

APPENDIX 1.

HOTEL RESIDENTS OF DOWNTOWN SOUTH

by Leslie Butt

Planning/ Social Planning/ Housing and Properties

City of Vancouver

April 1991

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Executive Summary

In March 1991, teams of surveyors interviewed 206 residents living in Downtown South Single Room Occupancy (SRO) hotels. An estimated 1,250 people currently live in SROs in the area.

Downtown South residents are younger and more transient than residents in other Vancouver SROs. Residents range in age from 16 to 87, but 60% of the population is under the age of 45 years. 67% of the residents have lived in the area for more than a year and average 10 years in the community. The 33% of hotel dwellers that have lived there less than one year move an average of 5 times each. The vast majority of these moves occur between hotels in Downtown South.

The average income for non-working residents is \$621/month. 19% of the population works and earns an average of \$1,233/month.

The average rent for a SRO hotel room is \$299/month. 68% of the population pays more than 40% of their income on rent. There are no common cooking facilities in the hotels, and 47% of hotel rooms have no cooking facilities whatsoever.

People have few housing options. 55% of tenants would look for another hotel in the area if the one they are living in got torn down. Homeless populations use SROs. 26% of the residents have either slept on the street or in an emergency shelter in the past six months.

Although most residents would like a self-contained unit as their first housing choice, 23% prefer other types of housing. Sharing is the least favorite option for most residents. Many prefer to live in a hotel room without cooking facilities rather than share an apartment.

Downtown South residents report a high rate of disabilities and poor health status. 39% are disabled, 28% have no medical coverage, and 23% have been hospitalized in the last 12 months.

Community resources are scarce. Residents voice clear needs: A mini-Carnegie, a place to meet people, and access to resources which will give them education and job skills.

Recommendations

Improve conditions within hotels by increasing the amount of basic amenities such as fridges and stoves.

Consider building self-contained units as an alternative to SROs, recognizing that 30-40% of the population are transient and may not want to commit to the responsibility of a self-contained unit. Note also that 60% of the population does not qualify for social housing. If existing conditions were upgraded, there would be less need to consider alternative housing strategies.

Establish formal resources such as:

- A mini-Carnegie centre
- A safe public space
- Recreational facilities

Use existing hotel networks to provide a basis of support for formal community services by setting up informal information meetings and encouraging community organization. The area needs safe public spaces for both street youth and the elderly population. The transient population is particularly underserved and needs job skills and counselling services. A community space which can provide a resource for reading, meeting, informing and involving residents in area issues will help define Downtown South as a valuable and active community of people.

1.0 Introduction - The SRO Community

This report's primary objective is to identify the social concerns of Downtown South Single Room Occupancy (SRO) hotel residents and to make recommendations which attempt to meet the community's many needs (see Appendix A for area map).

Residents don't call this area "Downtown South", they call it "Uptown." For them, the block of SRO hotels on and around Granville Street are a community, a very different kind of community from other SROs in Vancouver, a big step up, in their eyes, from the Downtown Eastside community along Hastings. Granville Street is a safe haven. Residents feel better about the fact that they are living in a 10' X 10' hotel room when they can say, "well, things could be worse, I'm not doing so badly. After all, I don't live in a hotel on Hastings street."

This perception holds even though the community lacks virtually every resource generally available to people living in low-income areas. There are no public recreation facilities, no public meeting places, no low-cost meals or shopping areas, no places within hotels for people to congregate, and no information on what resources might exist in other parts of the city. For example, people don't know about social housing, don't know where food banks are or where they can go to find out about upgrading their education or acquiring job skills.

Communities often survive because of informal networks, informal systems where people help others because there are no other options available. In the cluster of SRO hotels in Downtown South, such a community exists. A workable community, however, is one where formal resources complement and work with existing informal social networks. This report asks residents to speak out on what they want, because the needs that the residents themselves define are those that can become the cornerstone of community pride and involvement.

1.2 Survey Design and Methodology

Between February 27 and March 18 1991, teams of surveyors interviewed 210 people in 21 hotels in Downtown South out of a total possible sample of approximately 1,250 people. As a result, teams of interviewers surveyed approximately 20% of the SRO population (1 in 5) and the results can be used to describe the area population with a margin of error that is less than 5%. In order to maintain a high degree of statistical reliability, surveyors used a list of randomly selected room numbers to decide who to interview. Four interviews could not be completed; thus the following statistics reflect the results from 206 surveys.

The survey instrument itself has three sections: housing, health and social needs, as well as basic demographic information. Whenever possible, the survey made use of existing questions, both from Vancouver City Hall surveys and from highly reliable outside sources such as the Canada Health Survey and the Toronto Health Survey. These questions have been extensively tested for reliability and validity.

The surveyors elicited a response rate of approximately 70%. The residents who refused to be interviewed fall mostly into three types:

- 1) People who appeared to have emotional/mental health problems and who were also uncomfortable with the idea of being asked questions (40%)
- 2) People who had been in the area for a couple of days and felt they didn't know enough to answer the questions (30%)
- 3) Residents who worked nights and wanted to sleep (30%).

As a result, this survey may have undersampled the working population and the mentally ill. However, given the challenging data collection circumstances, and the efforts to obtain a random sample, the report should be considered representative of the area population.

2.0 A DESCRIPTION OF AREA RESIDENTS

2.1 Demographics

Downtown South encompasses a great deal of human diversity. People living in SRO hotels range from street youth to long-term elderly residents; from unemployed transients in the area for a few months to working people who like the convenience of hotel living. While the population is diverse, there are some consistent patterns. Most residents are men, most are young, and most live alone. The average age is 42, and surveyors interviewed only one person who lived in a hotel room with a child.

Gender - men	88%	of total population
Gender - women	12%	"
Age - 15-25	16%	"
26-35	21%	"
36-45	22%	"
46-55	20%	"
Over 55	20%	"
Household type - single	93%	"
Household type - shared	7%	"

In 1984 and 1986, the City of Vancouver conducted a lodging house survey. The results obtained from the 1984 and 1986 survey include social housing as well as SROs in the entire downtown area. However, the information these surveys provide allow for useful comparison on the following characteristics (see Table 1). Note that the Downtown South (D.S.) data is presented in boldface.

Table 1
Comparison with 1984, 1986 survey of ALL downtown lodging houses

Demographics	1991(D.S.)	1986(all hotels)	1984(all hotels)
Gender - men	88%	81%	84%
Gender - women	12%	19%	16%
Age - 15-35	37%	19%	17%
36-45	22%	19%	NA
46-55	20%	16%	NA
Over 55	20%	46%	51%
Household type - single	93%	82%	91%
Household type - shared	7%	18%	9%

In Downtown South, compared to all downtown hotels in 1986 and 1984, there is a higher proportion of men living in hotel rooms than women. These men are much younger than the overall downtown population, and choose to live alone more often.

2.2 Length of Residency

67% of residents have lived in Downtown South for more than one year (see Table 2). The average number of years living in Downtown South for those who have been there more than one year is 10 years. The overall average amount of time living in the area is 7 years.

Table 2
Length of residency in Downtown South (D.S.) compared to 1984, 1986

Length of residency	1991(D.S.)	1986 (all hotels)	1984 (all hotels)
Less than 1 year	33%	18%	12%
1-2 years	17%	10%	11%
2 years - 5 years	13%	17%	17%
More than 5 years	37%	55%	60%

People move to the area for a variety of reasons. 17% moved because of housing/eviction problems such as Expo or West End development, and 34% came here seeking work. 26% left because of family or social pressures.

2.3 Income and Income Sources

Residents earn an overall average of \$835/month. However, those who do not work earn significantly less than the employed.

	Average income	Percent of Population
Not Working	\$621/month	81%
Employed	\$1,233/month	19%

Table 3 documents income sources for Downtown South residents. Again, the pattern between Downtown South and other hotels in the area differs. More people in Downtown South work, and less receive Old Age Pensions or Canada Pension Plan.

Table 3
 Income Sources for Downtown South compared to 1986, 1984

Income sources	1991(D.S.)	1986(all hotels)	1984(all hotels)
Work	19 %	11 %	11 %
U.I.C.	11 %	4 %	4 %
GAIN	45 %	49 %	39 %
OAS/ CPP	9 %	27 %	34 %
DVA	1 %	3 %	4 %
DIA	0 %	0 %	0 %
Handic.Pens	5 %	NA	NA
Other source	9 %	NA	NA
No response	1 %	NA	NA

Statistics Canada's current "low income cut-off point" for single persons is \$1,179/month. 86% of Downtown South residents earn less than this amount.

2.4 Education

The majority of residents have completed most or all of their high school education. Only 26% of area residents have less than grade 9 education, while 58% have between grade 10 and grade 13. 16% have more than a high school education. The average number of years of schooling is 11.

2.5 Mobility Patterns of SRO Residents

People who use SROs do so a lot. Residents may move frequently, but go from one hotel room to another. Only 11% of respondents have used other forms of shelter more often than the SRO hotel. Some people come from apartments and houses to SROs, but 87% have not made use of any other housing options in the past six months.

33% of the population has moved in the past 6 months. The transient resident has moved an average of 5 times in the past 6 months.

When asked if they had other housing options, where they would go if the hotel they were living in got torn down, 55% said they would be forced to look for another hotel in the area (see Table 4).

Table 4

Housing options if respondent has to leave current SRO

Options	# of respondents	Percentage
Friends and relatives	24	13 %
On the street	8	5 %
In an emergency shelter	11	6 %
Another hotel in the area	97	55 %
Try and get social housing	23	13 %
Other	14	8 %
Missing: 29	Total 177	100%

If we add shelters and sleeping on the street to the 55% of people who depend on hotels for housing, then 66% of residents have no other housing option than the SRO hotel. The reality of the situation is that people may perhaps have less options than this chart suggests. If people had many options, we might have expected to find a greater variety of housing used in the past six months, but residents move from hotel to hotel. How many of the resources are real, and how many can we attribute to wishful thinking?

3.0 HOUSING ISSUES

"I can't stand sitting in a little box. I get all closed in..."

This section provides a description of SRO living. In general, SRO residents make do with so few amenities that any proposed changes to housing in the area must begin with improving conditions within the hotels. Taking the point of view of the resident who looks around his/her room and tells the interviewer what is needed to improve the living situation, this section discusses three main recommendations:

- 1: Preserve existing stock because people depend on SROs.
- 2: Improve conditions within hotels.
- 3: Consider building alternative housing to SROs, recognizing that 60% of the area population is under the age of 45 and is not eligible for housing subsidies, and that at least 30% of the population falls under the category of transient and may not be interested in other forms of housing.

3.1 The Typical Downtown South SRO

There are currently 21 SRO hotels in Downtown South. Most hotels have 2 or 3 floors with 15 or 20 rooms per floor. The front and back rooms often look out onto Granville Street or views of the city but the side rooms mostly face brick walls. With an average room size of 10' X 10' that holds a bed, dresser and sink, the typical resident probably has less than 30 square feet to live in. Although most hotels offer room service -- some hotels have maids change the sheets, towels and washcloths weekly as well as sweep and wash the floor --, the quality of service varies. By keeping the place clean both managers and tenants help to keep the cockroach population down in the Granville Street "cockroach palaces."

Managers seem to either exploit their tenants or to care for them and look after them. Residents explain how some managers refuse to rent rooms out by the month to street youth, refuse to return rental deposits, or charge \$40.00 for a key deposit. On the flip

side, managers often look after long-term residents, loan money, and protect the mentally ill from potentially upsetting encounters. One manager calls in the police at every opportunity "If they come here six times a day, I'm happy. I want people to stop thinking they can rent a room here and tear the place up."

3.2 Hotel Facilities

69% of rooms are either 10' X 10' or 10' X 12', and contain a bed, a dresser and a sink. A table is an unexpected luxury. The average Downtown South tenant has approximately 100 square feet of space to store all his possessions and organize his life. Given that the furniture takes up about half the available space, many tenants not surprisingly give up on the notion of personal possessions because there is simply no place to store them. 89% of respondents get sheets and towel changes at least once a week, and 78% of respondents receive some form of room service. However, with regards to the basic amenities of life, rooms vary considerably (see Table 5).

Table 5

Facilities in SRO Hotels in Downtown South

Facilities in Units	Frequency (max 206)	% of units
Kitchen (stove)	25	12 %
Kitchen on hotel floor	1	0 %
Kitchen in building	0	0 %
Hot plate in room	86	41 %
Fridge in room	93	45 %
Shower/bath in room	37	18 %
Shower/bath on floor	162	79 %
Sink in room	183	88 %
Lounge in building	63	30 %

A sink is the only feature most hotels provide. Very few rooms provide a stove or a full kitchen anywhere in the building. Almost half of the hotels will provide a fridge and/or a hot plate in the rooms, although managers will sometimes charge a rental fee for use of either item.

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Liveability Index

A liveability index more accurately describes life in a SRO hotel room. Although all the above facilities are available in some of the hotel rooms, how many can the average resident expect to find in his room? Accordingly, we constructed a liveability index, where we gave 2 points for each room that contained the following:

- A fridge* - 2 points if the room comes with a fridge
- A stove/hot plate* - 2 points if room comes with a stove
- A bathroom in the room* - 2 points for a toilet in the room
- A rent/income ratio that was less than 40%* - 2 points for reasonable rent
- A satisfaction rating with the hotel that was higher than 5 out of 10* - 2 points.
- A lounge* - 2 points for an informal public meeting space.

Table 7
 Liveability Index

Liveability score (Max 12)	Frequency	% of respondents
0	12	6%
2	39	21%
4	51	27%
6	54	29%
8	26	14%
10	5	3%
12	0	0%
Missing respondents: 19	Total 187	100%

A score of 12 means that the resident has all the amenities listed above. A score of zero means he/she has none. This index shows that very few hotels provide a resident with the basic amenities needed for an adequate home life: a place to cook, a reasonable rent, a private washroom, and reasonable satisfaction with the services provided in the hotels. Most residents have less than 3 of the basic living essentials.

Suggestions:

1: Before building alternative housing in the area, there is much that can be done to improve quality of life within the hotels. With incentive, landlords can provide fridges and hot plates for ALL rooms without charging monthly rental fees. Sinks in all rooms will help to ensure a modicum of personal privacy and also makes it easier to keep cooking facilities clean within the rooms.

2: Where fire regulations prohibit cooking facilities in the rooms, owners can build communal kitchens on each floor, and provide tenants with a food storage space that can be locked so that tenants can make use of full kitchen facilities without having to worry about food disappearing. As it stands now, if only 41% of residents have a hot plate and a mere 12% have access to a stove, then 47% of residents living in the area have no access to cooking facilities whatsoever. "I want a place with a kitchen," many residents say.

3.3 Rent and Housing Options

People who rent by the month in Downtown South can expect to pay more than 40% of their income on rent (see Table 8). 68% of people renting by the month pay more than 40% of their income on rent. A full 17% pay more than 60% of income on rent.

Table 8

Ratio of income paid to rent for monthly rentals

Percent of income paid in rent	Frequency	% of respondents
5-20%	11	8.8%
21-40%	29	23.2%
41-60%	64	51.2%
61-99%	21	16.8%
Total	125 monthly rentals	100%

People don't always rent by the month. 26% of respondents either don't want to rent by the month, or are not allowed to. Street youth are often refused monthly rentals, and other people prefer to pay more by the week because it allows them to keep their options open.

3.31 Housing Options

We gave residents the chance to fantasize about life away from SROs and asked residents to rank 5 different housing options, from first to last choice (see Table 9). We discovered that not everybody wants to move into a self-contained unit, but even more clearly residents emphatically stated they would not share. "Anything but sharing" was a common refrain. While most people (77%) prefer a self-contained unit, 23% prefer other housing options.

Table 9
 Anything but sharing

Housing choice	1st choice	2nd choice	3rd choice	4th choice	5th choice
Hotel room	4%	6%	54%	16%	23%
Shared hotel room	1%	1%	4%	53%	39%
Room w. kitchen	8%	60%	29%	2%	2%
Self-contained unit	77%	10%	5%	3%	4%
Shared apartment	10%	23%	8%	26%	32%

This chart demonstrates just how much people dislike having to share. Overall, residents' first choice is a self-contained apartment, second choice is a hotel room with kitchen and third is a hotel room without cooking facilities. A shared apartment, for most, was not an option. Note that for a third choice, 10 times as many people chose a hotel room without kitchen as chose a shared apartment. Some residents even chose a shared hotel room over a shared apartment because they didn't want to take joint responsibility for bills and food costs. If people can't have their own place, they would rather be in the position they are in now than try and find a place to share with someone else.

3.32 Social Housing

Social housing might seem the most logical solution for residents over 45 and for the disabled. However, both these groups show little interest in social housing as an alternative to SRO hotel life. When asked if they were on a waiting list for social housing, only 13% of respondents answered "yes." 159 people (87%) said no. When asked what they thought about social housing, it became clear that many residents do not know about social housing, even though they may qualify for reduced rents. Information about available resources does not appear to be reaching its target populations.

Table 10
 What do you think about social housing?

Opinion	# of respondents	%
Safety	0	0
Clean	3	2
Affordable	34	22
Security	4	2
Not enough independence	4	2
Too hard to get in	23	15
Don't know about it	33	21
Wrong area of town	4	2
Other	51	34
Missing: 50 (On waiting list or n/a)	Total 156	100%

As many said they didn't know anything about it (21%) as said they liked it because it was affordable (22%). Considering that affordability is generally considered one of social housing's main features, this suggests that people don't know enough about social housing and the many potential benefits it can provide. There are many misconceptions about social housing in this area that do not seem to exist in other communities where information about social housing is more readily available through informal conversations with others.

A case example

What do locals do about the fact they don't have much choice about their housing situation? They make the best of a bad situation. They look around themselves and think that things aren't too bad. They rate their own hotel highly, giving it an average 7 out of 10 when compared to other hotels in the area. "I live here because it's the best damn place I can find. If I could find a better place I'd be gone in a flash. But Jesus, toss the coin! With my income, where am I going to go?". They like the fact that they can develop good relationships with the landlords, that they can pick and choose a hotel where they'll live alongside other like-minded residents.

One resident called Tom who wishes he had "a couple of bucks in my pocket and a girl on my arm" lives in a hotel filled with heavy drinkers. A self-proclaimed alcoholic since the age of 23, Tom lives to drink. He really likes his hotel, gives it a top rating because the managers don't mind his drunkenness, his best drinking buddy lives in the room across the hall, and nobody asks him any questions or gives him a hard time about his disease. He doesn't have a stove or a bathroom, and pays 60% of his income on rent, but he has got friends and a supportive environment. Alcoholism has disabled him. Yet this same man didn't think he qualified for social housing, and had never bothered to look into it. Will this man move away from his "home" for the advantages of a private bathroom and no overnight guest fees? Will his new neighbours tolerate his drinking habits? Can he afford to move away from the protective social environment he has built around him? As he says, "I won't cook, I won't share, and I never go out. Why would I want to move?"

3.4 Summary of Housing Issues

1. People need SRO hotels. Many have no other housing options, and while some claim to have resources such as family and friends they could count on if they lost their current housing, the tendency of residents to move from hotel to hotel in the area suggests that people may have less options than they otherwise indicate. SROs are a valuable and necessary housing resource.

2. SRO units lack basic amenities. While some rooms have some facilities, very few provide all the essentials necessary for adequate living. Managers and owners need to take steps to improve the quality of residents' lives by upgrading facilities. Lounges, common kitchens or hot plates, and a private sink should be available to all.

3. Self-contained units work for most members of the population, but they are not people's first choice all of the time. Building social housing units to replace SROs ignores the housing needs of 60% of the population that does not qualify for social housing, and the 30 -40% transient or temporary residents that do not want to commit to the responsibility of a self-contained unit. If existing conditions were upgraded, there would be less need to consider alternative housing strategies because more people would be able to live a reasonable lifestyle in the housing that is currently available.

4.0 SOCIAL ISSUES

This section examines some of the services area residents need. In particular, Downtown South locals state they need:

1. A public community space.
2. Improved health care services.
3. More effective networks within hotels.
4. To recognize the homeless and the transient populations.

4.1 HEALTH

There is no doubt that poverty and poor health go hand in hand. In Downtown South, as in other low-income areas, the health status of residents, their level of disabilities and their emotional well-being rate lower than in wealthier populations. When people go without food, have inadequate shelter and lack the means to maintain patterns of hygiene, they get sick. This general lack of well-being shows up in particularly in health care utilization patterns and in self-rated health and disability levels.

4.11 Health Care Coverage and Utilization

A large number of Downtown South residents go without any form of health care coverage whatsoever (see Table 11).

Table 11

Type of Medical Coverage

Type of coverage	Percent of Residents with Coverage Type
B.C. Medicare	54%
Out of Province Coverage	6%
Indian Affairs	1%
Disability Coverage	3%
No Health Care Coverage	28%
Other/No answer	8%

Other health studies have shown that most hotel dwellers use hospital emergency services or clinics instead of private doctors, but in Downtown South, the reverse applies (see Table 12)

Table 12
Primary Source of Health Care

Source	Frequency of Residents that use source	
St. Paul's Out Patient Department	16	(8%)
Emergency at St. Paul's	6	(3%)
Private doctor	82	(41%)
Drake Clinic	9	(4%)
Downtown Eastside Community Clinic	6	(3%)
None -- no usual source of health care	55	(28%)
Other sources	22	(13%)

The high percentage of people who have no usual source of health care, and who have no health care coverage suggest that many people don't have enough information on health care in the area, and, as a result, go without medical help. 67% have seen a doctor within the last 12 months, a lower figure than the average of 77% in other SRO populations. As many as 13% of the residents said they had been more than 5 years without visiting a doctor.

4.12 Hospitalization

Downtown South residents have been in the hospital overnight more often than the average Canadian. 23% of people interviewed had stayed in a hospital overnight in the last 12 months. Reasons for the hospital stay range from health problems associated with elderly populations such as heart problems to treatment following a serious fight.

67 (33%) of residents claim to have been hospitalized at one point for either emotional/nervous problems or drug/alcohol problems.

Hospitalized for:	Number of Respondents
Emotional/Nervous Problems	34 (17%)
Drug/Alcohol Problems	48 (23%)
Both	15 (7%)

These numbers suggest that many people come to the Downtown South area with psychiatric or addiction problems, and that these problems frequently are compounded by the difficult living conditions they encounter once they move here. For example, two of the street youth interviewed had been hospitalized for drug problems within the past year, but had never been in the hospital before coming to this area of Vancouver. People hospitalized for drug/emotional problems were more likely to have slept on the street and in shelters than other residents. 45% have stayed in a shelter and 37% slept on the street.

4.13 Health Status

Table 13

Self-assessed health status compared to non-SRO residents

Self-assessed health status	SRO resident frequency	Non-SRO residents
Excellent	55 (28%)	36%
Good	60 (29%)	32%
Fair	51 (26%)	24%
Poor	33 (17%)	8%
Missing: 7	Total: 100%	100%

Table 13 suggests that SRO residents are twice as likely to rate their health poorly as non-SRO residents. While 68% of non-hotel residents rate their health as either "good" or "excellent", only 57% of hotel residents rate themselves as highly. While these differences

may seem small, they are significant because many studies of SRO and homeless populations show the same self-assessed health patterns which correspond to higher mortality rates and a lower overall average life expectancy.

4.14 Disability

Disability rates are high. 39% of 184 respondents claim some form of physical disability. Of this disabled group, 20 (28%) say they are seriously disabled, 28 (38%) say they are moderately disabled and 25 (34%) slightly disabled. We excluded eyeglass prescriptions and mental health from the category of disabled. Some men tell tales of industrial accidents that have kept them out of work for many years and requires them to stay in the hotels that have elevators, others have disabilities that arise from heavy alcohol consumption.

4.15 The Mentally Ill

The scope of this survey did not allow interviewers to measure mental illness. This does not imply that no mentally ill live in Downtown South. On the contrary, most studies suggest at least 22% of SRO populations have fairly serious mental health problems. This is a conservative estimate. Many other studies rate the figures as high as 60%. Surveyors found many people to be depressed, incoherent or "strung as tight as they come", as one manager put it. The fact that 17% of the population has been hospitalized at one point for emotional or nervous problems suggests that Downtown South SROs hold a high proportion of mentally ill people who need the same kind of community-centred treatment that is available in other low-income areas.

4.16 Health Care Needs

When asked whether they would be more likely to use health services if dentists, home care nurses, low cost medication and a trustworthy doctor were readily available, many said they would (see Table 14).

Table 14

Want to see following the services available in the area

Type of medical service	Yes	No
Low cost dentists	127 (66%)	65 (34%)
More hotel visits by home care nurses	75 (40%)	114 (60%)
Access to a doctor you can trust	96 (51%)	93 (49%)
Access to discount medication	114 (60%)	76 (40%)

Residents need dentists and affordable medicine. The idea of providing low cost dentistry elicited very favorable responses from most.

Increased information about available health resources is a key first step. Too many residents had never heard of the Downtown Health Clinic or the Drake Clinic, and others on welfare didn't know they might be able to get medical coverage, or didn't know anything about premium assistance and how to apply for it. A medical facility modeled on the Downtown Community Health Clinic, or an expansion of hospital Out Patient Departments may increase the use of clinics for preventive medicine.

4.2 THE ISSUE OF HOMELESSNESS

Living in a Vancouver SRO does not guarantee security, privacy or length of tenure. Many people who use SROs fall into the category of homeless, "the absence of a continuing or permanent home over which individuals or family groups have personal control and which provides the essential needs of shelter, privacy and security at an affordable cost." People who have slept on the street or in a shelter in the last 6 months, or even those who have difficulty finding a SRO to stay in fall into the category of homeless (see Table 15).

40% of respondents said they had difficulty finding a place to stay, got turned down or evicted from a SRO hotel. A person's general appearance or their age accounts for 30% of refusals. Discrimination on the basis of appearance, if it happens time and time again, can play a big role in creating homelessness. If a person is not allowed to rent a room in a SRO hotel, there are little options left besides sleeping on the street or in a shelter.

Table 15

Residents Sleeping on the Street and in Shelters in past 6 months

Places slept	# Residents	Average nights slept
Shelter	30 (15%)	8 nights
Street	23 (11%)	24 nights

The homeless today are predominantly young, white, educated men who, for a variety of socio-economic reasons (such as a lack of jobs in rural areas, drug or alcohol addictions, histories of abuse) find themselves without a formal place of shelter. The homeless are mostly poor because they earn low wages, cannot find work, or do not receive adequate care to help them overcome their personal difficulties. Their frequent moves can be more accurately described as displacement rather than transience by choice.

4.3 SOCIAL NETWORKS

"When you live in a place like this, sometimes you're lonely and sometimes you can't get away from people."

In order to sustain an adequate existence (e.g. shelter, food, health and money), most residents must work hard to create informal networks to compensate for the lack of formal resources in the area. Many residents manage to establish a comfortable social existence because they develop friendships in the area, organize themselves to keep busy and, most importantly, lower their expectations of what the neighbourhood can do for them.

Types of contacts	Mean number of contacts	Standard deviation
Relatives	3.5 relatives	5.9
Friends	6.3 friends	14.0

People have more friends than relatives they trust, and see their friends much more often than their relatives. People see relatives on average at least once every month, but most of those with close friends report they see them "just about every day." 63% reported extremely regular contact with friends in the area, whereas only 18% reported seeing relatives that often.

Networks improve the quality of life in SROs and, oftentimes help make life bearable. Unfortunately, not all hotels help make it easy for people to meet others who can help them, and not all people who need help and support find they get it in a SRO.

A Case Example

At the end of one hallway, three people share their lives because they find themselves living beside each other. Janice is a 38 year-old alcoholic woman who cries because she feels stuck in a situation she never wanted to find herself in: drinking, on welfare, and living in a SRO. She depends on her neighbours Gary and Marty because "we're all in this together."

Gary is mentally handicapped and a lot of fun to be with. He likes having Janice around because she'll play games with him and he, in turn, lends her money when she really needs it. Marty is a junkie who is trying to straighten out. As one who declares his income as "other sources", Marty finds he has lots of small appliances to give away like blenders and stereos. He supplies Gary and Janice with trinkets, and every once in a while when Marty has his fix and some spare cash he'll take them all out for dinner.

At the other end of the social spectrum, one hotel caters to long-term residents who all call themselves alcoholics. Over time, each floor within this heavy-drinking hotel takes on a character of its own. The first floor is the most sociable, with many long-term residents who are older and often somewhat disabled. The first floor residents have set up an informal "buddy" system: "It's pretty rough in this district right now. If you're an older person and you get snapped up, you know there's going to be somebody waiting to hit you on top of the head if you don't buddy up with someone. Otherwise you can kiss your money goodbye." They protect themselves from the perceived dangers of the street, especially after dark. People are leery of acquaintances, because of what they call the "just trust me" syndrome. "You help someone out and they steal your T.V. 'Just trust me', that's what everybody says around here."

Suggestions

Informal networks need not be limited to some hotels only, but can easily become a feature of hotel life, through setting up a "neighbourhood helper's program." Formalize networks that exist WITHIN the buildings. Helping relationships can develop which ultimately benefit hotel residents by giving them more control over their life conditions.

If, for example, a street youth living in a hotel can get daily feedback and information on his/her lifestyle or schooling options not only from peers but through an organized forum taking place WITHIN the hotel building, then the street youth can learn to rely on other residents of hotels for certain types of information. Seniors may prefer a within-hotel workshop that discusses safety issues and how to maintain one's health, or they may wish to organize a daily door check. A buddy system could be invaluable in encouraging more preventive health practices .

5.0 COMMUNITY RESOURCES: WHAT'S NEEDED

"There's nothing to do around here except drink in the pub."

The vast majority of Downtown South residents don't use the few community services that are available. The street youth use the clinics and help offered by Street Youth Services; some men use the Aquatic Centre for a swim and exercise; and others try out the gym at the West End Community Centre. However, for the majority services are too far away; require bus fare to get there and finally, people often don't know that the services exist.

Table 16

Local Area Services Used by Residents

Services	Percent of residents that use the service
Carnegie Centre	6%
Aquatic Centre	10%
West End Community Centre	10%
Bingo	3%
YMCA	4%
Church	3%
Bars	34%
Park	41%
Movies	9%

Compared to the Downtown Eastside with its developed community resources, low-cost food, free food, and information centres that provide literacy courses, ESL courses and information on landlord and tenant rights, there really is "nothing to do" in Downtown South. Because there are few places to go to get cheap or free food, people go without food more often than they do in areas where resources are more plentiful. More than one resident says, "I go binning. I increase my income by about \$60 a month by picking cans out of the garbage."

Suggestions

Most tenants have a clear idea what they need in the neighbourhood. Food, recreational facilities and a place to meet people were repeatedly cited as important ways to improve the well-being of Downtown South residents.

Table 17
Services Residents Say they Need

Service	Percentage that state they need service
Free food	15%
Affordable food	31%
Seniors Centre	8%
Gym or exercise facilities	31%
Library	29%
Swimming	15%
Resource Office	9%
Counselling/Referrals	19%
Support groups	7%
Safe house for Seniors	4%
Recreational Facilities	53%

Most residents in the area are young, and their needs are those of more youthful people. More people wanted access to a gym than to a Senior's Centre, and more people care about food than about formal support groups.

One of the most cited resources people say they want is a community centre. People want a place they can relax and be with others to play pool, use a card room, watch TV, use a typewriter, take a course or just use the cafeteria to get a cheap cup of coffee and read a free newspaper.

A community centre like Carnegie would meet many of the resident's needs. The centre could provide a place to meet a friend, or meet strangers to obtain information about the area and services, and improve the chances of making a friend. Informal networks can complement formal resources that the centre provides: information on jobs, school, tenant rights, counselling and options for leaving the area.

Good food, on a \$200 budget, is hard to come by. "Have I missed meals in the last month? Well, I've skimmed it out, half-rations if you know what I mean." 40% of residents have missed meals in the past month, and these people average 24 missed meals. In contrast, in the Downtown Eastside far less people miss meals because there are facilities that provide low cost or free food. Downtown South needs a drop-in centre where residents can purchase food at a low cost.

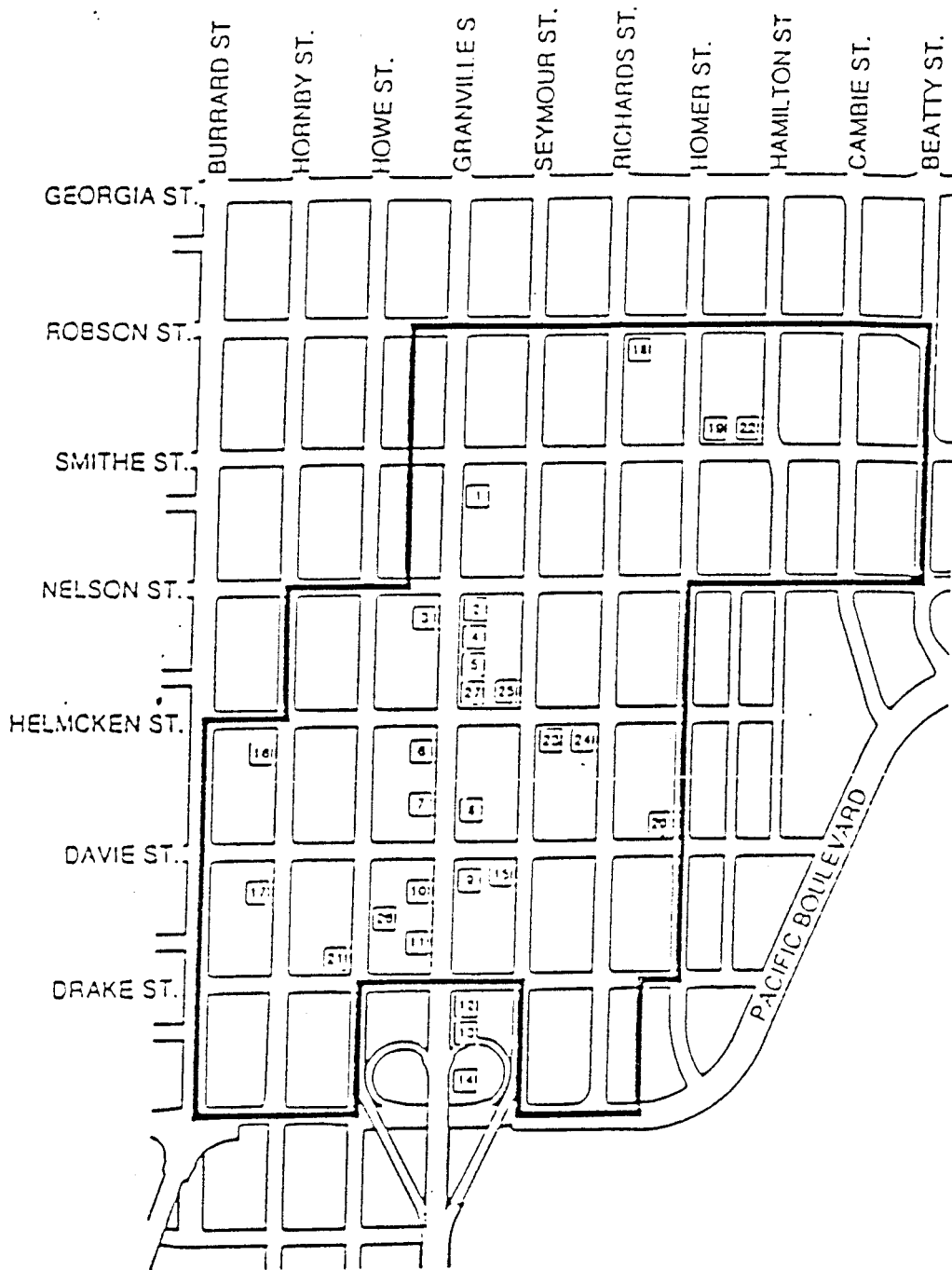
Target services to meet the needs of specific groups (see Appendices):

The transient need the opportunity to meet people who can help them find out what services are available, and where they can tap into job counselling. "I've been on the street a long time and I know what works: a book exchange; self-help classes on useful topics for grownups like how to get a job, how to keep a job, and how to recognize what your life is like. The street kids need to talk, sure, but what about the people over 25? You can talk all you want but at my age we need professional assistance -- I want to get out of this place!"

Street youth need a safe public space where they can meet to discuss issues with others. "I need a GED equivalency course in the area. Give us ACCESS to education."

Long-term residents need a community centre and improved access to health services.

APPENDIX A - DOWNTOWN SOUTH MAP



SINGLE ROOM OCCUPANCY AND SOCIAL HOUSING FACILITIES

SINGLE ROOM OCCUPANCY FACILITIES

- | | |
|--|---|
| 1. Siesta Hotel, 935 Granville St. | 11. Granville Hotel, 1261 Granville St. |
| 2. Gienard Hotel, 1018 Granville St. | 12. Yale Hotel, 1300 Granville St. |
| 3. Royal Hotel, 1025 Granville | 13. Cecil Hotel, 1335 Granville St. |
| 4. Regal Hotel, 1046 Granville St. | 14. Continental, 1390 Granville St. |
| 5. Vogue Hotel, 1060 Granville St. | 15. Canadian Hotel, 1203 Seymour St. |
| 6. Clifton Hotel, 1125 Granville St. | 16. Murray Hotel, 1119 Hornby |
| 7. St. Helen's Hotel, 1161 Granville St. | 17. Bon Accord Hotel, 1235 Hornby St. |
| 8. Hotel California, 1176 Granville | 18. Plaza Hotel, 806 Richards St. |
| 9. Ambassador Hotel, 1212 Granville St. | 19. Homer House, 362 Homer Street |
| 10. Alston Hotel, 1221 Granville St. | 20. Rooming House, 423 Davie St. |

- | |
|-----------------------------------|
| 21. Rooming House, 803 Drake St. |
| 22. Rooming House, 335 Smithe St. |

SOCIAL HOUSING FACILITIES

- | |
|--|
| 23. Brockland Court, 540 Helmcken St. |
| 24. Jubilee House, 508 Helmcken St. |
| 25. Continental Facility, 1067 Seymour St. |
| 26. B'Nai B'Rith, 1260 Howe St. |
| 27. McLaren House, 1030 Granville St. |

APPENDIX B - STREET YOUTH

- * Street youth are 16% of the estimated 1250 people living in the area (34 respondents).
- * Are between the ages of 16 and 26.
- * 68% men, 32% women.
- * Have been in Downtown South an average of three years.

Street youth find they have to sleep on the street often. The youth that sleeps on the street has done so an average of 11 times in the last six months. Managers of hotels frequently blacklist or refuse to rent to street youth on the grounds of age or general appearance, which makes it even harder for street youth to find a place to stay.

The youth lack security of tenure, a guarantee of food, and most importantly they lack the resources necessary to give them the chance to get out of the area. Youth over the age of 19 are particularly underserved, as they no longer qualify for teen programs yet still have the same problems.

One street youth sums up what he wants and how hard it is for him to get what he needs: "I want to live in a decent hotel. We need a communal kitchen but I don't even have a hot plate and half the time the hot water doesn't work and then the landlord tells me he won't rent to me by the week. Managers look at you and see you're young and automatically assume drugs and prostitution. It may be true but that doesn't mean you're automatically a bad tenant."

Street youth need:

A secure living environment: Their sense of security often comes from knowledge of the neighbourhood and the people that live there, and not from having a home. One 25-year old youth says "Granville Street is my security blanket, I've been here ten years and I can't leave now." Street youth can get out of the circle of homelessness and transience by learning to value a secure home base.

Education: "Give us access to GED courses in the area; give us access to education in general."

A safe house to help make it easier to get off the street.

Helping networks within hotels: Street youth will trust locals who live in the hotels, and they can provide information about resources, education and opportunities for the youth to get out of the area, or to come to terms with their lifestyle.

APPENDIX C - THE TRANSIENT POPULATION

- *Are 33% of the people living in Downtown South SROs (68 respondents)
- *Are over the age of 25, unemployed, and have lived in the area for less than 5 years.
- *90% men, 10% women

These men average 40 years of age and move frequently, both in the area and in and out of Vancouver. They have to use shelters, and have slept in shelters an average of 6 nights in the past six months. 37% of transients have missed an average of 23 meals in the past month because they did not have enough money to buy food.

Some like their transient lifestyle, but more transients see SROs as a temporary measure, a crucial housing stop-gap that allows them to try and get organized to make changes in their lives. Transients aren't heavy drinkers or the typical "homeless", but rather young and educated men who are looking for ways to get out of the area.

Transients need:

The chance to get out of the area. Transients cite specific needs to enable them to move to another area of the city: courses; job searching, re-training and upgrading job skills.

Physical recreation facilities. Transients want activities that will keep them out of bars and help them feel worthwhile and productive. Poverty carries its own rhythm, and many transients worry that if they don't get out of the area fast, they will become entrenched in a system of welfare, hotel rooms and emergency shelters.

Public space to meet others in similar situations: informal networks often help individuals more than formalized services. These adults need the space and the opportunity to discuss their difficult situations with people who can empathize and provide useful support, as well as referring them to agencies that may help deal with their personal issues.

Knowledge about available resources. "The street kids need to talk, sure, but what about the people over 25? You can talk all you want but at my age we need professional assistance -- I want to get out of this place."

APPENDIX D - WOMEN IN DOWNTOWN SOUTH

*23 survey respondents are women, 12% of the total population

*Average age: 41

Women have less of everything than the men in the area. They earn less, they have less friends and social contacts, they have lower levels of education, and less women feel safe in their buildings than men. On the positive side, women use shelters less than men, have missed less meals, move less and have less health problems than the men in the area.

Average income for working women is only \$772/month, compared to men in the area who earn an average of \$1,233 a month. The average income for women on welfare is \$470/month, only 85% of what men receive on welfare.

Only 15 of the 23 women felt safe in their building (65%), whereas 78% of the area population say they feel safe. Women form 25% of the people who say they don't feel safe in their building, yet are only 11% of the population surveyed.

Very few women use shelters or sleep on the street. Only 2 of the 23 women had slept in a shelter in the last six months, and 5 of the 23 had slept on the street.

Only 35% of women rate themselves as disabled, compared to the area average of 41%. 83% have been to see a doctor within the last year. Only 21% go without health coverage; this is still a substantial figure but it is less than the area average of 28%.

Women need:

A women's centre. Women need public space where the issues they face in high-risk urban areas are recognized and taken seriously.

An adequate income that is equal to men's living in the area. With community resources and information networks, women can find out how to receive the welfare benefits to which they are entitled, or to enquire why full-time work pays women less than the current minimum wage.

Safe buildings and a safe neighbourhood. Community organization can go a long way to help create a safe environment.

APPENDIX E - THE NATIVE POPULATION

- * 25 respondents are of native ancestry, 12% of the total population
- * 22 of the 25 respondents are men.
- * Average age: 34

The native population resembles the rest of the male residents of Downtown South: young, transient, and with an income below the poverty line. Patterns of health, education and number of years in the area is similar to the remainder of residents. Native self-assessed health appears higher than the area average. Only 3 of the 25 respondents claim disabilities, and the overall average health rating is good. 28% did not have any medical coverage at all, consistent with the community.

The Native population differs significantly on two different counts: they earn less than the area average; and have much more trouble finding a place to live in the area than non-Natives. Their average income is \$692/month, lower than the \$835 a month average in the area (includes working/non-working).

15 Native people have had trouble finding a place to live in the area. In other words, 60% of the native population has experienced difficulties finding a place to live, whereas only 38% of the area population experienced similar problems. Yet the Native population does not differ substantially from the area population in any other way, which suggests that hotel managers may practice a subtle form of discrimination.

Perhaps as a result of this kind of discrimination, Natives have moved more frequently in the last six months than most other residents. (64%) of the respondents have moved in the last six months. They have used shelters or slept on the street slightly less than the area average and go without food less frequently, which suggests the Native population may have more social contacts and helping networks than the non-Native population.

Natives need:

Access to job training and resources to give the Native population the chance to increase their income.

Secure housing. Community organization can help Natives to work with others to counter discriminatory practices within hotels. An organized community can help people take action against hotel owners or managers that practice discrimination.

APPENDIX F - LONG-TERM RESIDENTS

- *Are 32% of the population (66 respondents).
- *Have lived in the area at least 5 years
- *92% men, 8% women
- *Have lived an average of 17 years in the area.

Long-term residents live stable lives. They haven't moved in the last 4 years and have established social networks. The long-term resident seeks out the few resources that are available.

Long-term residents rate their health poorly and have disabilities. 47% are disabled, and most rate their health from "fair" to "good" which is a lower rating than the area average. More (19%) have health care coverage than area residents, and 80% claim they have a regular source of health care. They visit doctors less than younger residents.

Long-term residents lack housing options. Most would be forced to look for another hotel in the area. Many long-term residents are interested in social housing, but not all of them want a self-contained apartment.

Long-term residents need:

Improved living conditions within the hotels. Long-term residents need a public lounge where they can meet and watch TV, a public kitchen where residents can store food safely and a storage space so that residents can have possessions that may not fit into their hotel rooms.

Improved access to health care and information about health care services available. Residents need access to a mobile TB x-ray unit, access to health care personnel such as home-care nurses, access to health care for the disabled, and access to low-cost dentists.

A public space where they can meet friends and play cards or chess without having to drink beer or buy coffee. Many long-term residents have hobbies they cannot practice because of space limitations and because hotel managers forbid them. Many area residents also want to be able to meet friends over a card game in a safe environment.

APPENDIX G - LIST OF SURVEYED SRO HOTELS

SOUTH GRANVILLE HOTELS	NUMBER OF RESIDENTS SURVEYED
Plaza Hotel, 33 rooms	7
Royal Hotel, 90 rooms	16
Ambassador, 63 rooms	0
St. Helen's, 95 rooms	19
Austin Hotel, 122 rooms	16
Hotel California, 136 rooms	22
Cecil Hotel, 80 rooms	11
Glennaird Hotel, 72 rooms	12
Clifton Hotel, 75 rooms	12
Regal Hotel, 85 rooms	16
Granville Hotel, 100 rooms	13
Murray Hotel, 88 rooms	10
Siesta Hotel, 78 rooms	14
Vogue Hotel, 78 rooms	16
Bon Accord, 70 rooms	11
Yale Hotel, 42 rooms	4
Canadian Hotel, 26 rooms	5
Nelson Place, 100 rooms	4
Homer House, 19 rooms	1
1035 Granville, 8 rooms	0
1130 Granville, 6 rooms	1

TOTAL:

210 INTERVIEWS

APPENDIX H - LIST OF PROJECT INTERVIEWERS

Charlene Harvey

Laurie Williams

Tom Laviolette

Tony Maitland

Leslie Butt