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Rooms for the Misbegotten: Social Design and Social Deviance

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Housing strategies designed to create a sense of community for our nation's at-risk and poverty-stricken citizens continue to be a source of debate. One major issue is the degree to which criminal behavior exists within these environments. In this article, the results from a seven year study of one single room occupancy (SRO) facility in Pittsburgh, Pennsylvania are described. Analysis of two models used for intervening with the vulnerable tenant population of the SRO suggest that a "strength-focused" strategy rather than a "need-focused" approach may be more effective in reducing crime and may contribute to the establishment of a viable resident community.

Introduction

Two issues are raised in this case study report. First, the social and organizational implications of two client-centered, empowerment models and the usefulness of these models for creating a sense of community in single room occupancy (SRO) environments are presented. Second, the ability of these strategies to account for the prevalence of social deviance in the SRO milieu is examined. These matters are addressed through: 1) a brief assessment of SROs in general and one Pittsburgh-based facility in particular; 2) a description of the two social work models developed within the Pittsburgh SRO; 3) a review of the facility's essential demographic features; and 4) an analysis of the building's amount of social deviance, following the two social practice strategies.

I. SRO Housing: The Emergence of Welfare Hotels and Wood Street Commons

An SRO is an apartment-style building where tenants occupy their own sitting/sleeping room. Each SRO unit includes several basic amenities (e.g., wash basin, bed). There are also common areas shared by the building's residents (e.g., kitchen, lounge). The history of SRO housing has evolved in the twentieth century, especially during periods of economic change (Hoch and Slayton, 1989). These changes have been linked to the urban dweller's perception of the city as both market place and home (Hopper and Hamberg, 1985; Erickson, Wilhelm, 1986; Caton, 1990). Throughout the 1970s and 1980s several factors contributed to the current mix of single room occupancy facilities and they provide an important back-drop for the case study which follows.

The domestic political economy during the 1970s and 1980s wrought devastating outcomes for housing and service assistance to disenfranchised citizens (Barak, 1992). An eroding manufacturing base supplanted by service-oriented industries and a fiscal crisis generated by over-production, severe downward turns in the business cycle, large numbers of unemployed skilled workers, and corporate bankruptcies exacerbated the affordability of low income housing across the United States (Applebaum, 1989; Kard, 1988). These conditions prompted federal withdraw of support for public housing programs and led to the government's endorsement of mostly selective revitalization initiatives that ultimately benefitted the well-to-do (Coons, 1987). Thus, as the decade of the 1980s came to a close, the diminution of low-income housing stock reached crisis proportions (National Coalition for the Homeless, 1989; Rossi, 1989a).

In addition to significant changes in the political economy, a new generation of homeless citizens was increasingly evident during the decade of the 1980s. The new homeless included several marginalized subgroups: 1) persons experiencing persistent and severe mental illness (Wright, 1988; Bachrach, 1984; Lamb, 1984); 2) children and families living in Shelters or on the streets (Bassuck and Rubin, 1986; National Coalition for the Homeless, 1986; Redmond and Brackmann, 1999); 3) day laborers working in temporary job pools (Williams, 1988); and 4) AIDS victims

composed mainly of IV drug users, male homosexuals, minority group members, street prostitutes, and Vietnam veterans (Bayer, 1989; Ron and Rogers, 1989).

The shrinking domestic economy coupled with the new homeless constituencies influenced perceptions of the city. Moreover, the affordable housing crisis and the decline of subsidies altered the urban SRO's function. City restoration efforts prominent during the previous decades of promise (1950s–1960s), in time gave way to short-term measures for alleviating the plight of urban street dwellers (Hoch and Slayton, 1989). Disenfranchised city residents found themselves living in squalid conditions, often in run-down welfare hotels (United States General Accounting Office, 1985; Hopper and Hamberg, 1985). These hotels offered lodging to any person seeking shelter, *provided* a public assistance check or other entitlement subsidy accompanied the displaced homeless citizen (Zarembka, 1990). The urban ecology of the 1980s produced an "American nightmare" (National Coalition for the Homeless, 1989:1): a period of "national neglect and shame" (National Coalition for the Homeless, 1986:3) where both the inner city and its inhabitants were abandoned (Rossi, 1989a; 1989b; Ropers, 1988).

The development of a Pittsburgh-based SRO called Wood Street Commons (WSC) emerged in the mid 1980s in response to the housing needs of the city's most economically distressed and socially stigmatized residents. A number of research projects (Wilson and Kouzi, 1990; Mellon Bank Economics Department, 1984) and regional reports (United Way of Pittsburgh, 1985) addressed the state of existing service resources to the homeless (including the marginally housed) and overall trends in the local economy. A pivotal sponsor in the SRO's planning was Community Human Services Corporation (CHSC); a nonprofit agency which operated in conjunction with private philanthropic groups, public governmental agencies, and area service providers. Findings from the various Pittsburgh studies led researchers to conclude that the region was experiencing a low-income housing shortage, a local recession, and the presence of a "new vagrancy"—homeless subgroupings similar to those mentioned previously (Wilson and Kouzi, 1990: 109).

In response to these regional conditions, CHSC, property developers, and management consultants identified the city's under-utilized, downtown YMCA as a strategically-centered facility for housing diverse, at-risk constituencies. CHSC had maintained a social service presence in the building during the early to mid 1980s and was very familiar with the existing tenant population.

During 1986 the YMCA was purchased by a for-profit property development organization (Mistick Associates), and renamed Wood Street Commons. The configuration of the Pittsburgh-based facility was comparable to many urban SROs at the time. Tenants occupied their own rooms and possessed a key to their SRO units. All rooms included basic amenities (such as, single bed, dresser, chair, walk-in closet, wash basin, and mirror). In WSC, five private bathrooms were found on each floor. Each floor of the building contained twenty-six SRO units. One common area was located in the facility. Situated in the lower level, this "congregate space" was an outlet for recreation and celebration (e.g., general socializing; breakfast and dinner meals; activities such as the tenant Newsletter, the resident advocacy group, generic crafts; and special events, including guest speakers and parties).

The essential mission of WSC was to provide safe, supportive, and affordable housing to the tenants residing in ten of the building's sixteen floors. The other six floors were leased out to commercial tenants as a way of defraying operational costs and maintaining affordable SRO room rentals.

The identification and implementation of a viable practice model—a consumer focused approach that was empowering, peer-supportive, and least restrictive of the tenant's autonomy—was critical to the facility's social design. At the core of this mission was a commitment to fostering resident self-esteem, establishing healthy tenant relationships, and creating a sense of community.

II. A Comparison of Two Social Work Models

Within the SRO, the first strategy was fully operational only during Phase I of the building's development (1985–1987). The second client-centered approach was utilized during Phase II of

the facility's evolution (1988–1992). Both strategies were developed prior to CHSC's involvement in Wood Street Commons. During this planning stage, the relative merits of both models were regularly assessed by staff, resulting, at times, in some strong sentiment about which strategy was best. The project's leadership initially favored the need-focused strategy. However, after two years of struggling with the daily occupancy rate and problems associated with building infractions and ongoing evictions, a decision was made to try something different. Further, the necessity to change our social work approach was made evident, following the outcome of a building fire caused by several troublesome tenants.

Phase 1: The Need-Focused Strategy

The Phase I model was organized around a strong and sustained presence of professional social workers or community activists, advocating on behalf of the tenant population. Typically this approach entailed one-on-one intervention with residents around health or social service issues (such as, dental care, podiatry needs, entitlement assistance, job search, housing referrals, and literacy training). Underscoring this model was a belief that resident problems required intensive, sophisticated, and, when necessary, confrontative outreach.

The role of the WSC advocate was to broker for client needs, focusing always on the tenant as an under or non-served citizen. While this intervention model encouraged resident decision-making that was less participatory and was more deferential to the social worker, the relationship established between consumer and professional was regarded as healthy, ultimately enabling a more certain and effective delivery of services. Moreover, it was believed that the trust formed between tenant and activist would in time prepare (empower) the resident to take greater personal responsibility for the unresolved issues affecting his/her life.

2. Phase II: The Strength-Focused Strategy

The Phase II social work approach emerged out of a different set of governance principles. This organizational model emphasized active resident participation and advocacy. When

social workers intervened, small group or community meetings were held to discuss problems. Unlike the Phase I model, responding to resident health and social service issues was less important than identifying tenant competencies and skills. Underpinning this approach was a belief that thriving communities were composed of citizens who had something meaningful to offer their neighborhood. Recall here the previous description of the urban SRO's historical development, linked to the city as both marketplace and home. In this regard, ascertaining what generic skills residents possessed and then instituting an outreach program with service providers based upon sustained tenant participation and leadership was pivotal to forming a viable, consumer-oriented community.

The WSC advocate was to facilitate and to encourage responsible tenant involvement in the SRO community as a way of empowering residents to take responsibility for their own lives. While this strategy made the delivery of support services ancillary to the establishment of a community culture, it was assumed that tenants would eventually organize as task-oriented groups, producing several self-generating cottage industries. By cultivating tenant competencies rather than addressing tenant deficiencies, it was further assumed that residents in time would more readily and adequately resolve their own social problems because of improved self-esteem and because of their stake in the WSC community.

III. The Residential Demographics of Wood Street Commons

Five socio-economic indicators formed the basis of WSC's demography. These categories (age, race, gender, income/occupation and, housing level) were selected with the intention of establishing resident types most conducive to densely populated living in urban SRO settings. The belief was that by identifying tenant types most likely to integrate well into the SRO's social fabric, social deviance and criminality could be kept to a minimum.

A. Tenant Blending

The building's tenant blend was intended to replicate the demographics of the larger Pittsburgh region (Mellon Bank

Economics Department, 1985; United Way of Pittsburgh, 1985). Thus, from the SRO's inception to its second phase of development, energy was directed at ensuring: a majority population age 40 and older, a racial minority constituency no less than 35 percent of overall occupancy, equal distribution by gender, and a majority of residents working at least part-time or more.

Blending the variety of residents in Wood Street Commons was an important consideration for minimizing the prevalence of social deviance. Rather than creating a facility designed primarily or exclusively for chronic needs individuals (for example: black males between the ages of 18 to 35 habitually unemployed, semi-skilled, and recovering from addiction), a mix of tenants was sought. Thus, the residential blend of Wood Street Commons also included: chemically-free black males gainfully employed; retirees on fixed incomes; unwed adult mothers attending vocational training or continuing education classes; and people participating in therapeutic learning programs, recreational activities, or peer support advocacy initiatives.

In their evaluations of crime and delinquency, both Hirschi (1969) and Kornhauser (1978) have described how the mechanism of "involvement" (i.e., investment in conventional activities) promotes social control and reduces the likelihood of individual deviance. Tenant groups described above were persons involved in a variety of work and leisure tasks and, thus, possessed less opportunity for engaging in deviant behavior.

The fifth index (the housing scale) included four different housing programs/levels, and tenant placement in any one of them was determined in relationship to the resident's income and/or social and emotional condition. Thus, standing in any one program referred to the level of service a tenant required and the extent of financial resources the residents possessed to address their situations.

In Wood Street Commons, the housing program/level reflected the building's desired tenant blend. Of the 259 SRO units, 15 were set aside for the chronically mentally ill (Housing Level Is) and 30 were for homeless persons, recovering from chemical addiction and/or habitual unemployment (Housing Level I). Typically, these persons either worked in temporary

job pools or received cash assistance from the Department of Public Welfare.

The combination of Level Is and Level I tenants represented approximately 20 percent of the available units. Persons occupying these rooms were recognized as chronic needs tenants, requiring more intensive social work assistance. The position taken by staff was that the SRO could only handle about 60 or so chronic problem residents. Furthermore, it was understood that exceeding this figure would create asylum-like conditions where crisis resolution and warehousing would become the facility's primary purpose.

85 rooms were earmarked for persons on fixed incomes but receiving job-related training or attending school, or for persons who worked part-time in the retail sales, the clerical, or the food service industries (Housing Level II). The remaining 129 units were available to persons working full-time in various employment markets or for individuals who had worked full-time in such markets but were now retired (Housing Level III). Here, too, the conventional wisdom was that legitimate work-related tasks would further reduce resident opportunities for engaging in delinquent patterns of behavior.

B. Resident Types

Identifying resident types (persons most suitable to living in densely populated, single room dwellings), was a prerequisite to achieving the desired tenant blend. Unlike the resident blend which focused on the mix of tenants (e.g., men to women; whites to non-whites; persons age 40 and over to persons under age 40) and unlike the housing level which identified the extent of service persons required, resident type referred to the tenant's occupation. An assessment of empirical data (e.g., incident reports, eviction notices, and attrition figures generated prior to CHSC's involvement with Wood Street Commons), investigations of the SRO experience in general (Hoch and Slayon, 1989; Smithers, 1985; Siegal, 1978), and research protocols addressing the low-income housing needs of Pittsburgh-based residents (Wilson and Kouzi, 1990), produced five tenant types. These included:

Retirees: 60 years of age or older, physically frail but essentially well.

Full-time Workers: employed in the service, industrial/trade, and administrative sector.

Part-time Workers: employed in light, low technical markets (e.g., retail sales and food service).

Fixed Income: governmentally subsidized persons disinterested in ameliorating their income or social status.

Jobless: including; situationally, recovering and chronic homeless.

Based on an evaluation of the available information, prospective tenants matching these types offered the greatest likelihood for minimizing the prevalence of criminality in Wood Street Commons. The number of tenants matching one type rather than another was related to the various housing programs and the importance of maintaining the established tenant blend. Thus, for example, a person fitting the "Retiree" category could be admitted into any of the four WSC housing programs.

A person's income and/or emotional status could also make the prospective resident more appropriate for one level over another. More particularly, in the illustration above, the senior citizen's race or gender (concerns related to tenant blending) could also influence an admission decision. Therefore, persons working full-time receiving low scale pay, for example, were sometimes placed on a waiting list when room vacancies existed only for jobless/homeless individuals. The point is that Intake criteria were governed by tenant blending and resident type concerns, limited *only* by the designated number of rooms for any one of the four housing programs.

With respect to the two phases in WSC's evolution, occupancy figures during both periods varied dramatically. The need-focused strategy of Phase I generated a daily occupancy rate of 54 percent based on a daily average of 100 residents. In contrast, the strength-focused approach of Phase II produced a daily occupancy rate of 95 percent based on a daily average of 245 tenants. Although building renovations limited occupancy capacity to 185 units during Phase I, the question remains which social work model fostered a greater sense of community in

the SRO milieu of Wood Street Commons? More indirectly, but equally as important, is the link between the individual strategy (need-focused vs. strength focused) and the prevalence of social deviance in the WSC neighborhood.

IV. Social Deviance in the SRO: An Assessment of What Interventions Worked in Wood Street Commons

Two indicators were used for assessing the prevalence of crime/social deviance in the WSC community: 1) *Evictions*—termination of residency because of either excessive or serious house rule violations, generated through resident and/or staff incident report writing; and 2) *Incident Reports*—individual instances of house rule infractions.

Table 1 summarizes these findings for both Phase I and II of the building's development. The eviction and incident report totals were based upon weekly data generated from an analysis of occupancy figures. In comparing the Phase I totals to their counterparts, the data indicates that the need-focused model was characterized by more than three times as many weekly evictions and two and a half times as many weekly incident reports. More specifically, the eviction figures during Phase II did not include any tenant terminations for drug abuse, violence toward others or violence toward property.

Another variable identified in Table 1 is the *Pathology Margin*. It represents the percentage of tenants troubled and at-risk (e.g., homeless, chronically mentally ill, chemically recovering), versus those not so troubled or at-risk as determined at Intake. Thus, the pathology margin is an independent variable. While the number of troubled residents remained virtually unchanged during both social work models (47 persons for Phase I and 49 persons for Phase II) the prevalence of crime was much lower during the strength-focused strategy. This fact is especially telling given that the population density of Phase II was approximately 150% greater than its Phase I counterpart. Typically, an increase in population density creates more opportunity for delinquent behavior, often resulting in more social deviance or crime. The strength-focused strategy of Phase II did not support this correlation.

Table 1

Prevalence of Criminality Scales

	PHASE I	PHASE II
<i>A. Eviction</i>	<i>Average Number Per Week</i>	
1. Drug Abuse	2	0
2. Alcohol Abuse	4	2
3. Violence (Toward Others)	2	0
4. Violence (Toward Property)	3	0
5. Other Minor Infractions	2	1
6. Failure to Pay Rent	<u>3</u>	<u>2</u>
Totals	16	5
<i>B. Incident Reports</i>	<i>Average Number Per Week</i>	
1. Drug Abuse	3	1
2. Alcohol Abuse	6	2
3. Violence (Toward Others)	2	1
4. Violence (Toward Property)	2	0
5. Other Minor Infractions	<u>2</u>	<u>2</u>
Totals	15	6
<i>C. Pathology Margin*</i>	<i>N = 100</i>	<i>N = 245</i>
	47%	20%
<i>Daily Crime/Social Deviance Rate</i>	2.5	1

*Pathology margin included the following sub-groups of tenants: the decarcerated, the homeless, the seriously mentally ill, the chemically dependent, and the chronically unemployed.

As stated earlier, the demographics of WSC (including the projected tenant blend, housing programs, and identified resident types) were unchanged throughout the facility's development. This fact significantly challenges the effectiveness of WSC's Phase I model. Thus, the remaining portion of this section more closely examines the viability of both strategies for creating a sustainable community in the SRO milieu. The

assessment can be broken down into four areas: 1) staff perceptions of the social space; 2) staff perceptions of the residents; 3) staff movement and intervention; and 4) implications for the two social work models.

1. Perceptions of the Social Space

The need-focused strategy of Phase I identified several adverse and central building conditions that neutralized prospects for creating a self-sustaining community. Such things as modest room amenities, time restrictions on access to the congregate area, elevators routinely in disrepair, and on-going building renovations were perceived as circumstances jeopardizing the stability of the social space. Thus, staff regarded the building as pathological and endeavored to alleviate its pervasive culture of poverty and dependency through counseling and advocacy initiatives. The concern was that many residents would remain or become passive, anonymous, or alienated from the larger community—outcomes that could conceivably be devastating for the long-term stability of the SRO.

The strength-focused strategy of Phase II identified several critical and fundamental building goals that reaffirmed staff commitment to social designing for at-risk constituencies. Thus, the existing social space was understood to be a potential mecca for cultivating untapped consumer talent, and staff intervened accordingly. During this period, staff engaged in spatial reframing, that is, they perceptually reconfigured the facility. The SRO was acknowledged as a vital, holistic organism. The building walls that physically separated tenants from one another were conceptually shattered. While residents were interspersed among the SRO's various floors, these floors were much like city blocks that constituted a neighborhood.

The spatial reframing of Phase II was designed to promote community spirit, building integration, tenant participation, sustained activities, and overall empowerment. The social work team believed that these goals would be realized once staff engendered a more positive regard for the social space. While the need-focused approach of Phase I recognized the legitimacy of these goals, it was focused on present building conditions

perceived as problematic. Thus, on the one hand, the existing social space was regarded as a contributory impediment in the formation of a healthy, resident-driven community. In Phase II, the SRO building was considered to be a pre-constituted—though dormant—neighborhood, requiring staff direction and harnessing of under utilized resident energy and talent.

2. Staff Perceptions of Residents

Closely related to staff perceptions of the social space was overall regard for the tenant population of WSC. During Phase I, CHSC social workers endeavored to vigorously advocate for the unmet or under serviced needs of the resident body. Staff believed and eventually discovered that several individuals living in the SRO suffered from severe physical and mental health deficits, were illiterate or poorly educated, experienced problems with routine living skills (most notably hygiene difficulties), and possessed limited social and behavioral abilities (e.g., acted impulsively, immaturely, irresponsibly).

The Phase I social work team did not perceive these tenant limitations as insurmountable. Their agenda included acknowledging that society was mostly responsible for the victimization of the sheltered resident. In addition, the strategy insisted on a professional model of brokering for services that would afford time, space, and respite for the beleaguered and embattled street dweller. It was assumed that active outreach to service providers enhanced with generic, client-centered counseling, would re-stabilize the disempowered resident. Eventually, this sustained professional-client relationship, would enable victimized tenants to take back their lives and once again make decisions for themselves.

During Phase II, staff either sought out or invented creative programs and events that showcased tenant competencies and skills. These initiatives began as incubation projects with only a few SRO residents. Eventually, with the support of participating tenants who marketed the programs to others in and outside the SRO, many initiatives spread to additional low-income housing resources in the larger Pittsburgh community.

Staff of the strength-focused model believed that the SRO population was pregnant with budding or skilled artists, sculptors, musicians, cooks, sales clerks, custodians, carpenters, and other unknown talents. Developing and participating in a City-wide Homeless Sports League in which teams were formed from residents or guests of area shelters and soups kitchens became an occasion for the WSC community to parade its athletes and improve upon its leadership skills. Conceiving of and directing a Performing Arts Collective (featuring homeless/poor musicians, dancers, singers, actors, and comedians) became an opportunity for the WSC community to celebrate creativity and to better its organizational talent. Cultivating cottage industries, such as the training and hiring of tenants to cook hot breakfast and three course dinner meals to paying residents (\$.50 p/breakfast and \$1.00 p/dinner), further advanced tenant competencies. Here, not only were residents prepared to eventually assume food service jobs in the larger community, but paying tenants demonstrated an economic investment in the stability of their neighborhood. The money collected from tenants was used to cover a portion of the program's expenses. Further, by their participation, these tenant-consumers actively endorsed the latent abilities of those resident-cooks in training.

During the strength-focused model, little attention was given to how or why society had victimized individual tenants. Staff remained cognizant of health and social service issues that might impair tenants, but attempted to see beyond such deficiencies except when the condition was life threatening. It was assumed that on-going, resident-driven activities would empower the at-risk and poverty-stricken building constituents to rediscover their own inner strengths and resolve their own life problems.

3. Staff Movement and Interventions

The third staff feature that helps explain differences in the prevalence of social deviance/criminality during both Phase I and II of WSC's development, is the method of intervention. Following perceptions of the social space and residents, the intervention procedures exemplify the essential nature of each social practice strategy.

The social work model from 1985–1987 emphasized sustained contact with individual residents. The results for this intervention approach included: creating a temporary dependency-based, professional-client relationship; recognizing society's role in fostering tenant victimization; perceiving the SRO as structurally pathological; accepting the relative, short-term passivity of disempowered residents and; stressing the effective advocacy and delivery of health and social services.

The social work model of Phase II stressed sustained consumer-generated projects, requiring the formation of various sub-group entities (such as, the Newsletter Team, the Resident Advocacy Group, the Performing Artists and Musician's Collective). The effects of this strategy included: fostering tenant autonomy and self governance; promoting active decision-making in building community matters; perceiving the social space and the resident corpus as essentially well; encouraging general participation in SRO events and; emphasizing the presence of generic activities as the vehicle to render the SRO as both a market place and a home.

4. Implications for the Two WSC Social Work Models

Both the data and the critical assessment confirm the viability of SRO social designing based upon strength-focused dynamics. While this conclusion is limited to an examination of only staff perceptions of relevant social and organizational matters, the presence of a fledgling community—vis-a-vis the existence of crime/social deviance—was more pronounced during Phase II. This study does not reject outright the importance of a need-oriented strategy in facilitating the establishment of a SRO neighborhood. Instead, the conclusion reached supports the ancillary role assumed by treatment or counseling-based interventions.

One possible explanation for the limited effectiveness of the need-focused approach is that is represented a *deficit* model of intervention. In short, tenants were benignly perceived as the collection of their fallibilities. By implication this meant that the resident body was also understood to be at-risk and troubled. Thus, tenants cast as social deviants may have fostered a secondary effect (see generally Lemert, 1967; Becker, 1963).

Another speculation relates to building tone, generated by staff attitudes and actions. The Phase I model stressed a near apostolic intensity with respect to advocacy and service delivery. The urgency, immediacy, and sustained attention on unmet needs may have been an overwhelming pressure for many SRO residents. Acting-out behavior may well have been a mechanism for ventilating latent hostility. Both these speculative explanations require further research and could be the source of important empirical data on effective social designing in SRO neighborhoods for the future.

V. Conclusions: Justice Policy and the Future of SROs

As a matter of policy, the acceptance of SRO facilities as potentially empowering communities is a relatively recent phenomenon (Hoch and Slayton, 1989; HUD, 1989; Kasinitz, 1984). Unlike their predecessors, these renovated structures no longer warehouse society's most troubled and vulnerable citizens. Numerous social designing efforts debate how to construct supportive, peer-driven, least restrictive environments. Empowering people has become a popular slogan but not without costs. Fanning the flames of resident self-reliance is a subtle process requiring methodical, calculated precision. Attempts at quick and easy solutions produce only short-lived and sloppy results.

The Phase I social work model of WSC produced disappointing outcomes. Although acknowledging that at the core of its designing were people whose lives symbolized a generation of forgotten citizens, WSC staff attempted to restore tenant esteem through an need-focused approach. Measures used to assess the prevalence of social deviance/crime indicated that the community was not stable: occupancy figures were low, incident and eviction numbers were high.

The Phase II social work model offered more salient outcomes. Here, too, tenants were understood to be at-risk or poor but they were appreciated most especially for the untapped skills they possessed. Efforts at residential empowerment were governed by a strength-focused strategy. Under this approach, data assessing the prevalence of social deviance/crime pointed to a community that was healthier than its Phase I counterpart:

occupancy figures were high, incident and eviction numbers were low.

Creating a sense of neighborhood in an SRO environment requires that one seriously consider what intervention strategy, what social work model, will govern the building's development. In an age of scarce resources, attempts at housing vulnerable populations in single room occupancy settings can offer society precious human justice rewards. More than simply providing people with a place to live, the appropriate social practice model can ready the way for the most troubled of citizens to reclaim their identity and purpose. If further research on social designing and deviance is to be effective in urban SRO settings, sociologists, criminologists, social workers, community activists, city planners, and the like must re-create that notion of market place and home that restores the vitality in each of us. The strength-focused strategy operative in WSC was one model that offered transformative possibilities for its residential constituency.

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