home, adolescents
3. Center House	Specialized Group Residence, mentally ill adults
4. Gavin House	Halfway House-alcoholism
5. Pilot House	Halfway House-alcoholism
6. Today Foundation, Inc.	Halfway House-alcoholism
7. Vincent House	Specialized Group Residence, mentally ill adults

SUMMARY

- Closely-knit, Irish-Catholic community
- Broad median income range; typically considered work-inc class
- Housing types and conditions vary
- Stonng community activity in terms of internal interests

Comparative Statistics — South Boston
1970 U.S. Census Data

1970 Population	City Point (601,602,605)	Telegraph Hill (603,604)	Columbus Park (610,611)	Andrew Square (612,613)
Total 1970	11,378	10,144	5,750	2,222
% Change from '60	−7.5%	−7.7%	−30.0%	+3.4%
Aged 0-9 yrs.	1,822	1,406	1,111	325
% Change from '60	−21.3%	−28.3%	−35.2%	−18.5%
Aged 10-19 yrs.	1,812	1,709	1,130	385
% Change from '60	−5.6%	+3.0%	−12.3%	+7.5%
Aged 20-34 yrs.	2,349	1,800	870	372
% Change from '60	+2.1%	−10.0%	−32.2%	+8.8%
Aged 35-64 yrs.	3,959	3,586	1,590	819
% Change from '60	−9.7%	−9.7%	−27.2%	+1.9%
Aged 65 yrs. & over	1,436	1,643	1,049	321
% Change from '60	+4.1%	+17.7%	+16.4%	+30.5%
Income				
Median Family	$ 8,663 − 10,183	$10,496 − 11,207	$ 6,319 − 6,659	$ 7,558 − 7,694
% Families under $5,000	18.0%	12.6%	41.1%	29.2%
Housing				
Total Dwelling Units	4,216	3,554	2,248	913
Units Needing Fix-up in excess of $1,000	1,622	817	361	484
% Owner Occupied Units	27.0%	34.8%	7.8%	24.2%
Market Condition	Strong	Stable	Stable	Moderate
Mobility of Residents — Residence over 5 Years	37.2%	61.5%	64.3%	62.0%

Population	West Broadway (606,603,609,614)	D Street (607)	South Boston District	City Of Boston
Total 1970	5,455	3,539	38,488	641,071
% Change from '60	−26.4%	−5.0%	−10.4%	−8.1%
Aged 1-9 yrs. — 1970	842	1,062	6,568	101,634
% Change from '60	−39.2%	−23.9%	−28.4%	−15.8%
Aged 10-19 yrs. — 1970	1,043	933	7,012	112,122
% Change from '60	−18.7%	+29.9%	−3.0%	+9.2%
Aged 20-34 yrs. — 1970	917	456	6,764	156,497
% Change from '60	−30.3%	−29.6%	−14.3%	+9.2%
Aged 35-64 yrs. — 1970	1,930	799	12,683	189,059
% Change from '60	−24.7%	+17.2%	−13.1%	−22.8%
Aged 65 yrs. & over 1970	723	289	5,461	81,759
% Change from '60	−16.7%	+2.1%	+7.7%	−4.5%
Income				
Median Family	$7,100 − 9,316	$4,590	$ 4,590 − 11,207	$ 9,133
% Families under $5,000	24.5%	57.1%	24.9%	21.8%
Housing				
Total Dwelling Units	2,235	1,091	14,257	232,856
Units Needing Fix-up Over $1,000	1,125	1,091	5,500	67,102
% Owner Occupied Units	28.3%	0	23.9%	27.0%
Market Condition	Weak	N/A	Stable	Stable
Mobility of Residents — Residence over 5 Years	53.1%	53.3%	52.7%	50%

NORTHERN SECTION
NAVAL ANNEX
ARMY BASE
CASTLE ISLAND
CITY POINT
BROADWAY
4th
ST
MARINE
RD
DAY
FARRAGUT
DORCHESTER
AVENUE
STREET
CONGRESS ST
SUMMER
NORTHERN
PIER
CHANNEL
COMMON-WEALTH PIER
FISH PIER
AVE
BROADWAY
COLUMBUS PARK
SUB-AREAS
SOUTH BOSTON
0
800
1600
3200
FEET
N

SOUTH END

POPULATION

The South End, despite its small size geographically (approximately one square mile) and demographically (less than 4% of Boston's total population), is one of Boston's most richly and xomplex neighborhoods. It comprises the most racially and ethnically mixed community in the City. Blacks and Whites together total approximately two-thirds to the three-quarters of the racial stock; the balance is comprised of Hispanic and Oriental residents. The 1978 Plesser Survey suggests a steady growth in the Hispanic population, an increase in White population and a corresponding decrease in the number of Black and Oriental residents. These trends were basically the result of private sector conversions of rooming houses to one, two, and three-family dwellings concentrated in sections of the South End which were predominantly Black. In addition, a new middle income multi-racial population of singles and young families has been attracted to many sections of the district by the prosperity of urban reinvestment, the convenience of an intown location, and the existence of the large stock of Victorian rowhouses.

INCOME

In 1978, the median family income of the South End was $10,000. Although this figure was below the City's median

family income of $10,000 for that year, the gap between the two has narrowed appreciably and is predicted to continue doing so within the decade.

HOUSING

Since 1970, the total number of housing units has increased by 2,154 which has been reflected by the district's population increase since the beginning of the last decade. New construction has exceeded demolition since 1970 by almost four-to-one. Many rowhouses, once converted into low moderate income housing, have been converted back to middle income occupancy for the first time in over 100 years. Subsequently, the number of owner-occupied units has risen.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

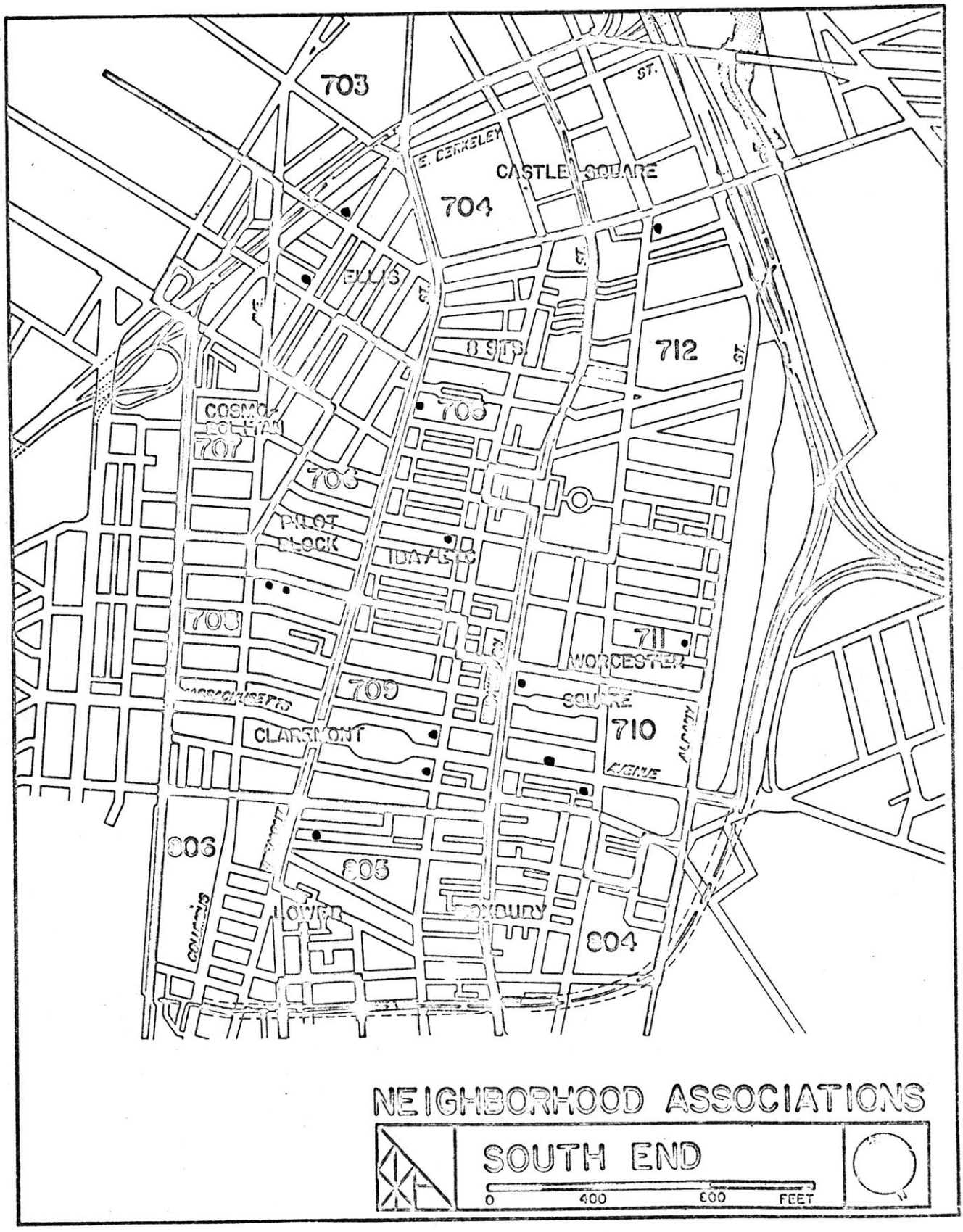
There are a variety of community organizations in the South End. Recently, one of the most outspoken of these has been the Tenant City Organization which works to make certain that the interest of low moderate income residents are kept in the forefront of the Copely Square Development Project.

COMMUNITY RESIDENCES	COMMENTS
1. Boston Alcohol Detoxification Project	Detoxification-Center-alcohol
2. Brooke House	Specialized Group Residence, adult Corrections

3.	Concilio Hispano of Massachusetts	Detoxification-drugs
4.	577 House	Halfway House-Corrections, alcoholism
5.	Groupways, Inc.	Group Home
6.	Hope House	Halfway House-alcoholism
7.	Moran Memorial Industries	Specialized Group Home, mental retardation
8.	Project Overcome, 699 House	Halfway-House-Corrections, drugs
9.	Salvation Army Harbor Light	Detoxification-Center-drugs
10.	Respite Care Home of Solomon Carter Fuller	Shelter Housing, children
11.	Rosie's Place	Shelter Housing-women
12.	Salvation Army Harbor Light	Halfway House-alcoholism
13.	Victory House	Halfway House-alcoholism
14.	Volunteers of America Hello House	Halfway House-alcoholism

SUMMARY

- One of Boston's most racially and ethnically-mixed neighborhoods
- Median fmaily income varies (recent significant increase in middle to upper income levels
- Rowhouses: rental units and owner-occupied units
- Significant degree of community participation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COSMOPOLITAN
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PILOT
BLOCK
711
WORCESTER
SQUARE
709
710
CLARENDON
ALBANY
AVENUE
706
605
LOWER
ROXBURY
604
NEIGHBORHOOD ASSOCIATIONS
SOUTH END
0
400
800
FEET

WEST ROXBURY

POPULATION

The population of West Roxbury increased by 24% between 1960 and 1970, the latter year of which it was reported to be 35,410. Of this figure, 99.3% were White, .2% were Black, and .3% were of various minority groups.

INCOME/EMPLOYMENT

In 1970, the median family income for West Roxbury was the second highest in the City. Its income figure of $12,285 was $3,152 above the City's median. The 1978 Plesser Survey indicated a median family income of approximately $18,000 among the West Roxbury households that were surveyed. The survey also indicated that 48% of the household had incomes over $15,000 and that 22% of the heads of the total number of households were employed in professional capacities.

HOUSING

Located in the southwest corner of Boston, West Roxbury is the most suburban of the City's neighborhoods. Housing is for the most part, owner-occupied and in good to excellent condition. The real estate market in West roxbury has exhibited a steady rising trend throughout the district. Interest in the neighborhood has been particularly strong in recent years as young middle-income professionals discover the quality and sytle of houses in

West Roxbury at prices which compare favorably to those found in nearby towns.

COMMUNITY ORGANIZATION/POLITICAL ACTIVITY

West Roxbury has numerous community organizations which continue to have a great impact on the community's development.

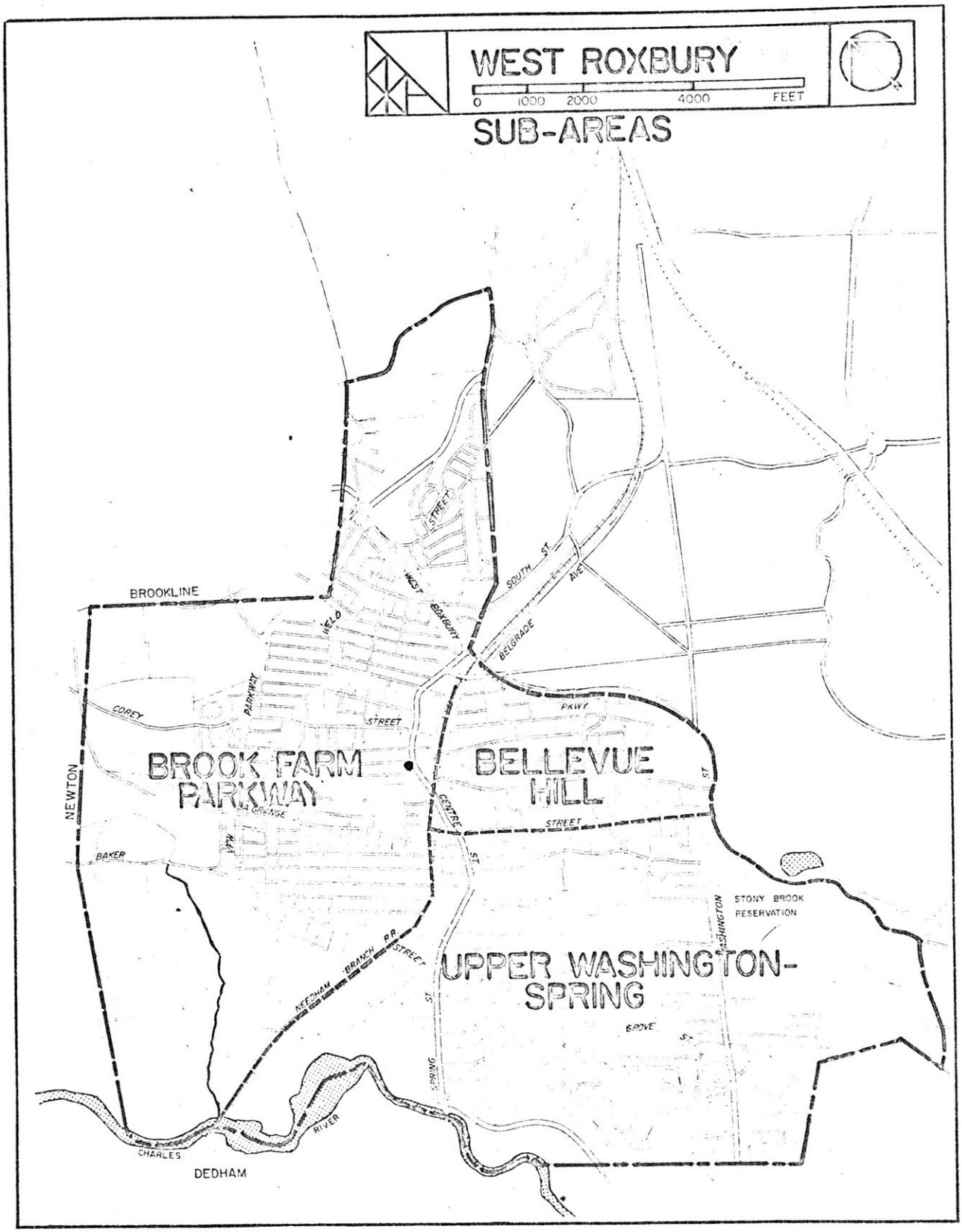
COMMUNITY RESIDENCE	COMMENTS
1. Brook Farm	Residential Treatment Center, children

SUMMARY

- Predominantly White, suburban community
- Strong economic base relative to median family income
- Mostly, single-family, owner-occupied structures
- Health community participation

Comparative Statistics — West Roxbury
1970 U.S. Census Data

Population	Bellevue Hill/ LaGrange	Brook Farm/ Parkway	Upper Washington/ Spring	West Roxbury District	City
Total 1970	6,210	16,600	12,600	35,410	639,803
Change from '60	+6%	+3%	+30%	+24%	−8%
Aged 15-19 yrs. 1970	579	1,059	890	2,761	60,900
Change from '60	+21%	+16%	+42%	+26%	+17%
Aged 20-24 yrs. 1970	449	789	1,064	2,496	76,958
Cange from '60	+38%	+19%	+67%	+41%	+41%
Aged 65 yrs. & over 1970	986	2,553	1,656	5,616	81,437
Change from '60	+14%	+25%	+58%	+32%	−5%
Income					
Median Family	$13,220	$12,000	$11,440	$12,285	$ 9,133
% Families under $5,000	7%	7%	8%	8%	22%
Housing					
Total Dwelling Units	1,780	4,880	4,235	10,895	232,401
Units Needing Repairs in excss of $1,000	85 (5%)	55 (1%)	105 (2%)	245 (2%)	67,102 (29%)
% Owner-Occupied Units	96%	92%	94%	94%	27%
Mobility of Residents					
People in same house over 5 years — 1970	70%	70%	55%	64%	50%


WEST ROXBURY
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SUB-AREAS
BROOKLINE
NEWTON
DEDHAM
CHARLES RIVER
NEEDHAM BRANCH P.R.
BROOK FARM PARKWAY
BELLEVUE HILL
UPPER WASHINGTON-SPRING
STONY BROOK RESERVATION
WELD PARKWAY
COREY STREET
BAKER STREET
WEST ROXBURY PKWY
SOUTH ST.
BELGRADE AVE.
CENTRE ST.
SPRING ST.
GROVE ST.
WASHINGTON ST.

Notes to Chapter Four

[1]As proviously mentioned, the nineteen planning areas or districts are defined by the BRA. I decided to use these boundaries because they were already established and because of the association made to them as neighborhoods or communities by the vendors, government facilitors, and neighborhood residents in my sample. Yet, some planning districts were composed of distinct neighborhoods whose characteristics could be more effectively examined on individual base rather than as total districts.

[2]I felt that the best way for me to examine the current locations of community residences was to: 1) study the neighborhoods through the brief profiles written; 2) identify key variables; 3) summarize any patterns uncovered; and 4) draw my conclusions.

[3]Unless otherwise noted, all statistical data found in thes profiles was taken from the 1970 U.S. Census.

[4]Information taken from "Massachusetts Cities and Towns: Employment and Unemployment," Massachusetts Division of Employment Security.

[5]Boston Redevelopment Authorigy Housing Survey, June, 1978.

[6]Demographic statistics for China-South Cove are difficult to obtain because the small size of the area precludes it from being treated as a single census tract by the U.S. Census Bureau; therefore, this figure was taken from 1975 State Census.

[7]Housing information taken from the Chinese Economic Development Council Survey, 1977.

[8]Information in this profile was derived from the 1970 U.S. Census in addition to the 1977 Hart Survey, 1977 Division of Employment Security statistics, and the 1978 Plesser Survey.

[9]Information taken from the 1978 Plesser Survey.

[10]Erving Goffman, Relations in Public. (New York: Harper Colophon Books, 1971), Chapter 2.

[11]Peter Morris, Loss and Change. (Garden City, New York: Anchor Books, 1975).

CHAPTER FIVE: CONCLUSION

On the following page is a summary of the characteristics of Boston's planning districts discussed in chapter four. The chart attempts to visualize this information for the reader to facilitate the identification of any patterns that occur in relationship to the dense, moderate or sparse populations of community residential programs in these neighborhoods. Based on this information, I realized which neighborhood characteristics were most important to this study. Consequently, I will not attempt to correlate all. However, the key variables which emerged include: population (racial and ethnic diversity); income/employment/education; housing (structure and occupancy types); and community organization/political activity. To assist in the identification of these patterns, discussions of the key variables are provided below.[1]

It appears as though those neighborhoods with high to medium degrees of racial and ethnic diversity have the lartest concentrations of community residential programs. Conversely, those neighborhoods with relatively low diversity have the largest concentrations of community residential programs. Converseely, those neighborhoods with relatively low diversities have fewer residences. (Tables B, C)

Many neighborhoods of similar median family income, possessed varying concentrations of community residences. Therefore, in regards to median family income, no clear relationship exists. (Table D)

Table A

	11 to 14 Residences			6 to 7 Residences						3 to 4 Resdences				0 to 1 Resdences					
NEIGHBORHOOD CHARACTERISTICS	Field's Corner (11)	Jamaic Plain (14)	South End (14)	Back Bay (7)	South Boston (7)	Uphams Corner (7)	Allston-Brighton (6)	Franklin Field (6)	Roxbury (16)	East Boston (4)	Hyde Park (4)	Fenway (3)	Mission Hill (1)	Chalres-town (1)	West Rox-bury 0	Chinatown	Mattapan 0	North End 0	Roslindale 0
HIGH Racial Diversity	Ω	Ω	Ω	Ω	Φ	∇	Ω	∇	∇	Φ	Φ	Ω	∇	Φ	Φ	Φ	Φ	Φ	Φ
Ethnic Diversity	∇	Ω	Ω	∇	Φ	∇	Ω	∇	∇	Φ	Φ	∇	∇	Ω	Φ	Φ	Φ	Φ	Φ
Median Family Income	∇	∇	∇	Ω	∇	∇	∇	∇	Φ	∇	∇	∇	∇	∇	Ω	Φ	∇	∇	∇
Education Level	∇	∇	∇	Ω	∇	∇	∇	∇	Φ	∇	∇	∇	∇	∇	∇	Φ	∇	∇	∇
MEDIUM 1,2, and 3, Family Structures	Ω	Ω	Ω	∇	Ω	Ω	∇	Ω	Ω	Ω	Ω	Φ	∇	Ω	Ω	∇	Ω	Φ	∇
Multi-Units Structures (4 or more)	∇	∇	∇	Ω	∇	∇	∇	∇	∇	Φ	Φ	Ω	∇	Φ	Φ	∇	Φ	Ω	∇
Owner-Occupancy	∇	∇	∇	∇	∇	∇	∇	∇	∇	Ω	Ω	Ω	∇	Ω	Ω	Φ	Ω	Φ	Ω
Renter-Occupancy	∇	∇	∇	∇	∇	∇	∇	Φ	Φ	Φ	∇	Φ	Ω	Φ	Φ	Ω	∇	Ω	∇
LOW Community Activity	Ω	Ω	Ω	∇	Ω	∇	∇	∇	∇	∇	∇	∇	Ω	∇	∇	∇	∇	∇	∇

Table B

Racial Diversity

HIGH		
1.	F. Corner	7,000 : 1
2.	Jam. P.	3,000 : 1
3.	So. End	2,500 : 1
4.	Back Bay	4,000 : 1
5.	All-Brighton	11,000 : 1
6.	Fenway	8,000 : 1
MODERATE		
7.	Uphams Corner	7,000 : 1
8.	Mission Hill	7,000 : 1
9.	Franklin Field	4,000 : 1
10.	Roxbury	7,000 : 1
LOW		
11.	So. Boston	5,000 : 1
12.	East Boston	10,000 : 1
13.	Hyde Park	9,000 : 1
14.	Charlestown	17,000 : 1
15.	W. Rox.	36,000 : 1
16.	Chinatwon	
17.	Mattapan	
18.	No. End	
19.	Roslindale	

Table C

Ethnic Diversity

HIGH		
1.	J. Plain	3,000 : 1
2.	So. End	2,500 : 1
3.	All-Brighton	11,000 : 1
MODERATE		
4.	Field's Corner	7,000 : 1
5.	Uphams Corner	7,000 : 1
6.	Fenway	8,000 : 1
7.	Mission Hill	7,000 : 1
8.	Back Bay	4,000 : 1
9.	Franklin Field	4,000 : 1
10.	Rox.	7,000 : 1
11.	Roslindale	
LOW		
12.	So. Boston	5,000 : 1
13.	East Boston	10,000 : 1
14.	Hyde Park	9,000 : 1
15.	Charlestown	17,000 : 1
16.	W. Rox.	36,000 : 1
17.	Chinatown	
18.	Mattapan	
19.	No. End	

Table D

Median Family Income/Education Level

HIGH		
1.	Back Bay	4,000 : 1
2.	Waterfront	none
3.	W. Roxbury	36,000 : 1
MODERATE		
4.	Field's Corner	7,000 : 1
5.	J. Plain	3,000 : 1
6.	So. End	2,500 : 1
7.	Mattapan	
8.	Roslindale	
9.	Fenway	8,000 : 1
10.	Hyde Park	9,000 : 1
LOW TO MODERATE		
11.	So. Boston	5,000 : 1
12.	Uphams Corner	7,000 : 1
13.	All-Brighton	11,000 : 1
14.	Franklin Field	4,000 : 1
15.	Roxbury	7,000 : 1
16.	E. Boston	10,000 : 1
17.	Mission Hill	7,000 : 1
18.	No. End	
19.	Charles town	17,000 : 1
LOW		
20.	Chinatown	

According to my groupings of structure types, the predominance of particular building structures in neighborhoods is not important to residential program concentration. One possible explanation is the fact that regardless of the dominant neighborhood structure type, most housing stocks in Boston's communities still provide a wide selection of both structure styles and types. (Table E) In terms of occupancy, it seems that neighboroods of moderate renter occupancy have the highest concentration of community residences while those of high owner occupancy displayed sparse program populations. (Table F)

Community activity is high for those neighborhoods with the highest proportions of community residences. Those neighborhoods with the lowest proportions of residential programs show moderate activity on the community level. (Table G)

Based on the matrix and the material presented above, what conclusions can be drawn about the particular characteristics of the neighborhoods in which community residence are located?

The data suggests that those areas with the highest concentrations of community residential programs, which include Jamaica Plain, South End, and Field's Corner, are transistion neighborhoods. Specifically they are racially and ethnically diverse; are of medium family income; predominantly contain one, two, and three family structures; have mostly owner occupied structures; and possess high

Table E

Housing (Structures: Family vs. Multi)

PREDOMINANTLY 1,2, AND 3 FAMILY STRUCTURES		
1.	Field's Corner	7,000 : 1
2.	J. Plain	3,000 : 1
3.	So. End	2,500 : 1
4.	So. Boston	5,000 : 1
5.	Uphams Corner	7,000 : 1
6.	Franklin Field	4,000 : 1
7.	Rox.	7,000 : 1
8.	E. Boston	10,000 : 1
9.	Hyde Park	9,000 : 1
10.	Charlestown	17,000 : 1
11.	W. Rox.	36,000 : 1
12.	Mattapan	
13.	Roslindale	
RELATIVELY EVEN MIXTURE		
14.	All-Brighton	11,000 : 1
15.	Mission Hill	7,000 : 1
16.	Chinatown	
MULTI-UNIT STRUCTURES (4 OR MORE)		
17.	Back Bay	4,000 : 1
18.	Fenway	8,000 : 1
19.	No. End	

Table F

Occupancy: Owner vs. Renter

HIGH OWNER OCCUPANCY		
1.	E. Boston	10,000 : 1
2.	Hyde Park	9,000 : 1
3.	Charlestown	17,000 : 1
4.	W. Rox.	36,000 : 1
5.	Mattapan	
6.	Roslindale	
MODERATE RENTAL		
7.	Field's Corner	7,000 : 1
8.	Jam. Plain	3,000 : 1
9.	Back Bay	4,000 : 1
10.	All-Brighton	11,000 : 1
11.	Franklin Field	4,000 : 1
12.	Roxbury	7,000 : 1
13.	So. End	2,500 : 1
14.	So. Boston	5,000 : 1
15.	Uphams Corner	7,000 : 1
HIGH RENTAL		
16.	Fenway	8,000 : 1
17.	Mission Hill	7,000 : 1
18.	Chinatown	
19.	No. End	

Table G

Community Activity

HIGH		
1.	Field's Corner	7,000 : 1
2.	Jam. Plain	3,000 : 1
3.	So. End	2,500 : 1
4.	So. Boston	5,000 : 1
5.	Mission Hill	7,000 : 1
6.	Charlewtown	17,000 : 1
MODERATE		
7.	Back Bay	4,000 : 1
8.	Allston-Brighton	11,000 : 1
9.	East Boston	10,000 : 1
10.	Hyde Park	9,000 : 1
11.	W. Roxbury	36,000 : 1
12.	Chinatown	
13.	Mattapan	
14.	No. End	
15.	Roslindale	
LOW		
16.	Uphams Corner	7,000 : 1
17.	Franklin Field	4,000 : 1
18.	Roxbury	7,000 : 1
19.	Fenway	8,000 : 1

levels of community activity.

Those areas of moderate concentration include Back Bay, South Boston, Uphams Corner, Allston-Brighton, Franklin Field, Roxbury, East Boston, Hyde Park, Fenway, and Mission Hill. As the matrix illustrates, these areas spand the spectrum in terms of population, income, housing, and activity characteristics.

The areas of sparse program populations which include Charlestown, West Roxbury, Chinatown, Mattapan, North End, and Roslindale display definite trends in terms of neighborhood characteristics. These areas are of little racial ethnic diversity; are of moderat family income; contain predominantly owner-occupied structures; for one, two and three families and are of moderate community activity.

These findings alone still leave certain questions unanswered. What is the relationship between these Key variables and the program directors' stated locational criteria and determinants? Can it be assumed that directors initially sought to locate at the top of the hierarchy of neighborhood statuses and descended until they were permitted to enter a community, having taken whatever they could get as an initial step in the deinstitutionalization process? Were there any tradeoffs involved between increasing program concentration and meeting locational criteria? That is, some neighborhoods met the locational criteria in terms of their possession of desirable resources yet were highly concentrated while some other neighborhoods were less concentrated but were less desirable as well. Is there

some hidden agenda that I may have failed to uncover?

In seeking answers to these questions and others, my investigation of the factors which guide the locational decisions of community residential programs percipitated seven major findings. They are as follows:

1. Most program directors felt that the response of neighborhood residents to community residential programs were affected in large part by the types of deviances served by the programs.

   In most cases, group homes for the mentally retarded and physically handicapped received less opposition from neighborhood residents as compared to other types of residential facilities. Neighborhood residents considered themselves to be "abnormal" yet less harmful. In contrast, neighborhoods expressed opposition to some residential programs, particularly group homes for the mentally ill, halfway houses, and detoxification centers, because of the fear of harmful impacts of these types of program residents on their neighborhoods.

   Consequently, there is a qualitative differential that must be recognized in assessing the impacts of community residences on neighborhoods. For example, the six group homes in Jamaica Plain might have a lesser neighborhood impact than would the six halfway houses for ex-offenders in the South End.

2. The demographics of clients appeared to impact neighborhood residents' attitudes toward residential program development. According to program directors, community responses was different for the elderly than it was for the non-elderly. For example, elderly people were thought to be relatively docile, consequently, they were easier to locate than some client groups. Among adolescents, neighborhood residents were more receptive to femal program clients than to males. Hence, most programs with adolencent male residents experienced high levels of community apprehansion especially if there were many teenage girls in the neighborhood. Thus, the age and sex of program residents do affect community response.

3. The majority of the program directors felt that resistance to community residential program entry was greater where the residential facility was replacing a conventional residence. Consequently, they sought sites that would minimize such resistence. Thus, many program directors chose to locate on sites that had previously housed community residential programs. Others located on sites whose previous uses were considered "undesirable" by neighborhood residents with the community residences representing "improvements" over the prior uses.

   Therefore, it appears that neighborhood residents have accounting sheets of the land uses in their communities and that a premium is placed on residential use. Not only do neighborhoods possess the ability to differentiate between residential program types, they also tend to make distinctions in terms of site uses.

4. The geogrpahic origin of program residents should be a major consideration in the site selection process. At least half of the programs in the sample maintained that they sought to place their clients in their own communities. Thus, program directors attempted to place people who were in need of such residential services in programs located in their own communities. Directors also sought to place clinets in residential facilities in communities in which the clients have "meaningful ties", such as their families.

5. Since Boston is a city of separate and distinct neighborhoods, the entry of community residences may have been viewed as ipso facto "integration." Thus, some of the resistance to community residential programs may be more appropriately attributed to racial and ethnic program diversity than to the mere fact that they are community residences.

6. Most program directors sought to locate in areas of good residential quality which they defined as areas which permitted and encouraged a full range of neighborhood and community acativities - use of convenient shopping, area restaurants, churches, local entertainment and recreational facilities, social services, ane enjoyment of activity of public spaces and town centers.

   In Boston, the highest concentrations of community residences are found in transition neighborhoods. The reason for this given by many program

directors is that transistion neighborhoods were more accustomed to change than others; consequently, community residential programs were better able to establish in those areas. An alternative explanation might be that transition neighborhoods are inherently less stable, less cohesive, less organized, and less able to generate neighborhood resistance to a residential facility. Even when they are able to generate such resistance, they usually lack the political influence of middle and upper income neighborhoods.

7. Until recently, many program directors felt that community residences were the victims of restrictive and ambiguous zoning ordinances. To circumvent this, many sought treatment under the definition of "family" or the definition of "education" for which no zoning restrictions apply.

What do these findings mean? What are the policy implications? What are the future steps of inquiry? Each reader, of course, will render his own translation. For myself, I will put it as follows:

It appears that the public has the capacity to differentiate between the various types of deviant behaviors in determining the impact of community residences on their neighborhoods. People are much more capable of discriminating than public policy makers realize. Therefore, the "saturation" of community residences should be calibrated so as to reflect the differential programs on neighborhoods.

A future step in regards to this discriminating factor might include a comprehensive attempt to develop a hierarchy of resident deviances based on neighborhood acceptance or rejection. By correlating these deviances with various neighborhood characteristics, the relative weights of programs impact by neighborhood types can be determined.

This information can serve as a major reference in guiding the placement of community residential programs so as to minimze the "saturation" of particular neighborhoods.

According to program directors, the demographics of program residents affect community receptivity particularly as they relate to the potential to cause public harm. Since we tend to associate violence and aggresive behavior more with men than women, my hypothesis was that programs serving men encounter a greater degree of community opposition in making locational choices. The majority of the program directors' attitudes were in accordance with my own. In addition, it appeared that aged coupled with sex proved to have a significant impact on neighborhood residents' attitudes toward residnetial program establishment in their communities.

Thus, it may be an art to placing program residents in neighborhoods with respect to both the particular characteristics of the neighborhood and the characteristics of the clients served. Policy makers should look beyond the neighborhood as merely a residential use and consider its internal dynamics as they relate to neighborhood acceptance or rejection. The neighborhood should be viewed in parts, possibly block by block. This might allow for the placement of community residential programs in parts of the neighborhood that would not yield intense opposition. For example, a block which is accustomed to accomodating a variety of alternative uses (i.e. stores, bars, factories) might be more receptive to certain client groups than would

other blocks that are strictly residential.

The findings suggest that neighborhood residents have memories. They tend to differentiate between the previous and present uses of sites in their communities. They also tend to rank space in a hierarchy of uses with the single family residence at the apex and the community residence at the base. Some neighborhood residents may even view these residential facilities as non-residential users of space; that somehow these programs detract from their notion of "neighborhoodness."

It is the task of proponents, therefore, to make community residences look, sound and feel like other more conventional residences. Residential program sponsors should consider having group home parents (rather than an agency administrator) who would integrate themselves in neighborhood activites as an initial step in the community integration process.

Yet, the approach to this task may require a larger strategy. If community residences are viewed as something negative, they should be coupled with something positive which could possibly serve to neutralize community opposition. Thus, a system of incentives should be created for neighborhoods which house community residential programs. For example, these neighborhoods could be given preference or special consideration in the appropriation of Community Development Block Grant (CDGB) funds. Various tax incentives such as property tax reductions could also be provided for these neighborhoods. In this approach, the

development of a good marketing strategy for community residences is the Key to neighborhood entry. The creation of neighborhood incentives can be likened to the marketing strategy employed by many factories seeking to locate in residential areas. These factories usually commit themselves to filling a majority of the jobs they create with residents from the neighborhood versus people from the "outside."

Most program directors felt that the geographic origin of residents should be a major consideration in the site selection process. This implies that one way of reducing neighborhood resistence to community residences or to the notion of "outsiderness" is to create and present them not as outsiders interloping in neighborhoods but as additional sources.

A new policy created by the DMH, for example, maintains that community residents be placed in neighborhoods in which they have "meaningful ties." Although this seems like a very innovative approach to program resident placement, it is relatively new and lacks empirical evidence as to its success or failure. Consequently, the policy effects should be examined.

The entry of community residences may have been viewed as "integration" threats by some communities in Boston, a city of very separate distinct neighborhoods. This might suggest that an examination of other cities be made to see if there is a relationship between the desire for racial and ethnic homogenity and residential program entry. If

the desire for racial and ethnic homogenity neighborhoods is more significant, then program sponsors should try to create a match between program clients and the communities in which they are placed. They might also create a policy similar to the one previously mentioned which stresses the placement of community residents in areas in which they have "meaningful ties."

The highest concentrations of community residential programs in Boston are found in transition neighborhoods. Since these neighborhoods are in movement from one state to another, it is unlikely that they provide settings which encourage neighborhood integration. This raises the question as to whether community residences should be placed in these unstable neighborhoods just because they lack the cohesivenes, organization, and political influence to resist residential program establishment. If the pattern of locating community residential programs in transition neighborhoods continues, it may in the long run subvert the positive program goal of neighborhood integration. To address this paradox, I propose that residential programs abandon the transition neighborhood strategy or the strategy of locating community residences in areas which are anticipated to yield the least amount of community resistence. By simply locating community residences in these areas, residential programs are vulnerable to attack in terms of meeting their program goals.

The locations of community residences were once affected

by restrictive and ambiguous zoning ordinances. Now, Boston Zoning ordinances include two well devided categories of community residences under which residential programs are treated. The next step that must be taken is to examine whether these new zoning ordinances are effective or in program sponsors are still using alternative routes to acquire the necessary zoning permits. Zoning boards are inherently not suitable to perform such examinations. Their power is a regulartory one in that they manage the patterns of land and the type and scale of development. This limited oversite suffocates any sensitivity to the special needs of community residential programs in making locational decisions. Therefore, a central coordinating body should be established and empowered to enforce municipal locational criteria through its designation as the permit granting authority. This body should be sensitive to the array of variables which influence location and to the negative effects of concentrations of community residential programs in particular neighborhoods.

To facilitate this function, the coordinating body should maintain an up-to-date map clearly showing the location of all community residential programs. The map should be readily accessible to potential program directors so that they can seek locations that will not impact areas. This map should serve as a primary reference for the coordinating body in determining whether or not proposed programs would lead to neighborhood concentrations.

This coordination body should also affect the community education process. It should serve to complement the training of program directors particularly in regards to the development and maintenance of community education programs. This body should also function as a link between program directors by establishing a network for sharing experineces. This activity could possibly be headed by the director of a DMH affiliated program since that Department is a leader in community residential program development in the Commonwealth. In addition, the coordinating body should create a variety of contexts in which continuous discussions between program director, goverment officials, and neighborhood residents could take place.

The tale of the deviant and the dependent, wandering the streets dazed and lost, was often true. Nearly all of these were persons who had simply been released from large institutions without placement in adequate residential facilities to ease their transition back to the "normal" and ensure that their medical and psychiatric needs were met. The trend in corrections, mental health treatment, and many of the social services is now toward smaller, community-oriented residential, rehabilitative programs for those individuals who can be helped by them. Thus, the first step in the process of creating such a system of "deinstitutionalization" is to locate these programs in residential neighborhoods.

One of the major goals espoused by these programs is that their residents should live in "normal" residential communities where the general public can serve as behavior models; the resident is supposed to be removed from the institutional atmosphere.[2] Professionals in the community care field generally agree that the dispersal of community residences throughout neighborhoods is preferable to the concentration of these programs in particular neighborhoods.[3] The concentration of these programs in clusters may inadvertently recreate the institutional atmosphere and be counterproductive.

The principle favoring dispersion is not necessarily followed in practice. Even if the public thinks that the idea is good, people often are unwilling to accept a community residence nearby. Such an attitude inevitably leads to the concentrations of these programs in few places that are either willing to accept them or are unable to keep them out.

The majority of the program directors in Boston expressed the desire to locate in neighborhoods that were characterized by attractive residential qualities; suitable and affordable housing stocks and properties; racial and ethnic diversity; and various neighborhood support systems. these support systems are composed of a full range of neighborhood and community activities which include use of convenient shopping, area restaurants, churches, local entertainment and recreation facilities, and the enjoyment of activity of public spaces and town centers. These

wualities are characteristic of most middle-income neighborhoods.

Although some program directors initially approached upper-income neighborhoods for entry, many felt restained by the high land costs and property values in those areas. They also felt the likelihood of community opoosition to be greater there than in other neighborhoods. Thus, after having assessed those variables which they felt were key to their locational decisions, many program directors sought entry into middle-income neighborhoods, primarily those in transition. They believed that they were better able to establish programs in these areas since the transistion neighborhoods were accustomed to change.

The mapping of the current locations of community residences in Boston indicates that the transition neighborhoods indeed have the highest concentrations of residential programs. However, there are more community residences located in neighborhoods that are considered "marginal" (based on teh aforementioned criteria) than there are in other types of communities. Most studies on the locational patterns of community residences in large metropolitan areas reveal that residential programs tend to locate in these "marginal" areas which have low rents and which often lack the political ability to resits their establishment.[4]

I conclude that there is no formula for ranking the relevant variables that permits a sure-fire neighborhood entry stratety. I also include that there is no single equation into which key variables can be plugged that will

explain the existing pattern of residential program location in Boston. The problem of assessing and managing key variables pertaining to program, program resident, and neighborhood characteristics is so complex that the dominant variable may well be luck; for each neighborhood situation is unique and must be assessed in light of its uniqueness, using the framework of key variables as a guide in addition to any relevant variables absent from my investigation. It must be noted, however, that despite the uniqueness of the neighborhoods and the various assessments of those particular variables which influence individual locational decision, an overriding determinant expressed by program directors is that of community response. Of all the factors which influence location, program directors felt that community acceptance or rejection were key. Consequently, the ability or inability of residential programs to locate in some neighborhoods has direct implications on locational patterns by cultivating densely populated neighborhoods at one end of the spectrum and sparsely populated neighborhoods at the other.

Notes to Chapter Five

[1]The ratio of total district population to the number of community residences per district is used as a control for population variance. The actual number which compose the ratios can be found in the Appendix.

[2]Danial Lauber with Frank S. Bangs, Jr., "Zoning for Family and Group Care Facilities," American Society of Planning Officials 300 (March 1974): p. 13.

[3]Ibid., p. 13

[4]Ibid., p. 14

APPENDICES

Appendix A

Community Residential Programs, City of Boston

ALLSTON-BRIGHTON

COMMUNITY RESIDENCES	COMMENTS
1. Eikos-Allston Street House	Group Home, mental illness
2. Eikos-Therapeutic Environments	Specialized Group Residence, mental illness
3. Hilltop House	Specialized Group Residence, mentally ill adults
5. League School of Boston	Residential Treatment Center
6. Life Center	Specialized Group Residence, mentally ill adults

BACK BAY/BEACON HILL/BAY VILLAGE

COMMUNITY RESIDENCES	COMMENTS
1. Berkeley House	Specialized Group Residence, mental illness
2. Bridge over Trouble Waterers	Sheltered Housing
3. Interfaith Youth Adult Ministry	Sheltered Housing
4. Jewish Vocational Service	Specialized Group Residenc, mental retardation
5. League School of Boston	Residential Treatment Center, mental retardation
6. Project Place	Sheltered Housing

7.	Temporary Home for Women and Children	Sheltered Housing

CHARLESTOWN

COMMUNITY RESIDENCE		COMMENTS
1.	Community Residence at the YMCA	Specialized Group Residence, mentally ill adults

CHINATOWN-SOUTH COVE

COMMUNITY RESIDENCES		COMMENTS
		none

DORCHESTER-FIELDS CORNER

COMMUNITY RESIDENCES		COMMENTS
1.	Alleyn	Foster Home
2.	Andrew House Detoxification Center	Detoxification Center-alcohol
3.	Bay Cove Community Residence	Specialized Group Residence, mentally retarded adults
4.	Bay Cove Human Services	Specialized Group Residence, mentally retarded adults
5.	Butler's	Cooperative Apartment
6.	Charles Hayden Inn School	Halfway House-alcoholism
7.	DARE Alpha House	Group Home, children
8.	Fairmount Street Residence	Specialized Group Residence, mental illness
9.	Hamilton House	Halfway House-alcoholism

10.	Interim House	Halfway House-alcoholism
11.	Mrs. Jame's Residence	Detoxification Center-alcohol

COLUMBIA POINT

COMMUNITY RESIDENCES		COMMENTS
1.	Columbia Road Residence	Specialized Group Residence, mentally retarded adolescents
2.	First, Inc.	Halfway House-alcoholism
3.	Flynn Christian Fellowship House of Massachusetts	Halfway House-alcoholism
4.	Interested Neighborhood Action	Halfway House-alcoholism
5.	Shepard House	Halfway House-alcoholism
6.	Virginia Street House	Halfway House-alcoholism
7.	Wilson Street Group Home	Specialized Group Residence, mental illness

EAST BOSTON

COMMUNITY RESIDENCES		COMMENTS
1.	East Boston Drug Action Council	Detoxification Center-drugs
2.	Rehabilitation and Health, Inc.	Halfway House-alcoholism
3.	Andrew Johnson Intervention and Detoxification Center	Detoxification Center-alcoholism
4.	Rehabilitation & Health, Inc.	Halfway House-alcoholism

FENWAY-KENMORE

RESIDENCES	COMMENTS
1. Kenmore Square Treatment Center	Detoxification Center-alcoholism
2. Massachusetts Halfway House, Inc.	Group Home-Corrections
3. Park Drive Pre-release Center	Group Home-Corrections

FRANKLIN FIELD

RESIDENCES	COMMENTS
1. The Alternative House	Specialized Group Resdence, mentally disabled
2. Charlott House	Group Home-Corrections
3. Judge J.J. Connelly Youth Center	Group Home
4. Lena Park CDC	Specialized Group Residence, mental illness
5. Lena Park Development Corp.	Specialized Group Residence, mental retardation
6. North Cottage Program	Halfway House-alcoholism

HYDE PARK

RESIDENCES	COMMENTS
1. Franklin Terrace	Halfway House-alcoholism
2. Lt. Joseph P. Kennedy Memorial School	Group Home, delinquent youth

3.	Volunteers of America	Group Home, adolescent boys
4.	Xenadelphia, Inc.	Group Home, Dept. of Public Welfare

JAMAICA PLAIN

	RESIDENCES	COMMENTS
1.	Booth House	Group Home, children
2.	DARE, Inc.-DARE House	Group Home, children
3.	Elizabeth Stone House	Group Home, mentally ill adults
4.	Fortune House	Specialized Group Residence, mental retardation
5.	Italian Home for Children, Inc.	Residential Treatment Facility
6.	Nazareth Child Care Center	Residential Treatment Facility
7.	New England Home for Little Wanderers-Child Care Home	Residential Treatment Facility
8.	New England Home for Little Wanderers	Residential Treatment Facility
9.	Saint Jude Foundation	Halfway House-alcoholism
10.	Sedgwick Street	Halfway House-alcoholism
11.	Volunteers of America	Residential Treatment Facility
12.	Volunteers of America Edith M. Fox Home	Group Home-Corrections
13.	Volunteers of America-Girl's Residence	Group Home-Corrections

14.	Xenadelphi, Inc.-Hyde Park House	Group Home

MATTAPAN

RESIDENCES	COMMENTS
	none

MISSION HILL/MEDICAL CENTER AREA

COMMUNITY RESIDENCES		COMMENTS
1.	DARE, Inc.-Hillside House	Group Home, adolescents
2.	Massachusetts Mental Health	Specialized Group Home, mental retardation
3.	Tecumseh House	Halfway House-alcoholism

NORTH END

COMMUNITY RESIDENCES	COMMENTS
	none

ROSLINDALE

COMMUNITY RESIDENCES	COMMENTS
	none

ROXBURY

	COMMUNITY RESIDENCES	COMMENTS
1.	Fairland House	Group Home, Mental illness

2.	First, Inc.	Halfway House, drug rehabilitation
3.	Packard Manse	Group Home
4.	Project Concern, Inc.	Detoxification Center-Drugs
5.	Roxbury Multi-Service Center	Group Home
6.	Fariland House	Group Home, mental illness

SOUTH BOSTON

COMMUNITY RESIDENCES		COMMENTS
1.	Answer House	Halfway House-alcoholism
2.	Basic, Inc.	Foster Home, adolescents
3.	Center House	Specialized Group Residence, mentally ill adults
4.	Given House	Halfway House-alcoholism
5.	Pilot House	Halfway House-alcoholism
6.	Today Foundation, Inc.	Halfway House-alcoholism
7.	Vincent House	Specialized Group Residence, mentally ill

SOUTH END

COMMUNITY RESIDENCES		COMMENTS
1.	Boston Alcohol Detoxification Project	Detoxification-Center-alcohol

2.	Brooke House	Specialized Group Residence, adult Corrections
3.	Concilio Hispano of Massachusetts	Detoxification-drugs
4.	577 House	Halfway House-Corrections, alcoholism
5.	Groupways, Inc.	Group Home
6.	Hope House	Halfway House-alcoholism
7.	Moran Memorial Industries	Specialized Group Home, mental retardation
8.	Project Overcome, 699 House	Halfway House-Corrections, drugs
9.	Salvation Army Harbor Light	Detoxification-Center-drugs
10.	Respite Care Home of Solomon Carter Fuller	Shelter Housing, children
11.	Rosie's Place	Shelter Housing-women
12.	Salvation Army Harbor Light	Halfway House-alcoholism
13.	Victory House	Halfway House-alcoholism
14.	Volunteers of America Hello House	Halfway House-alcoholism

WEST ROXBURY

COMMUNITY RESIDENCES		COMMENTS
1.	Brook Farm	Residential Treatment Center, children

APPENDIX B

Survey Questionnaire

Program Characteristics

1. Would you characteracterize your program as: see below

   A. Group home/community resdence

   B. Specialized community resdence

   C. Foster home

   D. Halfway house

   E. Residential treatment facility/residential school

   F. Detoxification center

   G. Sheltered housing

   H. Cooperative apartment

   If none of the above designations apply, what type of facility would you consider this?

2. In what year did your program begin operation?

3. Under what auspices/sponsorship/ownership does the program operate? Where is it located/based?

4. How many residents are typically housed in this facility?

5. How many staff members are there?

6. What is the average length of a resident's stay?

7. Do you give preference to any particular categories of client? If "yes", please specify (i.e. clients formerly residents of the neighborhood in which the community residence is located).

   Do you exclude any particular categories or clients?

If "yes", please specify.

8. What is the approximate size of your budget for the current year?

Resident Characteristics

1. What type of disability is attributed to the residents served by the program? What is/are their level(s) of dependence?

2. Are there any restrictions placed on the sex of the clients that you serve?

3. Also, are there any limits placed on the age of your resident group?

Questionnaire Specifics

1. Describe how the program came to be organized. What are its goals. What agencies and individuals played a leading role in the establishment of this program? What were those roles and when did they play them? What organizational steps were taken within the community? What leadership or political support was enlisted, if any?

2. What were the major considerations in your site selection process (in keeping with the goals of the program)? What, if any, trade-offs were involved?

3. What is your view of the neighborhood which contains the site selected? In particular, what is your perception of the turnover in housing; the degree of home ownership; the extent to which neighborhoods were acquainted with one another; and the amount of diversity amongst neighbors?

4. Who is the owner of the site?

5. Do you know what this site had been used for just prior to its becoming the site of a community

residential program?

6. Was a zoning change, lodging house license, or building permit required?

7. How did you approach the neighborhood concerning the establishment of the community residence?

8. To what extent does the community appear to have community support and participation?

9. Was there any opposition from the neighborhood, any special group or any other source to the establishment of your program?

Facilitators

1. What role do you play in regards to the siting and location community residences? Does this role vary per residence type?

2. Do you encounter any problems in performing such a role? If so, what are they?

3. Have you always had this function? If so, for how long? If not, how and why was this activity placed within your jurisdiction?

4. What future steps would you like to see taken in terms of assisting in the locational decisions of community residences? Basically, do you have any recommendations for improving your role or in increasing your effectiveness?

Neighbors

Surveys of general public attitudes of people with and and without community residences in their neighborhoods. For the members of the former group, there is particular interest in their feelings concerning the entry strategy enlisted by the vendors who established community residences in their particular neighborhoods.

Appendix C

Ratio of Planning District Population to Community Residence Concentration

		Population	# of Residences	Ratio
1.	South End	38,488	14	2,500 : 1
2.	Jamaica Plain	45,525	14	3,000 : 1
3.	Back Bay	27,526	7	4,000 : 1
4.	Franklin Field	25,675	6	4,000 : 1
5.	South Boston	38,123	7	5,000 : 1
6.	Field's Corner	82,000	11	7,000 : 1
7.	Uphams Corner	50,422	7	7,000 : 1
8.	Roxbury	42,901	6	7,000 : 1
9.	Mission Hill	20,553	3	7,000 : 1
10.	Fenway	25,173	3	8,000 : 1
11.	Hyde Park	36,509	4	9,000 : 1
12.	East Boston	38,313	4	10,000 : 1
13.	Allston Brighton	67,405	6	11,000 : 1
14.	Charlestown	17,074	1	17,000 : 1
15.	West Roxbury	36,410	1	36,000 : 1
16.	Chinatown	5,000	0	
17.	Mattapan	23,848	0	
18.	North End	10,584	0	
19.	Roslindale	33,000	0	
	Boston	641,000	94	7,000 : 1

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