Designing for the Homeless. Sam Davis.

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Research into homelessness by social work and social policy scholars has focused on the psychological, economic and social dimensions of the problem, and recommendations for responding to the needs of homeless people have usually stressed the importance of social and psychological treatments and interventions. Counseling, job-training, employment referral, mental health and drug abuse treatment, advocacy and other programs are usually highlighted in the social welfare literature. But, as this interesting book demonstrates, access to various kinds of housing resources is equally important. Indeed, the author shows that services designed to help homeless people work best when they are provided in the context of adequate housing. While economic and political action is obviously required to secure adequate housing, he contends that housing design is an equally important component of policies and programs designed to address the homelessness problem.

Sam Davis is a Professor of architecture at the University of California, Berkeley who has been actively involved in designing shelters and other forms of housing for homeless people for many years. Davis stresses the need to incorporate adequate and appropriate housing design into a comprehensive plan to address the housing problem. He begins by showing how the St. Vincent de Paul Village in San Diego was designed to provide shelter for homeless people and how its architectural features have helped to address the problem. Although the Village is used as an example of how purposeful, careful architectural design can respond to the needs of homeless people, Davis is not entirely uncritical of its approach and it appears that his intention is to use the example of the Village shelter to embark on a detailed discussion of a variety of other approaches to housing the homeless. Using extensive illustrations, Davis shows that residential centers, supported housing and subsidized low-cost housing all have advantages and disadvantages. The author also provides a helpful summary of the social, economic and cultural aspects of homelessness.
It is clear that his extensive experience of working in the field is combined with a sound knowledge of the issues. Davis also makes a plea for the more extensive involvement of architects and planners in the field. He is highly critical of the ramshackle approach that has characterized shelter provision in the past. If homeless people are to be helped, they need to be provided with services in a secure, safe and positive built environment.

Davis has produced a very readable and informative publication that should be consulted by anyone working in the homelessness field today. Its emphasis on appropriate design and the use of diverse housing resources to address the problem will augment the services provided by social workers, psychologists and others who serve homeless people. The book deserves to be widely consulted and its message should be incorporated into all programs focused on the problem of homelessness. The book vividly demonstrates the need to incorporate a variety of intervention to address what has become an acute and apparently intractable problem.


Research indicates that there are no differences in child maltreatment rates among ethnic and racial groups, yet the evidence of disproportional representation of minority children in the child welfare system is undeniable. Generally speaking, minority children make up a larger percentage of child welfare cases than their percentage in the general population. This is particularly the case with African American children. Race and ethnicity have been found by researchers to be linked with maltreatment report rates, removal and placement decisions, length of stay in the system, and likelihood of reunification. The causes of disproportionality are believed by many to be a complex interaction among system biases, social and economic conditions of families, and institutional racism. Race and ethnicity may combine with other predictors of child welfare system involvement, such as caretaker substance abuse, child disability, and Medicaid receipt,