Understanding and Overcoming the NIMBY Syndrome
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Understanding and Overcoming the NIMBY Syndrome

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To comprehend and overcome the NIMBY (not-in-my-backyard) syndrome, planners should understand the nature of typical opposition arguments, the factors that determine community attitudes, and the range of alternative community relations strategies available to them. This paper examines these topics in terms of human services planning.

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Neighborhoods and political leaders are fighting with increased fervor to prevent unpopular projects from being sited in or near their communities. It's always hard to find places for jails, drug treatment centers, boarder babies, halfway houses, highways and sanitation truck garages, incinerators, and homeless shelters. But the NIMBY (not-in-my-backyard) syndrome now makes it almost impossible to build or locate vital facilities that the city needs to function.

If executive and legislative leaders yield to fear and suspicion, we will regress into a new feudalism. At the very moment when barriers are coming down around the world, we will find ourselves marching backward toward the imaginary safety of feudal fiefdoms defended by NIMBY walls.

Edward I. Koch, mayor of New York City from 1977 to 1989, uttered this warning on December 26, 1989, five days before he left office. Across the country, journalists, scholars, and professionals are reporting the rise of the NIMBY phenomena. In plain language, NIMBY is the motivation of residents who want to protect their turf. More formally, NIMBY refers to the protectionist attitudes of and oppositional tactics adopted by community groups facing an unwelcome development in their neighborhood. Such controversial developments encompass a wide range of land-use proposals, including many human service facilities, landfill sites, hazardous waste facilities, low-income housing, nuclear facilities, and airports. Residents usually concede that these "noxious" facilities are necessary, but not near their homes, hence the term "not in my back yard."

This essay focuses on the siting of human services facilities. NIMBY sentiments can have a devastating effect on the provision of human services, leading to the withdrawal of tax dollars for needed programs or to the closure of a facility. Consumers, thus, either have to do without service, or travel excessive distances to obtain service. At the very minimum, NIMBY sentiments can sour community-facility relations in ways that are detrimental to client well-being. Of course, not all opposition is counterproductive: Neighborhood complaints can result in valuable improvements to proposed programs; and vocal, client-led opposition may cause positive adjustments to the program plans of human service providers. This essay, however, focuses on the more self-interested, turf-protectionist behavior of facility opponents in an attempt to provide a perspective on the NIMBY phenomenon and to reduce an apparently chaotic concept to manageable proportions in ways that will be useful for planners, advocates, and service providers. The article addresses three important themes: the nature of community opposition, factors determining community attitudes, and a guide to alternative strategies for community relations.

The NIMBY Syndrome

Prejudice and discrimination are nothing new. Latin manuscripts from the twelfth century identify homosexuals and Jews as nonconformists, threatening the social order (Boswell 1980). More recently, opponents of a late-nineteenth century asylum in Canada listed the following concerns:

> The chief grounds on which the plaintiffs based their [opposition to the new asylum] were that the erection of the building and the maintenance and carrying on of an asylum on the site chosen constituted a public nuisance, and was a source of injury and damage to them, decreasing the value of their property, especially as sites for villas and elegant dwellings; and that they, the plaintiffs, would be exposed to constant annoyance, inconvenience, and danger, with great risk of disease through the contamination of the air and the pollution of the Rivers St. Lawrence and St. Pierre by sewage from the hospital (Burgess 1898, 86).

Although "NIMBY" had not yet been coined, it is evident that the syndrome abounds in the historical record (Gilman 1988). In the late-twentieth century, prejudice has been inflamed this time by the plague of AIDS and the crisis of homelessness.

Despite the influence of NIMBY factors on everyday land-use decision making, there is surprisingly little planning literature on the topic. A good overview of the general class of noxious facilities and the associated locational conflict is to be found in Lake (1987). Plotkin (1987) provides a thorough analysis of the land-use planning consequences of NIMBY actions in support of slow growth. Most attention has been directed toward conflict over low-income housing developments (State of California 1988; Feld 1986; U.S. Department of Housing and Urban Development 1991) and hazardous waste disposal sites (Heiman 1990; Schwab 1991). So pervasive has the phenomenon become that a series of acronyms has sprung up to take account of the proliferation of exclusionary sentiments. These include NOOS (for not on our street) and LULU (locally unwanted land uses). The spread of NIMBY to the environmental movement has led to the slogan NOPE, for not on planet earth. More cynical observers have been quick to note the connection between citizens' movements and politicians' behavior, and coined the acronym NIMTOO, for not in my term of office. Finally, so ubiquitous are NIMBY sentiments in association with slow-growth and no-growth movements that some observers have noted the rise of CAVE groups—citizens against virtually everything.

From the viewpoint of the developer or public agency targeted by NIMBY activists, the opposition can amount to much more than a minor irritant on the way to project completion. Indeed, the effectiveness of community opposition gave rise in the 1970s to a new class of lawsuits, termed SLAPPs, or strategic lawsuits against public participation. Developers have employed these lawsuits to discourage opposition; they have lost the vast majority of them (Enos 1991). Countersuits by community groups (SLAPP-backs) are likely to deter future lawsuits. Recently, three Kern County, California, farmers won a $13.5-million award for malicious prosecution against an agribusiness giant that had previously SLAPPed them (Hager 1991).

The role of NIMBY factors in the siting of human services is less well documented (for exceptions see Lauber 1990b, Smith 1989) and may be less dramatic in their consequences, but they are increasingly present in land-use decisions. There are sources, however, that provide guidance in understanding the origins of prejudice and discrimination toward society's disabled and disadvantaged. Representative studies of stereotypes of race and gender are to be found in Gilman (1985), who has also examined the case of attitudes toward madness throughout history (Gilman 1988). The intensity of NIMBY sentiments vary widely, depending on the specific human service clients. The developmentally disabled are examined in Balukas and Baken (1985), Berdiansky and Parker (1977), Dudley (1988), Gale et al. (1988), and Kastner et al. (1979); exoffenders and substance abusers in Fattah (1984); problem youth in Piper and Warner (1980) and Solomon (1983); and the mentally disabled in Green et al. (1987) and Smith (1981). The special case of AIDS sufferers has recently begun to receive attention (Bean et al. 1989; Blendon and Donelan 1989; Herek and Glunt 1988; Page 1989; Rogers and Ginzberg 1989; Sontag 1989). And, the homeless have been examined in Birch (1985); Dear and Gleeson (1991); Laws and Lord (1990); Lee et al. (1990); Marin (1987); National Campaign to End Hunger and Homelessness (1988); National Coalition for the Homeless (1987); Wolch et al. (1988); and Wolch and Akita (1989).

Also pertinent to planners are recent publications devoted to understanding the consequences of land-use decision making in an exclusionary environment (Plotkin 1987; Weber 1978). Many are working documents put out by advocacy groups (HomeBase 1989; CRISP 1976, 1989.) Also formal evaluations exist of local programmatic efforts to overcome the NIMBY syndrome (Glazer 1991; Olson 1991; Lauber 1990a; Dear and Laws 1986).

Understanding Community Opposition

NIMBY battles tend to arise and progress following certain patterns and consistencies.

External Events

Community opposition tends to be cyclical in nature, with periods of intense and frequent disputes, followed by extended calms. In the field of human services, important national events have formed a backdrop to local events. These include the movement to deinstitutionalize the mentally ill, the extensive restructuring of federal

social welfare programs, the collapse of federally assisted affordable housing programs, the widespread restructuring of the U.S. economy toward service employment, and the advent of burgeoning homelessness and AIDS (Bassuk 1984; Dear and Wolch 1987; Kamerman and Kahn 1989; Phillips 1990; Smith 1989; Wolch 1990). The net effects of these developments have been that more people are demanding social welfare programs at a time when these programs are being reduced or eliminated; those who are employed are less well off, as the nation's wealth becomes more concentrated in fewer hands; and decent, affordable housing is an increasingly scarce commodity. In addition, the 1980s have been labeled the "Me Decade," reflecting the increasing self-absorption and loss of community among many Americans. In these less-than-tolerant times, the disabled and disadvantaged suffered not only increasing material hardship but also diminished public sympathy (Dear and Gleeson 1991; Glass 1989).

Internal Rhythms

Each incident of locational conflict seems to follow a three-stage cycle (Dear 1976).

• Youth: News of the proposal breaks, lighting the fuse of conflict. Opposition tends to be confined to a small vocal group residing very near to the proposed development. NIMBY sentiments are usually expressed in the rawest, bluntest of terms, often reflecting an irrational, unthinking response by opponents.
• Maturity: Battle lines are solidified as the two sides assemble ranks of supporters. The debate moves away from private complaints and into a public forum. As a consequence, the rhetoric of opposition becomes more rational and objective. Less is heard of the desire to "throw the bums out" of the neighborhood; more measured voices express concerns about property value decline, increased traffic volumes, and the like.
• Old Age: The period of conflict resolution is often long, drawn-out, and sometimes inconclusive. Victory tends to go to those with the persistence and stamina to last the course. Typically, at this stage, some kind of arbitration process is adopted, using professional or political resources. Both sides make concessions. If positions become sufficiently entrenched, a stalemate can ensue; victory again falling to those with staying power.

Opposition Arguments

Opposition arguments, after the initial angry phase, usually express three specific concerns: the perceived threat to property values, personal security, and neighborhood amenity (Dear 1990). In past decades, the principal concern of opponents has been that property values in their neighborhood would decline. However, none of the studies on real estate transactions in the vicinity of human service facilities has demonstrated a property value decline that could clearly be linked to the facility

(Dear and Taylor 1982; State of California 1988). Property value changes tend to be associated with broader market movements, such as changes in interest rates or the arrival of large-scale property developments nearby, like a new shopping mall. In some instances, neighborhood property values have actually increased because the facility was so well maintained or renovated that it had a beneficial effect on its neighbors.

Concerns about personal security are more common in response to certain client groups than to others. The key variables in this category are client dangerousness and unpredictability (Dear and Laws 1986; Dear and Gleeson 1991; Lee et al. 1990). Unsurprisingly, substance abusers (particularly drug addicts who might be associated with criminal behavior to support their habits) and exoffenders (with manifest records of lawlessness) figure prominently in this category. But residents have also expressed unease about the mentally disabled, who may display aberrant or aggressive public behavior. Neighborhood concerns about personal security often find expression as questions about facility operating procedures, especially supervision arrangements.

The potential decline of neighborhood quality also worries community members near the proposed facility. This applies equally to the anticipated impact on business as well as on residential amenity. Specific threats to overall neighborhood amenity include the physical appearance of clients, some of whom may appear dirty or unkempt; and antisocial behavior, such as loitering, public urination or defecation, and aggressive panhandling. Businesses complain that clusters of clients drive customers away. Residents worry that their enjoyment of the neighborhood will be undermined by the clients and that certain clients will be a bad influence on children and young people.

Opponents also focus on the peculiarities of local situations. They might cite increased traffic and less parking availability. Sophisticated opponents express their opposition in terms of the clients' needs, representing the host neighborhood as unsuitable or unsafe for the client group. This is NIMBY with a caring face.

Opposition Tactics

Opposition strategies and tactics vary, but they have overwhelmingly focused on the zoning hearing. This is because the introduction of human service facilities to residential districts has usually required a zoning variance (Dear and Wolch 1987). A variance is needed when the proposed development does not comply with the land-use zoning category established for the area in question. Group facilities that house unrelated adults have usually been in clear breach of the residential zoning code. The same problem arises with nonresidential facilities, such as counseling centers and clinics, which may be classified for zoning purposes as commercial, retail, or even industrial land uses. The variance procedure usually insists that the immediate neighbors be informed about the proposed change to a nonconforming land use. Public hear-

ings may be held to deal with objections. These information and public meeting mechanisms have been the principal vehicles for fomenting and channeling community opposition (Lauber 1990a, 1990b).

Opponents have also applied pressure through neighborhood petitions; letter-writing campaigns to the facility, its sponsor, local politicians, and the media; lobbying elected representatives; media involvement; demonstrations; and the formation of formal neighborhood opposition groups. Opponents often combine these tactics and coordinate them with the zoning variance process. In extreme cases, opposition groups employ violent or illegal means. Vigilante action is relatively rare, but it can flare up at any time during the conflict. Such tactics include damage to property, arson, and physical assaults on staff and clients (Dear 1976).

Factors in Community Response

It is always difficult to predict how community residents will respond to the proposal to open a facility in their midst, but four factors (discussed in more detail below) contribute to the formation of that response (Dear and Taylor 1982; Glass 1989; Segal and Aviram 1978; Weber 1978). They are client characteristics, the nature of the human services facility, the structure of the host community, and local program considerations.

Geography of Conflict

There is one universal factor in all NIMBY conflicts: geographical proximity (Smith 1981). The rule is simple: The closer residents are to an unwanted facility, the more likely they are to oppose it. Opposition runs high among those on the same block as a proposed facility. Two to six blocks away, neighbors' interest or awareness declines to the point of indifference (Dear et al. 1980). This rule should be obvious, but its impact should never be underestimated.

Factors Determining Community Attitudes

Client Characteristics

Public attitudes toward "difference" tend to be organized hierarchically (Tringo 1970). At one end of the spectrum, certain differences are easily tolerated; at the other, difference provokes intense revulsion. Between these extremes lie many ambiguous cases, characterized by ambivalence on the part of the observer. A report by the Daniel Yankelovich Group (1990) suggests that high on a typical "good neighbor hierarchy" are those with physical disabilities and problems that most people will encounter at some point in their lives (old age and terminal illness). In the middle of the acceptance ranking are mental disabilities. The fact that the mentally ill are twice as likely as the mentally retarded to be rejected is probably a reflection of perceived culpability (i.e., the retarded can't be blamed for their condition). Finally, lowest in the acceptance hierarchy (the least desirable

neighbors), are those with "social diseases": crime, alcoholism, and drugs.

Acceptance/rejection hierarchies are not fixed. The pecking order can change, sometimes quickly. The volatility in the acceptance hierarchy results from many factors. For instance, the development of new programs (such as deinstitutionalization) can introduce new clients to communities unfamiliar with the behavior and problems of the group. These new groups in need can transform the hierarchy of acceptance. In the 1980s AIDS sufferers and the homeless dramatically altered the hierarchy.

The case of people with AIDS (PWA) and those who are HIV-positive is especially poignant and revealing (Illingworth 1990; Kinsella 1989; Sabatier 1988). The disease appeared out of nowhere and quickly rose to prominence as a new worldwide "plague." It was contagious, almost always deadly, and associated with mental as well as physical breakdown (up to two-thirds of PWAs suffer from dementia and other neurological disorders). Community response to the AIDS crisis has been complicated. Ill-prepared media and public authorities conveyed much misinformation (including well-publicized arrests of AIDS demonstrators by police officers wearing yellow rubber gloves). Delayed response by federal government health authorities further complicated matters. Finally, PWAs have had to combat the notion that they are to blame for their illness because of their "antisocial" behaviors, especially intravenous drug abuse and male homosexuality (Bean et al. 1989; Blendon and Donelan 1989; Herek and Glunt 1988; Page 1989; Sontag 1989).

The case of the homeless is equally instructive. In the 1980s, advocates for the homeless engendered much public sympathy and political mileage by lumping together in this group not only the traditional middle-aged male alcoholic, but also the mentally disabled, veterans, substance abusers, families, and victims of domestic violence. Rising estimates of the number of homeless, to as high as three million nationally, grabbed public attention. Now, a decade later, many communities appear to be losing their compassion. In this harsher climate, *all* homeless people tend to become tainted with the characteristics of the worst case homeless subgroups: substance abuse, chronic mental disability, dangerousness and unpredictability, and complicity in creating their own difficulties (Dear and Gleeson 1991; Lee et al. 1990).

One of the most recent national surveys, by the Daniel Yankelovich Group (1990), provides valuable evidence of the hierarchy of acceptance in the era of homelessness and AIDS. Table 1 shows the three tiers of acceptability. Table 2 shows the key dimensions on which clients are likely to be judged by a potential host community (Dear 1990).

Facility Characteristics

Facility characteristics are doubly significant in the acceptance/rejection equation: Not only do they have a direct impact on community perceptions, but they also

TABLE 1: Hierarchy of acceptance

Most welcome	School
	Day care center
	Nursing home
	Hospital
	Medical clinic
Mixed reviews	Group home (mentally retarded)
	Homeless shelter
	Alcohol rehabilitation center
	Drug treatment center
	Chronic mentally ill facility
Absolutely unwelcome	Shopping mall
	Group home (AIDS patients)
	Factory
	Garbage landfill
	Prison

are one of the few areas in which service providers can exercise direct control. Next to the clients, the service facility is the most important image that providers offer the host community. Generally, six dimensions of the facility influence community perceptions: type, size, number, operations, appearance, and reputation (Dear and Taylor 1982; Segal and Aviram 1978; Weber 1978).

Type

Human service facilities can be classified in a number of ways. The most important evaluative dimensions, from a community's viewpoint, follow:

- Residential or nonresidential: In residential facilities clients become part of the community on a twenty-four-hour basis, as neighbors. Clients of nonresidential facilities tend to confine their presence to operating hours, presenting a more limited community involvement.
- Local or outside clients: Services intended for local residents are more likely to be accepted than services thought to attract strangers to the community.
- Provision or dispatch facility: Some facilities dispatch their service to a client; others rely on the client to come to them for service.
- Acceptable or unacceptable clients: Community response to the facility will vary according to the client group's position in the hierarchy of disability acceptance.

To illustrate the significance of client/facility type, Toronto, Canada, recently passed a new zoning law to allow all kinds of group homes into residential neighborhoods as of right, with the exception of correctional facilities designed for the rehabilitation of convicted offenders (Dear and Laws 1986).

Size

All else being equal, a large facility will be less acceptable than a small one. Large facilities bring in greater impacts—more cars, more people, more activity. The

main exception to this rule is the case of a large facility having a significant positive impact on local employment prospects (e.g., a prison in an isolated rural community).

Number

The number of human service facilities in a community becomes important in two different circumstances. In one scenario, the community views the introduction of the very first facility with suspicion as the "thin edge of the wedge." Opponents argue that if the initial facility is allowed, then the community will be targeted for further sitings. In the other circumstance, opposition occurs when a neighborhood perceives itself to be saturated with human services and overburdened in comparison with other neighborhoods. Saturation is a relative, not an absolute, concept.

Operating Procedures

The operating procedures of a facility can dramatically influence the impression it creates in a community. Uppermost to residents is the question of supervision, relative to neighborhood security and personal safety. Hence, appropriate staffing to ensure client supervision can tip the balance toward community acceptance. Other factors that determine the facility's profile in the community are its operating hours, its schedule of activities, and formal neighborhood outreach programs.

Reputation of the Sponsoring Agency

The reputation of the service sponsor often enhances the facility's chance of acceptance, especially if the agency can refer opponents to its successful facilities in neighboring communities. The relevant sponsor can be either the funding source or the actual service provider. Also, a prominent politician or celebrity can influence community opinion by supporting a particular venture. A spokesperson should be chosen carefully, however. When Nancy Reagan withdrew her sponsorship of a

TABLE 2: Dimensions of community judgment

Demographics	Age
	Gender
	Race
	Ethnicity
	Social class
Type of disability	Physical
	Mental
	Social
Severity of disability	Contagious
	Life-threatening
	Chronic
	Mild
Visibility of disability	Invisible
	Predominant
Culpability	Blameless
	Blameworthy

Southern California drug treatment center, following community protest, the facility never opened.

Appearance

A new or renovated, well-maintained facility, in good physical condition, can become a positive asset in most neighborhoods. It is not unusual for such facilities to boost neighboring property values. Even the name of a facility can influence opinion. Appearance and signage (if used) should avoid imparting an institutional atmosphere to the neighborhood. The facility should blend into its context to obtain a good fit with its setting. Neighborhood anger can be defused by careful attention to the design of internal and external spaces. For example, an enlarged waiting room or internal courtyard might encourage clients to congregate inside the building rather than on the sidewalk. Some may object to these cosmetic adjustments, which can screen the facility and its clients from the surrounding community. But these design concessions seem a small price to pay to appease opponents.

Characteristics of the Host Community

Conventional wisdom assumes that suburban jurisdictions usually close ranks to prevent the incursion of human service facilities (or any other development perceived as a threat to the neighborhood). In contrast, inner cities are seen as more tolerant and accepting (Dear and Taylor 1982). The key dimension underlying this difference is neighborhood homogeneity, both social and physical. Suburban areas tend to be composed predominantly of single-family homeowners living at relatively low densities. The inner city is a mix, often at high densities, of land uses—industrial, commercial, and residential—and of social groups—owners, renters, singles, families, diverse social classes, and mixed racial/ethnic groups. Homogeneous suburbs, generally, tend to reject difference; but in the inner city, one more addition is unlikely to be noticed (Segal and Aviram 1978).

A Daniel Yankelovich Group national survey in 1989 revealed the following profile of the typical NIMBY advocate: high income, male, well educated, professional, married, homeowner, living in large city or its suburbs. According to this survey, the single best predictor of opposition is income: The more affluent tend to be less welcoming.

How does intolerance develop? Some researchers advance the theory of a complex psychological trade-off. On the one hand, people harbor authoritarian and restrictive sentiments, believing that the disabled and disadvantaged require paternalistic care and should be separated from the rest of society. On the other hand, benevolence is a strong motivator, and results in a humanitarian view of society's disadvantaged, largely derived from religious or humanistic values (Dear and Taylor 1982). The actual response depends on the balance of these factors. Particularly important are an individual's familiarity with and awareness of the characteristics and the difficulties of the client group (e.g., the likely behav-

iors of schizophrenic adults). Familiarity tends to increase tolerance. These findings are consistent with the experiences of service providers in many human service sectors, such as those for the homeless (Anello and Shuster 1985); the developmentally disabled (Bruno and O'Brien 1970; Casrud et al. 1986); correctional populations (Evans et al. 1981; Fattah 1984); the physically handicapped (Roth and Smith 1983); troubled adolescents (Solomon 1983); and foster care (Pierce and Hauk 1981).

Programmatic Considerations

Services do not exist in a vacuum, but occur within a particular program setting. Two aspects of this context are especially important: land-use planning strategies and saturation (Dear and Wolch 1987).

During the past three decades, community relations programs developed in a piecemeal manner, often as a result of the pressures associated with the application for a zoning variance. There were three phases in this history. In the early siting history, service providers typically adopted one of two location strategies. In the low-profile approach, service providers secretly established a facility hoping that, by the time its operation was discovered, it would already have demonstrated its successful integration into the neighborhood. In response to this manifestly risky strategy, other operators adopted a high-profile approach, which entailed the education and persuasion of the host neighborhood. The operator pursued acceptance either through a community-wide communications strategy or through a program specifically targeted at opinion leaders in the neighborhood. The high-profile approach also had the effect of alerting potential community opposition, so, for the operator, it, too, was a risky option.

Since neither strategy could guarantee a noncontroversial siting, operators next responded by seeking out risk-free locations. Such risk-aversion strategies reinforced the tendency to favor inner-city locations with flexible zoning classifications. The pattern of land-use zoning, when combined with such factors as suburban opposition and the limited availability of properties suitable for conversion to community-based facilities, led inexorably to the ghettoization of services in well-defined inner districts of major urban areas.

This unforeseen outcome—neighborhood saturation—gave impetus to the third phase in the development of siting strategies. Some jurisdictions have developed minimum distance-spacing standards between facilities. Others have advanced fair-share principles to ensure that all communities do their part in shouldering the burden and obligations of service provision. The distance-spacing requirements have slowed the process of ghettoization. Fair-share ordinances are only now beginning to open up the suburbs.

Communities that perceive themselves to be saturated with facilities require special consideration (Sundeen and Fiske 1982). Since they are already caring for needy clients, they are not susceptible to the same moral pressures that can be brought to bear on neighborhoods lack-

ing such services. For these neighbors, facilities and clients are not abstract or hypothetical notions; they have direct, real knowledge of them. Hence, saturated communities expect to be and should be treated differently than the communities not yet hosting service facilities. Officials will have to advance very special arguments to induce over-burdened neighborhoods to support the introduction of yet more services.

An important argument in favor of saturation, however, tends to be overlooked. Saturation can be a positive asset for clients and service operators (Dear and Wolch 1987). Services in geographic proximity can allow for positive interactions among facilities and among clients. The collection of facilities and their clients form a special kind of community—a network of services, staff, and consumers tied together by common goals of service provision and client well-being, facilitated by geography. Facilities that are too distant from each other will not interact.

Alternative Approaches to Community Relations

Most human service operators and planners would prefer not to have to think about community opposition. Yet all the program planning and best intentions will come to nothing if opponents are successful. Put bluntly, if NIMBY sentiments prevail, the facility will never open. Community relations should be part of every program plan, to be implemented as needed. In deciding on how to approach the community, planners must choose between two alternative approaches: (1) collaboration, implying cooperation between operator and host community; or (2) autonomy, acting independently of the host community (Dear 1990).

The collaborative approach assumes direct contact between the service operator and the host community or its representatives. Implicitly or explicitly, collaboration grants relative priority to the community's right to be informed of and participate in decisions affecting their neighborhood. This approach also implies that the community has an obligation to host services for the disabled. In essence, collaboration involves establishing a social contract between the provider and host community. The operators offer a useful service, openly and honestly, and, in return, anticipate community support.

The autonomous approach accords priority to the rights of the clients. Generally, operators (and others responsible for the service in question) reject the notion of difference, and insist on the clients' rights to live, work, play, and receive care wherever they please, and under circumstances of their own choosing.[1] Accordingly, the autonomous approach presumes no direct contact with the host community prior to siting. Providers, clients, and their advocates involved in this approach usually reply to challenges from disgruntled opponents with: "You didn't seek permission to move into this neighborhood, so why should we?"

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

In the early 1990s, service providers are perceiving a new trend, characterized as aggressive autonomy. The approach is marked by independent siting actions on the part of operators and advocates, who grant extra-special prominence to the civil rights of client groups and correspondingly diminished importance to community opponents. Such actions are bolstered by recent federal legislation and by related state and local initiatives. A major impetus for aggressive autonomy was the passage of the Fair Housing Amendments Act in 1988, which outlawed discrimination toward the disabled (Milstein et al. 1989). Further impetus was provided by the passage of the Americans with Disabilities Act (1990), and by local legislative initiatives, for example, in Illinois (Lauber 1990a) and in New York City (Glazer 1991). Such civil rights–based initiatives are likely to be much more inclusionary in their effects than the fair-share and distance-spacing requirements referred to above; that is, they will result in a greater degree of integration of those who are service-dependent into society's mainstream (Vergara 1991).

But it takes time for new and relatively untested ideas to filter down to the local level. For some time to come, most operators will continue to face a general 1980s-type climate of collaboration, even though the legislative authority exists to permit more autonomous action. Faced with the option or need to interact with the host community, service planners have at their disposal a bewildering array of alternative communications strategies. These alternatives can be distilled into three basic approaches: community-based, government-based, and court-based strategies (see Figure 1).

Community-Based Strategies

Community Education
Service providers can use television, radio, print media, general mailings, and leafletting to increase public awareness and understanding of the client group and its problems. Familiarity and understanding tend to increase tolerance and acceptance. Education, however, can be time consuming and expensive. The strategy may be more
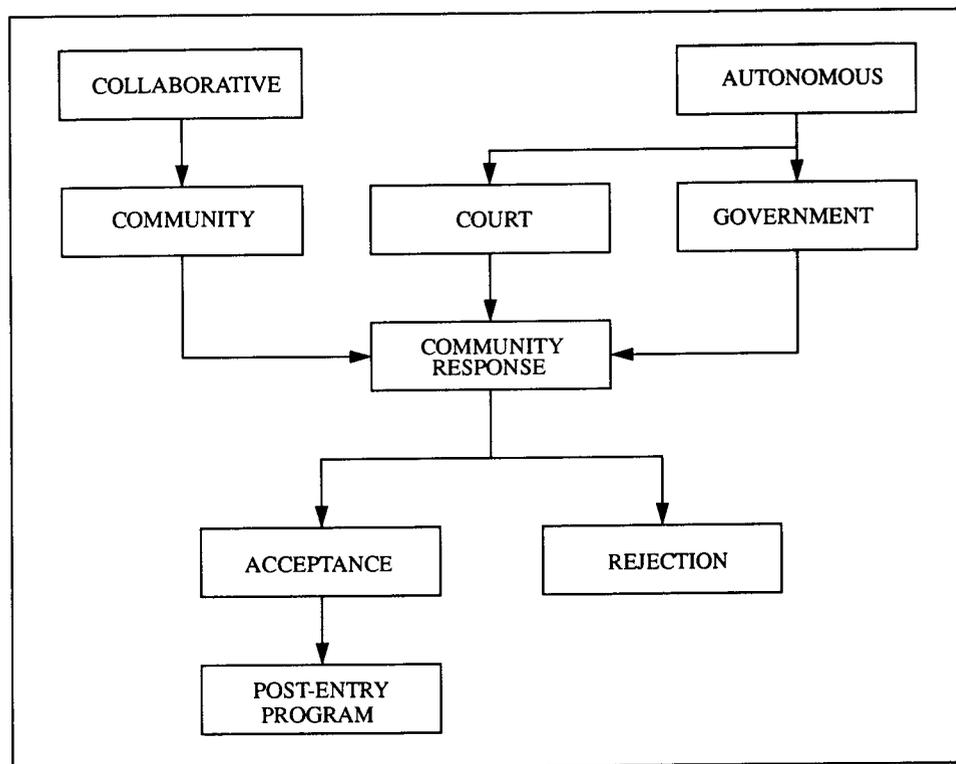
FIGURE 1: A guide to communications strategies.

effective and efficient when the service provider has links to a broadly based national or local advocacy group with resources, experience, and expertise. Community education is an indirect strategy, in the sense that it is general and untargeted. (The operator cannot control who watches the TV spot, reads the ad, or opens the mailing.)

Community Outreach

The service operator has direct contact with a host community or its representatives, usually through public or private meetings, to promote acceptance. Typically, the operator first approaches representatives of the community, hoping they will persuade their neighbors to accept the facility. A follow-up meeting with the larger community is routinely planned, although it may be unnecessary. Outreach can be especially important in the early stages of planning as a sounding of host community responses and, later, as part of a mediation process. Community outreach can also be time consuming and risky. Poorly prepared meetings antagonize residents and undermine public trust. ("If they can't run a proper meeting, why should we assume they'll operate their service as good neighbors!")

Community Advisory Boards

Creating an advisory board of prominent local leaders can effectively legitimize the activities of the proposed service, incorporate needed technical and advocacy skills, and defuse opposition (by, for instance, appointing the most vocal opponents to the advisory board). The operator should appoint a board before opposition surfaces,

otherwise certain local personalities (especially politicians) might be unwilling to risk supporting the facility. This is a low-cost, potentially effective strategy that depends on access to influential local networks.

Concessions and Incentives to the Community

There seems to be every reason to accede to host community demands if they lead to the withdrawal of community opposition and do not compromise the service's purpose, operations, and effectiveness. A little can go a long way in demonstrating the operator's willingness to listen and be a good neighbor. Typically operators offer concessions that relate to the design and operating characteristics of their facility. These include landscaping, property rehabilitation, parking arrangements, and adjustments to operating procedures (e.g., levels of supervision, operating times). In addition, whenever possible, operators should identify ways that the service will benefit the host community beyond direct service provision. These include local employment opportunities; utilizing local contractors for building renovation, food, and linen supplies; the availability of the facility for community meetings and programs; and obtaining additional funding to be spent in the host community.

Government-Based Strategies

Local Licensing Regulations

At a most elementary level, operators must comply with local licensing codes for construction, fire regulations, operations, and parking. This applies equally to

operators anticipating a collaborative approach to the host community, but it is even more important for those electing to act autonomously. Any operation without appropriate licensing authority presents an easy target for opponents, especially since government agencies can hardly be expected to defend a facility operating in breach of its regulations. In short, licensing procedures only become an issue when they are breached.

Zoning

Community-based facilities have consistently run into zoning problems, because as relatively new development types, they are typically not mentioned in lists of allowable uses. Under such circumstances, the operator must obtain a conditional-use permit or zoning variance. Some municipalities, under pressure to locate sites for human service facilities and to offset the constant demand for site-specific variances, have adopted general amendments to their zoning codes. These amendments designate certain services as permitted uses within existing zoning categories. Henceforth, all such facilities may locate as of right (i.e., without a use permit or public hearing) within the designated districts. Overlay zoning achieves a similar effect. The overlay zone defines alternative development regulations within a given zoning category, allowing certain kinds of development that meet the specified criteria. For instance, shelters for the homeless may be allowed within single-family residential zones so long as they meet certain standards of size, appearance, or operations. Operators can also shake free of local zoning constraints by appealing to preemptive state codes (where they are available).

A number of states have enacted policies that explicitly or implicitly support the establishment of community-based residences. Courts have upheld arguments that local zoning codes cannot contravene overriding state policies. Because some of their land-use control mechanisms are obsolete, some states and municipalities have begun to revise their regulations. In California, for example, state law requires that each city and county compile a housing element as part of their general plan. The housing element must incorporate an assessment of the community's housing needs, including emergency shelter and transitional housing. Such laws, however, are not self-enforcing; indeed, the State of California currently lacks a mechanism to enforce its policy. Hence, much depends on the willingness of local advocates to utilize such regulations where they exist (HomeBase 1989).

Civil Rights

Some operators have sought legitimacy by appealing to the civil rights of the client group. Such appeals can be based in local, informal practices. For instance, the Department of Mental Health in Massachusetts pursued an aggressive, successful, year-long civil rights–based campaign on behalf of group homes in the commonwealth. The approach had no legislative bases, but carried a powerful moral authority associated with historical civil

rights movements and was backed by a state bureaucracy (Dear 1990). The recourse to civil rights arguments is made easier, however, if formal legislation or public policy exists to support a moral stance. Such legislation may be promulgated at any level of government. For instance, Illinois in 1989 enacted a Community Residence Location Planning Act, which requires every home rule municipality to prepare plans to meet local needs for group homes (Lauber 1990a). And New York City's new charter explicitly intends to spread the fair share burden of care for the disabled among its boroughs (Glazer 1991).

By far the greatest long-term potential in this category of rights-based strategies is afforded by two recent pieces of federal legislation on behalf of the disabled. The Americans with Disabilities Act (ADA), passed July 26, 1990, extends the protection of the 1964 Civil Rights Act to the disabled, prohibiting discrimination in employment, public accommodations, transportation, communications, and other services. It is still too soon to gauge the effect of this far-reaching legislation. The disabled are protected against discrimination in housing by another legislative milestone, the Fair Housing Amendments Act (FHAA). Effective from March 12, 1989, the FHAA extends to the handicapped the protection afforded by Title VIII of the Civil Rights Act of 1968 (popularly called the Fair Housing Act) against discrimination based on race, color, religion, gender and national origin. This has been interpreted to outlaw discrimination against the developmentally and physically disabled, the mentally disabled, recovering alcoholics, and people suffering from AIDS and other diseases. More specifically, the FHAA makes it illegal to discriminate in housing sale or rental, or "otherwise make unavailable or deny," a dwelling to any renter or buyer because the applicant has a handicap or is providing housing for the handicapped. Moreover, the act prohibits discriminatory *effects*, not simply intentional discrimination (McElyea 1989; Milstein et al. 1989; U.S. Department of Housing and Urban Development 1989).

Several important test cases based on the act are working their way through the courts, and it is not yet clear how effective the FHAA will be in facilitating siting decisions. In addition, the U.S. Department of Housing and Urban Development (HUD) is currently preparing FHAA-based guidelines for making new multifamily housing available to people with disabilities. Federal regulations pertaining to the ADA are currently being written.

Mediation

Mediation is a form of assisted negotiation that utilizes a neutral third party to resolve disputes between parties (HomeBase 1989). The nonpartisan intermediary may be a public- or private-sector agent. Some public funding is usually necessary to defray the costs of mediation. Mediation is preferable to litigation, which tends to be more costly and time consuming. Mediation can help resolve disputes that have become polarized. The mediator's task is to involve all parties to the dispute in a nonconfron-

tational search for a mutually agreeable solution. This includes compiling the facts, maintaining ground rules, clarifying opposing views and areas of overlapping interest, and identifying new options that address the concerns of the conflicting parties.

Court-Based Strategies

Many land-use decisions inevitably involve some sort of litigation (Lauber 1990b). Generally, however, the courts should be avoided if at all possible. Lawsuits are expensive, time consuming, and almost always counterproductive to the goal of community integration. They also tend to delay a facility's opening while the case is being considered.

The law may be invoked not only in disputes between the service provider and host community, but also by human service providers dissatisfied with the local government's response to services needs (for example, shelters for the homeless or hospices for AIDS sufferers). The courts may provide relief by establishing government's obligation to provide certain levels of service. More recently, private developers have been using Strategic Lawsuits Against Public Participation (SLAPPs) to discourage opposition groups from filing lawsuits that could delay or prevent their projects (Enos 1991).

Planners and advocates have enjoyed significant success using the judicial process to advance the cause of community-based residences (Dear 1990). To overturn local zoning decisions, for example, advocates have relied heavily on two arguments: (1) that community residences (group homes and the like) function as single housekeeping units, and, hence, should be regarded as "families" for zoning purposes; and (2) that restrictive local zoning ordinances may not contravene preemptive state legislation that supports community-based residences. Federal lawsuits, advanced by the U.S. Department of Justice in pursuit of the FHAA, have also been significant in adjusting local government decisions and rebuking community opposition (Milstein et al. 1989; Smith 1989).

Keep in mind that the *threat* of legal proceedings can be as effective as pursuing a case right to the bench. It is not always necessary to go to court to make effective use of judicial authority and precedent. Sometimes merely the threat of court proceedings is enough to encourage opponents to seek a compromise.

Postentry Communications Strategies

Once a service has been established in a neighborhood, operators must decide whether to continue communication with the host community. So-called "postentry programs" are important when (1) the service must maintain good relations with the local residents (after either a positive or a negative siting experience), or a zoning permission has been conditionally granted; or (2) community support is vital to the process of client integration and socialization (Dear 1990).

Most operators are likely to favor postentry community outreach, even those who followed the autonomous route

to facility siting. Two approaches are common. In the first, clients participate in community service, including neighborhood clean-up days or flower planting. Such service is a gesture of good will, not an incentive or concession, as discussed earlier. Second, the facility establishes programs for postentry contact between consumers and the host community to achieve its objective of client integration and community education about the consumers' needs and problems. Contact can occur formally or informally through block parties, open houses, or casual labor in the neighborhood. In many cases, the facility may want to maintain the community advisory board as a liaison to the community-at-large, providing opportunities for contact and information, as well as for channeling local grievances.

Continued Research

"I've learned to live with myself, so I can learn to live with you," said a disabled person to opponents of a group home in Los Angeles in 1991.

Prejudice and discrimination have been with us for a very long time. The current NIMBY acronym has arisen to describe community-based turf conflicts over the introduction of certain classes of controversial land-use developments.

Unfortunately NIMBY-induced conflicts over the siting of human service facilities seem to be increasing. (Quantitative evidence, however, to support this assertion is difficult to adduce.) One reason for the increase is the skyrocketing demand for services by two high-profile groups: the homeless and people with AIDS. Another reason is the spread of human service facilities into suburban jurisdictions previously unfamiliar with service-dependent peoples. Despite the frequency of siting problems in everyday planning practice, there is a striking dearth of scholarly studies and practical guidelines that could assist planners, service providers, and client and advocacy groups in understanding and dealing with community opposition. The need to come to grips with these issues is urgent, especially in the light of recent federal legislation that places more emphasis on community obligations than on community rights.

AUTHOR'S NOTE

NOTE

1. This does not mean that service operators necessarily have the same objectives as clients, nor that clients' rights can automatically be equated with those of the operators. Indeed, clients' and service providers' interests may often be contradictory (Glass 1989; Rogers and Ginzberg 1989).

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