



Understanding Community Acceptance of and Opposition to Homeless-Serving Facilities

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Efforts to build homeless-serving facilities often encounter strong community opposition. Frequently referred to as the “Not in My Backyard” (NIMBY) phenomenon, such opposition is a central barrier to governmental efforts to provide assistance to people experiencing homelessness. Residents often successfully pressure elected officials into modifying or eliminating planned facilities, and the reasons they give for their opposition to homeless-serving facilities are well-documented in media reports and social media posts: They fear facilities will increase crime, act as a “magnet” for more people experiencing homelessness to move to the community, lower property values, and reduce quality of life. Evidence of these beliefs’ existence is clear, but there is limited understanding of the underlying logic and thought processes behind these policy positions. What are the roots of residents’ beliefs about homeless-serving sites that foment their opposition, and how could advocates for these facilities broker greater community acceptance?

In an effort to better understand patterns and dynamics of community acceptance of and opposition to homeless-serving facilities, we administered a brief survey and conducted seven focus groups in San Diego, California. In our survey, we found that our focus group participants were not categorically opposed to homeless-serving facilities in their communities; however, their support was contingent on a particular approach to addressing homelessness.

By engaging in public dialogues and community education efforts that bring diverse voices into the conversation, policymakers proposing new homeless-serving facilities may better be able to address community concerns and avoid opposition to the creation of these facilities.

“Deserving” and “Undeserving”

In our survey, we found that participants classified unhoused people into “deserving” and “undeserving” groups, with the latter including individuals with substance use disorders, those who “choose” to be unhoused, and also sometimes individuals living with mental health disorders, particularly if they were viewed as dangerous.

Participants were only supportive of facilities that served those they deemed “deserving.” This belief led to greater support for transitional housing (assuming it had restrictions on eligibility), which traditionally is used to bridge temporary housing gaps, and less support for drop-in centers, which by definition serve all those experiencing homelessness.

Among focus group participants, there was a widespread belief that homelessness is caused by substance abuse, untreated mental health disorders, or a preference for being homeless. Participants routinely de-

emphasized other factors that are major causes of homelessness, such as a physical disability or domestic violence. These beliefs about the causes of homelessness made it possible for participants to assign the “undeserving” label to large swaths of people experiencing homelessness.

Beliefs about Causation

A key attitude toward homeless-serving facilities was a view that what the unhoused need most are services to address the underlying causes of homelessness, such as substance abuse treatment, mental health services, or job training; participants focused less on the need to house these individuals.

Participants perceived the causation to run one way: Underlying factors such as substance abuse *lead to* homelessness; the idea that being unhoused can create stressors that lead to greater substance abuse or symptoms of mental illness was less considered.

Recommendations

In our survey, participants recognized homelessness as a pressing social problem and were willing to consider homeless-serving facilities in their communities. However, their attitudes and beliefs about homelessness limited which facilities they would support, and under what circumstances. They were not stereotypical “NIMBYs” that oppose homeless-serving facilities as a result of a simple self-interest calculation. Rather, **they would support facilities if it was consistent with their perceptions about who unhoused people are and how best to help them.**

Policymakers and advocates proposing new homeless-serving facilities who wish to avoid community opposition need to engage in **public dialogue and community education efforts**. This may help to discard the “deserving/undeserving” dichotomy at the root of perceptions of homelessness.

Policymakers must place **greater emphasis on housing as a fundamental human right**. This is especially critical when facilities employ a housing-first approach (the philosophy that prioritizes connecting people experiencing homelessness with permanent housing, as opposed to service provision like treatment for substance disorders or mental illness), which runs counter to many of the beliefs held by our participants.

Policymakers must **invite diverse voices** to the conversation, including unhoused and formerly unhoused individuals. These perspectives—often missing from public discourse around homelessness—may help reorient community residents’ views on why individuals become unhoused and how best to help them.

By engaging in diversely led community education efforts, those who advocate for new homeless-serving facilities may be better able to address community concerns that come from a misguided understanding of the causes of homelessness. Once community members have a clearer understanding of the motivations and backgrounds of people experiencing homelessness in their community, policymakers may have an easier time moving forward with the creation of homeless-serving facilities.

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