



Recovery as Human Development:
An assessment of the Streetscapes community-based
rehabilitation programme

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Abstract

This study explores the experiences of previously homeless substance users who are part of Streetscapes, a community-based rehabilitation programme based in Cape Town, South Africa. The study aims to propose a different way of viewing addiction and recovery, where the focus is on the promotion of self-reliance and meeting people's needs in ways that are more holistic. The study was informed by a single case study design, which utilised qualitative research methods that included in-depth semi-structured interviews and document analysis. All data was analysed using the framework of Max-Neef's Human Scale Development (HSD) to conduct a needs-satisfier analysis of the programme from the perspective of its beneficiaries. The key findings indicate that participants are able to satisfy significantly more fundamental human needs (FHNs) as part of the Streetscapes programme, compared to when they were living on the street. More importantly, noticeably more synergic satisfiers were observed after joining the programme, thus highlighting Streetscapes' ability to foster self-reliance amongst its beneficiaries. The findings also revealed key challenges that need to be overcome to further promote self-reliance in this regard. The study argues that the promotion of self-reliance plays a major role with regards to one's recovery efforts. By focusing on the way in which people meet their FHNs, programmes are able to identify how their efforts provide opportunities for beneficiaries to satisfy their needs in ways that either promote or inhibit self-reliance. Thus, it is argued that an assessment of the Streetscapes programme from the perspective of the beneficiaries' ability to meet their FHNs may allow it to be more effective in achieving its goal of facilitating the process of recovery and promoting self-reliance amongst its beneficiaries. This research makes a contribution to debates in the literature about addiction, interventions for human development and recovery in relation to self-reliance, as well as the value of Max-Neef's Human Scale Development in the analysis of programmes and interventions aimed at helping homeless substance abusers.

Glossary of terms

Addiction: Refers to a compulsive need for and use of an addictive substance or substances.

Substance abuse/substance misuse/alcohol and drug use/abuse: These terms are used interchangeably throughout this paper. They all refer to the use of illegal drugs and/or alcohol that is considered to be abusive in nature.

Recovery: Refers to a previous or current substance abuser's path to a life of sobriety or non-addictive use of illegal drugs and/or alcohol.

Homelessness: The generic definition is a period of living on the street, as being without what one would consider a 'home'. Within the context of this study, homelessness is also defined as a form of human agency and as an attempt to satisfy one's needs - albeit in ways that may be considered obstructive or even harmful to the individual.

Needs: Refers to one or more of Max-Neef's nine fundamental human needs. Includes Subsistence, Protection, Affection, Understanding, Participation, Relaxation, Creation, Identity, Freedom.

Satisfiers: Refers to ways in which fundamental human needs are met. Includes destructive satisfiers, pseudo satisfiers, inhibiting satisfiers, singular satisfiers and synergic satisfiers.

List of abbreviations and acronyms

AA	Alcoholics Anonymous
CAQDAS	Computer-assisted qualitative data analysis software
FHNs	Fundamental Human Needs
HSD	Human Scale Development
NA	Narcotics Anonymous
OST	Opioid Substitution Therapy

Table of Contents

Chapter 1: Introduction	1
Research problem and context	1
Research context - Streetscapes.....	4
Aim and rationale	5
Research Questions	6
Outline of methodology	8
Organisation of dissertation	8
Chapter 2: Literature Review.....	9
The link between addiction and homelessness.....	9
The sociology of addiction.....	11
Approaches to the treatment of addiction	14
Pharmacological interventions	15
Therapeutic communities	16
Treating substance abuse within the context of homelessness.....	18
Reconceptualising recovery	19
Conclusion.....	20
Chapter 3: Theoretical Framework	20
Rationale for using Human Scale Development	21
Contextualising Human Scale Development.....	21
What is Human Scale Development?.....	22
The role of satisfiers within Human Scale Development.....	26
Promoting self-reliance	27
Six key characteristics of self-reliance	29
Human Scale Development in practice	30
Chapter 4: Methodology	32
Case study design.....	33

Sample.....	34
Steps in the research process.....	35
Data collection.....	36
Documentary research.....	36
Qualitative interviews.....	37
Ethical Considerations.....	40
Data Analysis.....	41
Using CAQDAS as a data analysis tool.....	41
Thematic analysis.....	42
Phase 1- Close reading of data and first-level coding.....	42
Phase 2 - Second-level coding.....	43
Rigorous methodological practices.....	45
Positionality.....	46
Conclusion.....	47
Chapter 5: Findings.....	47
Beneficiaries’ understandings of recovery and self-reliance.....	49
Recovery.....	50
Self-reliance.....	51
How beneficiaries met or attempted to meet their fundamental human needs.....	53
Opportunities the programme create that allow beneficiaries to meet their needs in better ways.....	57
Factors outside of the programme that create opportunities for beneficiaries to meet their needs.....	61
The extent to which the Streetscapes programme promotes self-reliance.....	64
Conclusion.....	68
Chapter 6: Discussion and Conclusion.....	68
Limitations.....	71
Recommendations.....	72

Concluding remarks	74
References.....	76
Appendix A – Interview Guide.....	82
Appendix B – Consent Form	86
Appendix C – Codebook.....	89
Appendix D – Field notes (sample)	91
Interview with Faith	91

Chapter 1: Introduction

Research problem and context

Addiction is a complex, multi-faceted problem in today's society. The term 'addiction' is usually associated with substance abuse, where it relates to the imagery of alcoholics and drug addicts alike. Addiction has also manifested itself in 'non-tangible' terms, in which contemporary forms of addiction include addiction to online gaming or social media, for instance. This study focuses on addiction as substance abuse— of which the abuse of alcohol and illegal drugs are the central components. Although the main goal of treatment programmes is universal, that is, for individuals to achieve long-term abstinence from substance abuse, there is no one-size-fits-all solution to the treatment of addiction. Treatment modalities may therefore differ significantly. For instance, treatment programmes in the United Kingdom (UK) contrast those undertaken in the United States (US) (Gossop et al., 2003; Goode, 2006). UK-based treatment programmes view addiction as a choice, where substance abuse is perceived as a voluntary act to cope with life problems (Russell, Davies & Hunter, 2011: 151). Given that more emphasis is placed on one's environment, treatment may include interventions such as therapeutic communities and cognitive-behavioural therapies, which allow individuals to deal with their life problems in better ways. US-based treatment programmes have generally adopted the disease model of treating addiction, where substance abuse is perceived to be a chronic relapsing disease (Russell, Davies & Hunter, 2011: 151). Treatment may therefore include pharmacological interventions such as opioid substitution therapy (OST) and harm reduction, as well as participation in twelve-step programmes such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

Variation between treatment programmes may also be evident within a country's borders as well. For example, in South Africa, a study by Kasiram and Jeewa (2008) identified three distinct treatment programmes in Durban, Cape Town and Johannesburg respectively. In Durban, the disease model features prominently, in which addiction is viewed as a chronic disease in the brain that may be triggered by childhood trauma. Recovery from the disease (i.e. addiction) is therefore viewed as a lifelong endeavour (Kasiram & Jeewa, 2008: 44b). In Cape Town, the therapeutic community (TC) features prominently, where addiction is viewed as a psychosocial problem characterised by dysfunctional behaviour. Recovery is conceptualised in the context of accomplishing conventional goals, where strategies such as behavioural modification and peer influence are utilized (Kasiram & Jeewa, 2008: 44b). In Johannesburg,

the NARCONON model features prominently, in which addiction is viewed as a “hurdle that has to be overcome”, where recovery is achieved via a comprehensive education-treatment programme (Kasiram & Jeewa, 2008: 44b).

Kasiram and Jeewa (2008) also highlight a central issue with regards to treatment programmes – that they generally operate within a unimodal philosophy, while at the same time adhering to strict, rigid approaches that undermine the agency of those who enter these programmes. Kasiram and Jeewa (2008: 44) argue for “more holistic, comprehensive and creative approaches” that may allow beneficiaries to “reclaim an inner locus of control”. It is within this frame of reference that I propose a different way of viewing addiction and recovery, in which the focus is on the promotion of self-reliance and meeting people’s needs in ways that are more holistic. Here holistic refers to individuals’ ability to satisfy *all* their fundamental human needs (FHNs). Although the treatment programmes mentioned above all cite ‘holistic methods’ in their relative approaches (Kasiram & Jeewa, 2008), when viewed within the context of meeting one’s FHNs, this may not be the case. For instance, patients in a programme based on the disease model may feel ‘controlled’ due to the rigid approaches associated with this approach, whereas patients in a TC model may appreciate the relative freedom offered with that specific treatment modality. Furthermore, aside from the TC model (which incorporates belief in oneself), successful recovery is not framed within the context of promoting self-reliance. The disease model focuses primarily on biological factors, while the NARCONON model addresses underlying issues leading to drug use (Kasiram & Jeewa, 2008: 44b).

The work of Manfred Max-Neef provided the scaffolding in which to pursue this research endeavour. Max-Neef (1991) proposed a theory on needs and satisfiers, what he called Human Scale Development (HSD). HSD is based on how people can meet their fundamental human needs (FHNs) in ways that foster self-reliance. In this framework, *all* needs are equally important in the context of human development interventions, where the focus is not only on the satisfaction of unmet needs, but also how an individual can meet their needs in better ways. HSD allowed me to explore how Streetscapes provides opportunities for beneficiaries to meet their FHNs within the context of promoting self-reliance and recovery from addiction.

As my research is situated within the field of sociology, I view addiction from a sociological perspective – what can be referred to as the ‘sociology of addiction’. Alfred Lindesmith was amongst the earliest and most influential sociologists to conduct research on addiction. His work led to the classic sociological theory of addiction in which he argued that addiction is not

based on the pleasurable effects of a drug (in this case opiates), but instead on the withdrawal symptoms which occur as the drug's effects starts to wear off (Lindesmith, 1938). Dependence, accompanied by the use of the drug specifically to alleviate its withdrawal symptoms, thus become the defining element in conceptualising addiction. Although a major contribution to the field, Lindesmith's theory, much like others in that era, was primarily based on the medical model of addiction – a model that is inadequate at fully explaining addiction in today's society.

Subsequent literature on the sociology of addiction largely focus on theories of deviance, identity, inequality and rational choice to conceptualise the way in which we can understand the 'addict' in society (Adrian, 2003; Weinberg, 2011). My research did not draw from any of these theories specifically, but instead focused on new ways of conceptualising addiction and recovery. It comprises of a "micro-level perspective" that "looks at the situation from the viewpoint of individuals and their actions" (Adrian, 2003: 1407). Addiction is viewed within the context of homelessness - more specifically, homeless individuals dealing with issues of substance abuse. Therefore, the focus of this research is within the context of a recovery programme aimed at helping those who are homeless. It is important to note the intersection of homelessness in this regard. On a very basic level, homelessness signifies a period of being 'on the street', as being without what we call 'home'. I do not believe that one can universally define homelessness, and I therefore support the notion that homelessness can exist on a spectrum of sorts, in which "a fine line separates some portions of the literal homeless population from precariously or marginally housed persons, who are at varying risk of becoming homeless" (Lee, Tyler & Wright, 2010: 503). Within the context of this study, homelessness can be defined as a form of human agency and as an attempt to satisfy one's needs - albeit in ways that may be considered obstructive or even harmful to the individual.

Interventions aimed at addressing substance abuse amongst the homeless should not limit the way in which individuals are able to exercise their agency. Likewise, individuals entering these programmes should not be solely dependent on these interventions with regards to their recovery efforts. We therefore have to think differently about the way in which we conceptualise addiction and what it means to be 'recovered' or 'in recovery'. I am therefore interested in reconceptualising the term 'recovery' by drawing on Max-Neef's (1991) theory of needs and satisfiers, in which addiction and recovery can be understood in relation to needs and satisfiers – processes that all human beings are engaged in. I view recovery as a way in which people with a drug and/or alcohol addiction can meet their needs in ways that are synergic. Here synergic refers to the ability to meet multiple needs simultaneously. According

to Max-Neef (1991), the ability to meet one's fundamental needs in synergic ways results in the promotion of self-reliance.

Research context - Streetscapes

As this research focuses on a community-based rehabilitation programme, it is important to contextualise the organisation itself, including its structure, vision and goals. Streetscapes is situated in the City of Cape Town and forms part of a larger international organisation, Khulisa Social Solutions. According to their website:

The project provides an integrated work-based rehabilitation and reintegration model, including supported employment opportunities, housing and psychosocial support. The beneficiaries gain the motivation, income and opportunities to address the chaotic nature of their lives, and transition towards an independent happy life ("Streetscapes", n.d.)

It is also important to frame Streetscapes within the context of homelessness in Cape Town, and South Africa more broadly. Although accurate statistics on the number of homeless people in South Africa are non-existent, it is estimated that about 200,000 people are living on the streets of South Africa (Rule-Groenewald et al., 2015). In Cape Town, a recent study has shown that the number of people living on the streets is over 14 000, where a high proportion (50%) of this number can be classified as chronically homeless (Hopkins et al., 2020). Chronic homelessness refers to people who have experienced homelessness consistently for a year or repeatedly over several years, while also struggling with mental illness, substance abuse or a physical disability (ibid.: 5). Regarding substance abuse, the report by Hopkins et al. (2020: 18) revealed that 64% of homeless individuals had a substance use disorder, of which 17% have been to rehab at least once. Streetscapes is particularly interested in reaching out to this sub-population of homeless people, as they are able to offer comprehensive support for this type of individual and their needs (Laitinen 2021, personal communication).

Streetscape's most recent statistics state that they have 68 full time beneficiaries in the programme, all of which earn an income every month ("Streetscapes", n.d.). These beneficiaries work in a number of sites in Cape Town, including organic gardens and cleaning services. The programme itself launched three housing projects, all of which provide accommodation in addition to the work offered by Streetscapes (ibid.). Streetscapes also acts as a social enterprise via selling produce from its garden sites and the recently founded LaundReCycle project, which is the country's first energy and water self-sufficient laundromat (Bantom, 2021).

The Streetscapes community-based rehabilitation programme allows beneficiaries to voluntarily enter the programme. The programme aims to act as a facilitator in the process of recovery for these beneficiaries. Recovery within this context is not meant to be understood as a return to the past, but instead a journey to the future where recovery is synonymous with human development. Within the programme, emphasis is placed on promoting a beneficiary's self-reliance (Laitinen 2020, personal communication). The programme itself comprises of both clinical and social interventions. With regards to clinical interventions, it implements opioid substitution therapy (OST), which is a form of harm reduction strategy that offers people who are dependent on opioid drugs an alternative, prescribed medicine. With regards to social interventions, beneficiaries within the programme work with a social auxiliary worker to assess their needs, identify challenges and perform regular follow-ups. Group sessions are also available, which include a rewards system for attending these sessions alongside rewards for meeting abstinence goals (Laitinen 2020, personal communication).

Aim and rationale

The overall aim of this study was to assess the extent to which the Streetscapes community-based rehabilitation programme creates opportunities for beneficiaries to meet their needs in ways that help them become self-reliant. It draws on Max-Neef's HSD and his theory of needs and satisfiers. The use of HSD allows one to re-conceptualize addiction and recovery, where recovery can be conceptualized as the ability to meet multiple needs simultaneously – what is referred to as synergic satisfiers – which in turn promotes self-reliance. Self-reliance can be defined as “as a process capable of promoting participation in decision-making, social creativity, political self-determination, a fair distribution of wealth and tolerance for the diversity of identities” (Max-Neef, 1991: 58). The promotion of self-reliance is thus a change in the way people perceive their own potential and capabilities. The concept of self-reliance is therefore used synonymously with that of recovery throughout this study.

Addiction is often viewed in a negative light, in a way that places it as a disease or illness of an individual. A result of this is the formation of the so-called ‘addict’ which carries with it a range of assumptions and implications for the ‘sick’ individual. Framing addiction in this way reinforces the notion that people dealing with addiction lack the capacity to control their own actions and pathways throughout their recovery (Graham et al., 2008). This is the same outlook that is all too often imposed on the homeless, in which they are, for example, framed as a ‘burden to the state’ and incapable of changing their own lives. Whether the struggle is about

housing or shelter, employment, or recovery, we must acknowledge that homeless people are resourceful and exercise agency in their attempts to meet their needs.

Using HSD allowed me to explore the relationship between human needs and opportunities created by the Streetscapes programme in relation to the promotion of self-reliance and recovery from addiction. I was interested in exploring needs and satisfiers from the perspectives of the beneficiaries involved in the programme. My assessment also included the extent to which these opportunities for meeting needs are directly attributable to Streetscapes' interventions. An assessment of the Streetscapes programme from the perspective of the beneficiaries' needs and satisfiers may allow it to be more effective in achieving its goal of facilitating the process of recovery and promoting self-reliance amongst its beneficiaries.

Max-Neef's HSD has not previously been used to analyse and assess the work of Streetscapes and their programme beneficiaries. This research makes a contribution to debates in the literature about 'addiction', interventions (for human development) and 'recovery' (in relation to self-reliance), as well as the value of Max-Neef's theory in the analysis of programmes and interventions aimed at helping homeless substance users. This study is valuable as an assessment of the Streetscapes community-based rehabilitation programme. In other words, this research will allow Streetscapes to better understand the extent to which its interventions help beneficiaries learn to meet their FHNs, and to further identify opportunities for beneficiaries to meet multiple needs simultaneously in ways that promote self-reliance. Moreover, the value of this study extends beyond the Streetscapes programme, where it is relevant with regards to improving the effectiveness of other recovery programmes. Programmes can incorporate the HSD framework into their own models, in which they could, for instance, conduct assessments on the efficacy of their respective interventions. This is most applicable if an organisation's goal is to promote self-reliance, or alternatively, if the promotion of self-reliance is understood to be a crucial element in individuals' recovery. Lastly, the key findings of this study represent an alternative framework in which addiction and recovery can be viewed with regards to human development. This alternative approach focuses on how people are able to satisfy their FHNs, and how the satisfaction of these needs relate to fostering self-reliance.

Research Questions

The overarching research question in this study is:

To what extent does the Streetscapes community-based rehabilitation programme create opportunities for beneficiaries to meet their needs in ways that help them become self-reliant?

This research was consequently guided by four key sub-questions, namely:

- How do beneficiaries within the Streetscapes community-based rehabilitation programme understand recovery and self-reliance?
- How do beneficiaries meet (or attempt to meet) their nine fundamental human needs?
- What opportunities does the Streetscapes community-based rehabilitation programme create that allow beneficiaries to learn to meet their needs better?
- What factors outside of the Streetscapes community-based rehabilitation programme create opportunities for beneficiaries to meet their needs?

An emphasis was placed on each individual's subjective experiences of joining the Streetscapes programme and how the organisation has provided opportunities for them to meet their fundamental human need. The above research questions are linked to key themes such as sociological understandings of addiction and recovery, human development and the implementation of rehabilitation programmes for the homeless, and what promoting self-reliance entails in this particularly context. As such, certain research assumptions are made throughout this dissertation, all of which are guided by Max-Neef's Human Scale Development. First, addiction is viewed from a human development perspective, where I propose that it can *also* be conceptualised as one's inability to meet their fundamental human needs (FHNs). I am therefore not disputing 'traditional' notions of addiction (such as the disease model of addition). Instead, I simply propose that a 'bigger picture' is formed by viewing addiction in relation to individuals' ability to satisfy their FHNs. Second, recovery is consequently linked to a person's ability to meet their FHNs. However, it is not simply about meeting needs, but also *how* these needs are met (and by whom). For example, homelessness can be perceived as meeting certain needs, as a form of freedom, for instance. However, being homeless may result in the inability to satisfy other needs such as performing leisure activities or being able to study at an educational institution. Thus, when we think of recovery in relation to meeting one's FHNs, we think of how an individual can meet their *own* needs in *better* ways. In doing so, the promotion of self-reliance is achieved, which is related to increased well-being and life fulfilment, decreased dependence on external resources, and an increase in self-confidence.

Outline of methodology

This study comprised of a case study that made use of qualitative research methods to collect and analyse data. The following outlines the methodological steps undertaken throughout the research process:

Step 1: Documentary research was undertaken. Here the focus was on collecting relevant documents pertaining to the Streetscapes programme. These documents included website information, an implementation plan for 2021, and an annual report for July 2020 to June 2021.

Step 2: Qualitative interviews comprised of the primary data collection method in this study. This step included a series of one-on-one semi-structured interviews with a sample of eight beneficiaries, as well as two staff members of the Streetscapes programme who acted as informants within the study. Transcription of the interviews was performed by myself for the purpose of increasing my familiarity with the data in preparation for in-depth data analyses.

Step 3: Data analysis was conducted via thematic analysis, which comprised of coding all the relevant data collected from the previous steps. Coding served to combine the data and identify emerging themes across the data.

Organisation of dissertation

Chapter 1 comprises of the introduction to this study. It includes the core research problem, the rationale for conducting this research, the context in which this research takes place, the specific research questions that were proposed and consequently addressed within this study, an outline of the methodology. and lastly, the organisation of dissertation.

Chapter 2 comprises of a literature review that focuses on key themes such as addiction, recovery and their links to homelessness.

Chapter 3 discusses the core theoretical framework used throughout this study, Max-Neef's Human Scale Development.

Chapter 4 comprises of an explanation of the specific research methods used throughout the research process. It also addresses all relevant ethical considerations with regards to how this research study was conducted.

Chapter 5 comprises of the results of this study, in which the key findings are presented.

Chapter 6 comprises of an engagement with the key findings and relevant literature in relation to these results. The implications and limitations of this study is also deliberated, as well as my recommendations for future research in this space. This chapter also serves as the conclusion to this dissertation.

Chapter 2: Literature Review

This section comprises of a literature review that aims to “summarize a body of literature, report on the evolution of a research field, or reconcile different research strands on the same topic” (Nakano & Muniz Jr, 2018: 2). The vast majority of literature regarding addiction and drug abuse in the field of sociology is based on concepts of deviance, identity, social control and policies related to drug use. Thus, I also focus on literature from other fields such as psychology and social work, which offer critical insights into interventions and treatments aimed at substance abusers.

The chapter begins by highlighting the link between addiction and homelessness. Given that this research focuses on homeless or previously homeless addicts, a clear link needs to be made between these two concepts. Subsequently, the ‘sociology of addiction’ is explored in which both early and contemporary understandings within the field of sociology are reviewed. Following this, the focus shifts to some of the methods used to treat addiction, especially within the context of providing treatment to homeless individuals. The chapter concludes by looking at the ways in which recovery has been conceptualised, and consequently how it can be reconceptualised within the context of human development and the satisfaction of one’s fundamental human needs.

The link between addiction and homelessness

Addiction can be understood as both drug dependence and substance-use disorder. Drug dependence is when drug use has become so regular that a sudden stop in its usage results in withdrawal symptoms, and substance-use disorder is defined in terms of criteria established by the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Scheibe et al., 2017). Although addiction can be regarded a widespread concern in society as a whole, it is especially a concern for homeless people, as prevalence rates among this group are much higher when compared to the general population (Kemp, Neale & Robertson, 2006; Tsai, Kasproff & Rosenheck, 2014). The relationship between addiction and homelessness is not one-sided, i.e.

either one can cause the other to manifest. It is presumed to be bidirectional, where “substance abuse is neither the cause nor the consequence of homelessness, but rather a condition that was aggravated by the loss of housing” (McCarty et al., 1991: 1141).

The concept of problematic drug use is key within this context. Problematic drug use is evident when there is an emphasis on daily drug use by an individual, despite its negative consequences (Marks, et al., 2017). It is linked to social exclusion, a lack of alternative activities and a sense of psychosocial dislocation. As a result, problematic drug use is more prevalent in disadvantaged communities, with individuals experiencing greater levels of trauma and limited life choices opportunities (ibid.: 3). Although the authors do not refer to homeless people specifically, those attributes can certainly be linked to one’s experience of living on the streets. The findings by Marks et al. (2017) also included key drivers towards drug use, where drug users had a strong desire to be part of a social network that was already using drugs and where drug users continued to use a drug as it provided a sense of physical and psychological wellbeing. Furthermore, the way in which we understand problematic drug use is important as well. According to Fraser and Valentine (2008), there is a growing body of literature demonstrating the relationship between problematic drug use and social structures, where problematic drug use is understood as both socially mediated and associated with deprivation. The authors further state that:

People without resources will suffer different, and usually more severe, consequences of harmful drug use than people who have resources. This does not mean that people without resources have an inherently exceptional relationship to drugs, only that access to resources has an impact on the experience of both harms and treatment (ibid.: 412)

While social class is an important variable in the analysis of drug addiction in society, this analysis is reductionist. Instead of addressing problematic drug use along the lines of simply providing resources and in turn creating a sense of dependency, programmes should frame their interventions with regards to providing ways (what people are able to do) and means (what resources they have access to) that create opportunities for people to satisfy their *own* needs in better ways.

Fraser and Valentine (2008) also highlight the ‘danger’ in emphasising the social aspect of problematic drug use at the expense of individual agency and freedom of choice. Agency and choice are both socially constructed and are both vulnerable to various limitations. Therefore, it is imperative “to recognise constraints on agency while also recognising people’s inherent capacity for agency” (Fraser & Valentine, 2008: 411). However, we also need to acknowledge

that one's individual agency can be expressed both positively and negatively. On the one end, choosing to join a rehabilitation programme to become 'clean' and take control of one's life can be considered positive. On the other end, remaining homeless can allow for a greater sense of independence and freedom in using substances like drugs or alcohol. Although the latter example may be considered negative, these are both examples of individual agency. While recognising the barriers involved in the journey to recovery is a logical first step, the notion of one's capacity for agency is something that is emphasised both within the Streetscapes programme, as well as something that will be emphasised throughout this study. After all, failure to recognise their own inherent capacity for change may result in further marginalising an already marginalized group of people.

The sociology of addiction

The fields of medicine and psychiatry have dominated research on addiction, and substance abuse in particular. It is therefore no surprise that addiction is most commonly associated with that of a 'disease', in which one's physical symptoms explain their addiction. The medical definition of addiction, also known as the disease model, describes addiction as "a complex condition, a brain disease that is manifested by compulsive substance use despite harmful consequence" where "changes in the brain's wiring are what cause people to have intense cravings for the drug and make it hard to stop using the drug" (American Psychiatric Association, 2017). Alfred Lindesmith, one of the earliest scholars to focus on addiction in the field of sociology, based his theory of addiction largely on the latter part of the APA definition. According to Lindesmith (1938), addiction is a process that involves two key elements. First, there is a presence of withdrawal symptoms (such as intense cravings) when not using a drug for a period of time. Second, the purpose of drug use is solely to alleviate these withdrawal symptoms. This second point is what essentially separated the average drug user from the 'genuine addict'. A distinction is also made between being habituated and being addicted. The former simply refers to a state of physiological tolerance to a substance, whereas the latter includes a psychological addiction (in addition to physiological tolerance) towards a substance that is marked by particular desires and behaviours associated with the construct of the 'drug addict' (Lindesmith, 1938: 587–598). The intense desires of 'the drug addict' is said to be rooted in the alleviation of withdrawal symptoms associated with not using a particular substance, in which "deprivation is the essential factor both in the origin of the craving and in its growth" (Lindesmith, 1938: 599). This distinction separates the 'casual drug user' from the 'true addict'.

Although it is considered an influential piece within the sociology of addiction literature, Lindesmith's theory also has its fair share of criticism. Its biggest criticisms include the failure to distinguish between drugs that produce a physical addiction and those that produce a psychological addiction, as well as not addressing relapse and other drugs that do not have any physical withdrawal symptoms (Weinberg, 2011). The disease model is also considered to be fairly outdated and not applicable to modern conceptions of substance abuse and contemporary drugs and drug users (Wiens & Walker, 2015). By viewing addiction as an illness, the disease model "creates a simplified and counterproductive understanding of addiction" (Graham et al., 2008: 131). Furthermore, within this perspective the so-called 'addict' is not viewed in context. Namely, there is a tendency to decontextualize the individual without paying the necessary attention to the "familial, occupational, economic, social, historical and political landscape" that undoubtedly shapes both the behaviour and responses of that individual (Netherland, 2012: 17). Lastly, the disease model of addiction offers no sense of agency to drug and alcohol users, in which a person's own efforts, thought processes and decisions are not fully taken into account. Given that my research focuses largely on the notion of self-reliance – which is inextricably linked to an individual's sense of agency – I believe that the medical explanation of addiction does not fully describe the experiences of people with drug and alcohol addiction.

Subsequent literature on sociological theories of addiction challenge the disease model, in which the counterargument is that social structures mediate and shape people's drug use, as well as the impact that drugs have on their behaviour (Goode, 2006: 418). The common thread amongst sociological theories of addiction is the framing of drug use, abuse and addiction as "normative violations" (Goode, 2006: 418), in other words, as manifestations of deviance. Deviance therefore plays a critical role in almost all sociological theories of addiction, where drug use is seen as a subtype of deviant, non-normative, and criminal behaviour (Goode, 2006: 419). Today, a much broader 'net' is cast with regards to sociological explanations of addiction, where theories primarily focus on addiction in relation to deviant subculture, inequality, and choice (Shaw, 2002; Weinberg, 2011).

Addiction as a form of deviance is largely focused on one's relation to a deviant subculture in society. It forms part of the functionalist school of thought, and is therefore based on the work of prominent scholars in the field, most notably, Emile Durkheim, Talcott Parsons and Robert Merton (Shaw, 2002: 76). Within this perspective, drug use is seen as the product of a deviant subculture in which 'using' serves one's social, cultural, economic and personal functions (Hammersley, 2018: 225). Furthermore, addiction is not exclusively seen as a lifestyle choice,

but instead as an attempt to cope with difficult life challenges (Ibid.). The term ‘functions’ in this context may indeed be used synonymously with that of needs. In other words, a person who identifies as part of what is perceived to be a deviant subculture (such as being homeless) may use drugs to satisfy his/her social, cultural, economic and personal needs in an attempt to cope with the challenges of living on the street. Linked to the theory of deviance is social control theory, which posits that “violations of society’s norms are natural, understandable, and not in need of an explanation” (Goode, 2006: 19). Drug use is confined to bonds or relationships to people, institutions, activities, and beliefs. An absence or weakness of these relationships therefore explains one’s drug use. Consequently, having “conventional” or substantial relationships with the aforementioned explains one’s abstinence from drugs (Goode, 2006: 19). When viewed in the context of meeting particular needs, one can posit that meeting the need for Affection (via substantial relationships) results in an increase in the likelihood of abstaining from substance use.

Conflict theory argues that the root cause of drug use is inequality, particularly with regards to the abuse of ‘hard’ drugs such as crack cocaine and heroin (Goode, 2006: 420). A culture of drug use is said to be formed, and is postulated as the response to the hopelessness of the reality of people’s everyday lives (ibid.: 421). Furthermore, drug use signifies not only the contradictions that arise when adapting to one’s environment, but also “the conflict between body and mind, between nature and nurture, between need and enjoyment, between performance and entertainment, and between various other contrasts in life” (Shaw, 2002: 72). Conflict theory assumes that there are two distinct forms of drug use (ibid.). The first includes those who use illicit drugs for casual or recreational reasons. This form of drug use generally ranges from experimental and episodic to regular and controlled in nature. The second form of drug use comprises of the heavy use and abuse of illicit drugs that often results in addiction and dependence. This form of drug use is also associated with social and personal harm, where the drug abuse is driven by one’s state of “despair, alienation, poverty, and community disintegration” (Goode, 2006: 421). This second form of drug use is therefore more likely to occur among those who are impoverished, and who lack a sense of community integration in their lives. If we view conflict theory from a human development perspective, we can posit that the inability to meet certain fundamental human needs drives a particular form of drug use that is abusive and harmful to the individual.

Addiction as a rational choice refers to the nature of addiction as comparable to a cost-benefit analysis within the field of economics. Rational choice theory observes why substances are

used in relation to age, gender or occasion, and in particular how individuals make their choice to use or not use (Shaw, 2002: 99). According to Weinberg (2011: 303–304), “addictive behavior reflects a choice made in full knowledge of its future costs and benefits and simply reflect actors’ preferences and their wider assessments of their circumstances.” Here the focus is on human rationality – that people fully understand the risks involved when using certain substances. It may be that the benefits of using outweigh the costs of not using. For instance, it may be beneficial as a form of relieving pain (both physical and psychological), where the costs of not using results in further pain (in the form of withdrawal symptoms). Another example may be that substance use acts as entry to or acceptance in a particular subculture. Here the benefits may be the ability to participate in and be part of a certain community, while the costs of not using include social isolation. Within this context, substance use can be conceptualised as meeting particular needs, for instance, Participation and Affection, which are both associated with being part of or feeling a sense of community (Max-Neef, 1991). Rational choice theory also posits that those who leave treatment programmes do so because of personally felt risk, and leaving is thus more beneficial in that it offers a better quality of life (Shaw, 2002: 104). In this context, the individual is fully aware of his/her actions, and leaving the programme is therefore not seen as a ‘failure’ in that regard.

The above conceptualisations of addiction differ significantly from the disease model of addiction in that the individual’s own actions and decisions are emphasized with regards to the use of substances. Furthermore, an individual’s social context and environment is offered greater significance in terms of their influence on drug use behaviour. The individual is therefore attributed some form of agency over his/her addiction, where substance use is not conceptualised as a loss of control or lifelong disease, but instead as a result of dealing with difficult life challenges, experiences of inequality, and personal choice. The following section looks at some of the approaches towards the treatment of addiction. It starts by looking at treatment based on the disease model of addiction, before moving on to more contemporary approaches to addiction.

Approaches to the treatment of addiction

The earliest interventions regarding the treatment of addiction were based on the medical model of addiction. Because addiction was understood as a disease, it was closely linked to a loss of control, which sometimes justified extreme measures of ‘treatment’ (Netherland, 2012: 12). These extreme measures included admissions into rehabilitation centres which comprised of strict regimens in accordance with the medical view of addiction. The implications of the

medical approach to treating addiction are extensive. Most notably, relying on this authoritarian approach is rather “ineffective and counterproductive” in helping people with their recovery (Goode, 2006: 423). Furthermore, by placing ‘addicts’ in the hands of doctors or the criminal justice system, addiction has become a fairly extensive means of social control in today’s society – particularly for marginalised groups such as the homeless (Netherland, 2012: 16). Relying on a unimodal approach to treating addiction undermines certain domains of an individual’s life – including one’s agency, freedom, self-identity and overall quality of life and wellbeing.

The oldest and most well-known treatment programme is the twelve-step programme commonly used in support groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Twelve-step programmes are based on the assumption that substance use is an incurable disease that has to be managed. They include a 12-step recovery process individuals have to go through while at the same time reporting on their progress and struggles throughout this process (Bahr, et al., 2012: 164). Although it is the most commonly known form of substance abuse treatment, research on the effectiveness of twelve-step programmes is wanting (ibid.). Furthermore, the research that is available suggests that these programmes are not as effective as other treatments in reducing drug use and relapse (Miller, 2008). Other treatments which are seen as more effective in the treatment of substance abuse include pharmacological interventions and therapeutic communities, both of which can be linked to community-based treatment programmes such as Streetscapes (Bahr, et al., 2012).

Pharmacological interventions

Contemporary approaches to the treatment of addiction include pharmacological interventions and harm reduction. Pharmacological interventions include therapies for opioid use disorder, including the use of opioid substitution therapy (OST) as prescribed within the Streetscapes programme. These interventions are associated with a reduction in non-prescribed opioid use, injection drug use and the sharing injection equipment as well as improved outcomes for mortality, Hepatitis C (HCV) and HIV acquisition, psychological morbidity (Magwood et al., 2020). There is a growing body of literature regarding the use of OST amongst those who have substance abuse issues. This seems to be the case in South Africa as well, where there is a noticeable shift in recent years in conducting research on the use of OST and harm reduction. The study by Marks et al. (2017), for instance, focuses on the use of OST where these programmes appear to result in a range of quality of life improvements after a relatively short period of time. This study is centred around the Durban OST Demonstration Project, the first

of its kind in South Africa. Their thought-provoking title, *Drugs are the solution not the problem*, highlights that the use of alternative drugs can actually be a solution to people's difficulties in the recovery process. Most significantly, by understanding the rationale behind this approach, "individuals are no longer treated as pathological or as deviant, but as social actors with choices to make that will reduce harms to themselves and to their families and communities" (Marks, et al., 2017: 12).

The central idea behind harm reduction is to meet people where they are at as opposed to passing judgement on their circumstances and choices, in which the goal is "to decrease some of the negative impacts associated with drug and alcohol use while the person continues to use" (Henwood et al., 2012: 2). For practitioners, this includes offering people who use drugs a comprehensive public health and safety response which aims to 'normalise' their lives and reduce harm via a range of interventions and forms of support (Marks, et al., 2017). This echoes Magwood et al. (2020: 2) in their review of the effectiveness of substance use interventions for homeless and vulnerably housed persons, where "people who are homeless benefit from receiving tailored, patient-centred care within interprofessional primary care teams with an integrated approach to community and social services". The Durban OST Demonstration Project and its associated literature is the only example in South Africa regarding rehabilitation programmes that include homeless people. Hence, to my knowledge this will be the first study to use the framework of Human Scale Development to assess a community-based rehabilitation programme for the homeless.

Therapeutic communities

Therapeutic communities comprise of highly structured residence programmes in which clients are organized into groups and leaders are chosen from within each group (Bahr, et al., 2012: 159). The goal is to give clients a system of governance and accountability within their lived environment (ibid.). Furthermore, community-based programmes tend to have established relationships and credibility with community members or organisations, and can offer additional supportive services to clients (Truong et al., 2019: 15). Some therapeutic communities may be considered low-threshold programmes, which include fewer access and treatment barriers compared to high-threshold programmes (ibid.). For marginalized groups, such as the homeless, low-threshold programmes are more accessible options with regards to their recovery. Research suggest that therapeutic communities can be effective in reducing the risk of drug relapse and prolonged drug use (Bahr, Masters & Taylor, 2012; McKetin et al.,

2012; Pearce & Pickard, 2013; Kaewkham et al., 2019). However, there is also evidence which suggests that these outcomes are still inconsistent (see Axiak, 2016).

Although the true impact of therapeutic communities with regards to people's prolonged drug use is still in contention, there are key characteristics that need to be emphasized with regards to recovery. Pearce and Pickard (2013) highlight that therapeutic communities are able to foster a sense of belonging and "responsible agency" amongst its members. These in turn are said to promote increased levels of self-esteem and contribute positively to the overall well-being of those who form part of these communities (ibid.).

Sense of belonging refers to one's basic drive to form and maintain lasting, significant relationships with others (Baumeister & Leary, 1995: 497). Two conditions need to be met for one to experience a true sense of belonging. First, there needs to be frequent, positive interactions with others. Second, these interactions must take place in the context of a stable social environment that includes a general concern for each other's welfare (Baumeister & Leary, 1995: 497). Pearce and Pickard (2013) makes clear links between belongingness and improved self-esteem, self-regulation and a decrease in health problems and overall increase in happiness.

Responsible agency is conceptualised within the context of behavioural change and one's recovery efforts. It can be understood in two capacities. The first includes the capacity to reflect on one's behaviour, make decisions about how one wants to do things differently, form resolutions, and commit to change. The second includes the capacity to see a commitment through and to not deviate from the chosen course. In addition, if one fails to stay 'on course', he/she is able find a way to get back on track rather than submit to a sense of hopelessness (Pearce & Pickard, 2013: 640). Responsible agency is closely linked to self-efficacy and is focused largely on the notion of 'taking responsibility' for one's behaviour and decisions, and their associated consequences.

The above concepts can be linked to Max-Neef's nine fundamental needs, most notably, one's Affection and Identity (these are unpacked in the *Theoretical Framework* chapter below). Based on the arguments presented by Pearce and Pickard (2013), therapeutic communities are indeed sites in which multiple human needs can be met simultaneously – in this case, attaining a sense of belonging and responsible agency. Thus, we can think of therapeutic communities as being capable of fostering self-reliance amongst its members.

Treating substance abuse within the context of homelessness

As my research is focused on homeless people who struggle with addiction, it is imperative to view recovery interventions within the context of homelessness. Early approaches to address addiction amongst the homeless contained two perspectives: one that viewed the homeless as a ‘nuisance’ that has to be controlled and contained and another that assumed rehabilitation and sobriety could be achieved through therapy, prayer or hard work (McCarty et al., 1991). One of the main issues with these approaches is the notion of them acting as ‘revolving doors’. Here revolving doors refer to the phenomenon in which individuals enter or re-enter rehabilitation programmes after failing to remain sober outside of the treatment setting or facility. To address this issue, new programmes were introduced where the sites of these approaches included halfway houses and detoxification facilities designed to bridge the gap “between institution and independence” (McCarty et al., 1991: 1142) and to service and ‘detoxify’ clients with recurring alcohol and/or drug addiction. However, these new approaches simply reinforced the same revolving door policy that was evident in the preceding interventions. These early approaches also seemed to apply a particular label to a homeless person and diminished the effect of both environmental and social factors as well as a person’s ability to choose his/her own pathway to recovery.

The notion of safe housing stems from these early interventions. Safe housing refers to an alcohol- and drug-free residence that support clients on their journey to recovery. The core aspects of safe housing can be seen in its emphasis on self-help and peer support (McCarty et al., 1991). The step-based approach can be linked to these early approaches, where it was utilised in the mental health services space (and by extension for homeless people as well). It comprised of moving patients from one point to the next, gradually making them ‘housing ready’ throughout this process. However, this approach gravitated towards strict rules and patients would either end up stuck between steps, were removed from the programme, or just failed to complete all the steps leading up to being ‘housing ready’ (Pleace, 2018). Here we find an example of an authoritarian approach with the aim of making homeless people ‘housing ready’. When viewed in the context of meeting needs, this approach satisfies the need for Subsistence (in the form of housing), but inhibits the satisfaction of Freedom, Participation or Affection, for instance. These concepts are discussed in detail in the *Theoretical Framework* chapter below.

Reconceptualising recovery

The concept of recovery has endured, but its meaning has changed in recent years, “from pathology and intervention paradigms to a solution focused recovery paradigm” (White, 2007: 229). The former is focused on the nature of substance abuse problems and is based on the assumption that discovering the causes of these issues is the key to finding a solution. The latter is focused on methods and strategies to resolve these issues and is based on the assumption that evaluating these responses will in turn lead to finding a solution (White, 2005). This is echoed in the work of Doukas and Cullen (2009), in which two opposing views on recovery are highlighted. On the one end, we have the DSM-IV prescribed conceptualisation of recovery, and on the other end, we have the Alcohol Anonymous (AA) prescribed conceptualisation of recovery. The former refers to “a behavioral model of intervention with no reference to inner change,” whereas the latter suggests that “inner change is paramount” (Doukas & Cullen, 2009: 392). Both conceptualisations are individualised in nature, where the DSM-IV suggests that the person simply has to overcome a substance abuse problem, while AA suggests that substance abuse is as inherent as an allergic reaction for the individual (*ibid.*).

The above perspectives on recovery fail to holistically capture one’s experience of substance use, particularly if that individual is homeless as well. In other words, they do not sufficiently highlight the individual’s own capacity and role to enact change and to forge their own path(s) in their recovery process. In addition, there is evidence of formal treatment services not always being the solution in aiding the journey of recovery. For example, Henwood et al. (2012: 8–9) noted that participants outwardly rejected formal or peer supports, which suggests that having a sense of autonomy and self-determination may be crucial for one’s recovery journey as well as in the context of treatment. This may indeed point to a lack of opportunities to satisfy needs such as Freedom and Participation within certain programmes. The concept of self-determination has also been used by Boisvert et al. (2008) as being pivotal in motivating change, where internal motivation appeared to be effective for achieving and maintaining change.

Thus, a more holistic view of addiction and recovery is proposed in this study, via the lens of Max-Neef’s Human Scale Development (HSD). The importance of self-determination and internal motivation highlighted in Henwood et al. (2012: 8–9) and Boisvert et al. (2008) speaks to an approach that should promote self-reliance amongst those who choose to enter recovery programmes. In this regard, we can think of an individual’s recovery efforts in relation to growing levels of self-reliance. Given that self-reliance is one of the central pillars of HSD, it

is therefore an appropriate analytic framework in which one can assess the extent to which recovery programmes promote self-reliance amongst its beneficiaries.

Conclusion

A review of the literature has highlighted a number of key themes in relation to different understandings addiction and recovery, as well as treating substance abuse amongst those who are homeless. I will conclude this chapter by reiterating the main takeaway points from these themes. First, there is a discernible gap in the literature with regards to viewing addiction and substance abuse from a human development perspective. The two main perspectives are medically and socially inclined, where addiction is either a disease of the body and/or brain, or where it is a result of past trauma or one's social environment. A human development perspective, which I have adopted in this thesis, instead views addiction as the inability to meet needs that are fundamental to one's survival and, more importantly, one's wellbeing. Second, the relationship between homelessness and substance abuse is not definitive, i.e. we do not know whether one inherently causes the other to manifest. However, literature suggests that drug addiction and homelessness are indeed correlated, where substance abuse amongst the homeless is most prevalent when compared to the general population. Third, there are a number of treatment programmes catered to those who wish to abstain from using certain substances in harmful ways. I have not exhausted the list of treatment programmes, but instead focused on two specific ones that are most relevant to my own research context. Pharmacological interventions and therapeutic communities each have their own strengths and weakness, and when combined offer an effective path to recovery. It is, however, important to take into account how these interventions are carried out when targeted specifically towards homeless people, specifically in relation to their sense of autonomy and self-determination. Max-Neef's Human Scale Development, which is discussed in detail in the following chapter, offers an analytical framework in which to reconceptualise addiction and recovery in this context.

Chapter 3: Theoretical Framework

This study was guided by a core theoretical framework concerned with human development, that is Max-Neef's Human Scale Development (HSD). HSD was a suitable choice for this research due to its applicability as an analytical framework. At its core, the framework incorporates a needs-satisfier analysis which specifies a set number of human needs and ways in which to satisfy those needs. Furthermore, it postulates that meeting needs in particular ways

may result in the promotion of self-reliance. If recovery can be understood in relation to meeting one's fundamental human needs and promoting self-reliance, then HSD is well suited to this research context.

In this chapter, I start by discussing why using Human Scale Development was so pertinent in this study. I then provide context as to why this theory was developed, where it was introduced as an alternative to other human needs theories such as Maslow's hierarchy of needs (Max-Neef, 1991). Subsequently, I answer the question, what is Human Scale Development? Here I introduce the theory, which include its definition, key pillars, and how fundamental human needs are classified in this framework. This is followed by providing an in-depth look into the roles of two core components of Human Scale Development: the role of satisfiers and promoting self-reliance. Subsequently, I discuss six key characteristics that aim to further conceptualize the concept of self-reliance in this study. Lastly, I focus on how HSD has been utilised by other scholars in practical ways to highlight its relevance to my own research context.

Rationale for using Human Scale Development

Armed with Human Scale Development I assess the extent to which the Streetscapes community-based rehabilitation programme enables beneficiaries to meet their needs in better ways. In Max-Neef (1991: 37) words, "such an analysis will demonstrate the potential capacity for local self-reliance". Thus, to reiterate the key objective of this study, it was not simply to find out which needs the Streetscapes community-based rehabilitation programme are satisfying (or not satisfying). This study is about the beneficiaries themselves, and assesses the extent to which they are able to meet their needs with regards to their participation in Streetscapes' community-based rehabilitation programme. Fundamentally, Human Scale Development is about a developmental process that allows for the greatest improvements in one's quality of life. Max-Neef (1991: 16) states that "quality of life depends on the possibilities people have to adequately satisfy their fundamental human needs". To contextualise this statement in my own research, an assessment of the Streetscapes community-based rehabilitation programme using Human Scale Development undoubtedly highlights the possibilities for beneficiaries to adequately satisfy their fundamental human needs.

Contextualising Human Scale Development

Human Scale Development came about as a critique to human needs theories used by major developmental agencies during the late twentieth century. In particular, it can be seen as an

alternative to Maslow's hierarchy of needs. Maslow's (1954) hierarchy of needs proposes that human needs can be arranged into five distinct categories: physiological, safety and security, belongingness, esteem, and self-actualization. In this framework, human needs are listed on a hierarchical system in which the needs at the bottom of the scale are considered to be more significant than those at the top. As one moves up the hierarchy of needs, one's psychological health (also referred to as life satisfaction) will be improved, ultimately leading to self-actualisation.

Max-Neef's (1991) critique of Human Needs Theory is that the difference between needs and the satisfiers of those needs is not made explicit or is in fact overlooked. With the exception of the need to remain alive, human needs do not exist in a predetermined hierarchy. Furthermore, human needs theories generally define needs only in terms of deprivation, which are limited to one's physiology. Max-Neef (*ibid.*) therefore proposes an alternative human development approach in the form of a system of fundamental human needs that are interrelated and interactive, in which the difference between needs and satisfiers of those needs is made explicit. Human Scale Development emphasises that *all* needs are equally important in the context of human development interventions. Needs are also not limited to deprivation; they are seen as potential as well. If we conceptualise needs as both deprivation and potential, we can therefore speak of an interactive process of "realizing, experiencing or actualizing needs through time and space" (Max-Neef, 1991: 24). In other words, the focus is not only on the satisfaction of unmet needs, but also how an individual can meet their needs in better ways.

Regarding organisations that used human needs theories (such as Maslow's hierarchy of needs) in their interventions, there was a tendency to focus primarily on economic goods, which neglected social and political aspects of human development (Max-Neef, 1991: 5). If we look at the nine fundamental human needs (see *Figure 1*) of Human Scale Development, we can see that it is not limited to economic goods (deprivation), nor does it prioritise, for instance, Subsistence over Freedom. Potential is thus inherently linked to the way in which one is able to actualise their fundamental human needs. The following section entails a discussion on the key components of HSD, which includes the nine fundamental human needs and the dimensions in which these needs are satisfied.

What is Human Scale Development?

Max-Neef (1991) conceptualised human needs as a system in which there is no hierarchy of needs and no order in which to satisfy particular needs. Human Scale Development is based on

“the satisfaction of fundamental human needs, on the generation of growing levels of self-reliance, and on the construction of organic articulations of people with nature and technology, of global processes with local activity, of the personal with the social, of planning with autonomy and of civil society with the state.” (ibid.: 8). Based on this definition, Human Scale Development comprises of three key pillars: human needs, self-reliance and organic articulations.

It is clearly evident that Max-Neef argues against a hierarchal means of satisfying ones needs, which is the case in Maslow’s hierarchy of needs. Instead of ‘reaching the top’, this framework posits that “for a group to develop as a fully human community, all the fundamental human needs of all the members must be recognised and satisfied” (De Wet, 2005: 4). This recognition of fundamental human needs is not only a recognition by an organisation (such as Streetscapes), but also a recognition by those who are on the receiving end of development (such as the beneficiaries themselves). In other words, a particular outcome of an intervention should include individuals recognising the way in which they can satisfy their own fundamental human needs in ways that are considered synergetic, and not, for instance, inhibiting or destructive. In referring to recognition, I also refer to the realisation that “people are the protagonists in their [own] future” (Max-Neef, 1991: 8) and therefore play an active role in their own personal development. In the context of my research, development also refers to one’s recovery from substance abuse.

At the core of Human Scale Development is nine fundamental human needs (also referred to as axiological needs) which are said to be universally valuable in human development. This means that the concept of fundamental human needs is applicable to all contexts and to all types of communities. However, these needs are satisfied in different ways within different contexts (Max Neef, et al., 1991). Fundamental human needs form part of a system, in which needs and satisfiers are all interrelated in a systematic way. It is important to note that the relationship between needs and satisfiers is not one-to-one. In other words, one satisfier may simultaneously fulfil a number of different needs. At the same time, one need may require multiple satisfiers to be fulfilled (ibid.)

Figure 1 is a visual representation of the nine fundamental human needs. One adjustment was made in that the need of ‘Idleness’ was renamed to ‘Relaxation’ to better communicate its inherent meaning. A similar adjustment has been made by other scholars, for example, Costanza et al. (2007: 271), who changed ‘Idleness’ to ‘Leisure’ with the intention “to better

communicate the underlying concept rather than to change it.” These fundamental human needs had to be contextualised within my own research context. To do so, I used the basic definition of each need as outlined in De Wet (2005) and combined it with my own personal communication with the founder of the Streetscapes programme, Jesse Laitinen (2020, personal communication). *Table 1* below is a preliminary definition of each fundamental human need, as well as its relevance within my own research context.

	Max-Neef’s definition	Relevance to research context
Subsistence	Generally satisfied by food, shelter, clothing and water	May include financial empowerment
Protection	Refers to the need to be protected from things such as exploitation, violence and disease	May include having access to housing, psychosocial support
Affection	The need to be in intimate relationships	May include building strong bonds with other members of the programme and being able to reconnect with one’s family
Understanding	The need to be educated and informed to understand society and the world around us	May include understanding the destructive nature of one’s substance use
Participation	The need to be involved in decision making process and to form part of a community of people	May include being part of and having a voice in a recovery community
Relaxation	A peaceful state of mind and spirit that allows for thought and reflection	May include developing new habits and finding ways to avoid boredom
Creation	The need to be creative and the urge to make things and see the finished product	May include the development of goals and creating a new ‘story’ for that has meaning and purpose (which can be seen as a finished product)
Identity	Self-reflection, asking, “Who am I?”, and the need for a sense of belonging	May include a new sense of self, and for instance, questioning one’s use of harmful substances
Freedom	The need to have unrestricted and full potential to grow and enjoy one’s personal space	May include the feeling of being released from the so-called ‘prison’ of problematic drug use

Table 1: Max-Neef’s (1991) Nine Fundamental Human Needs

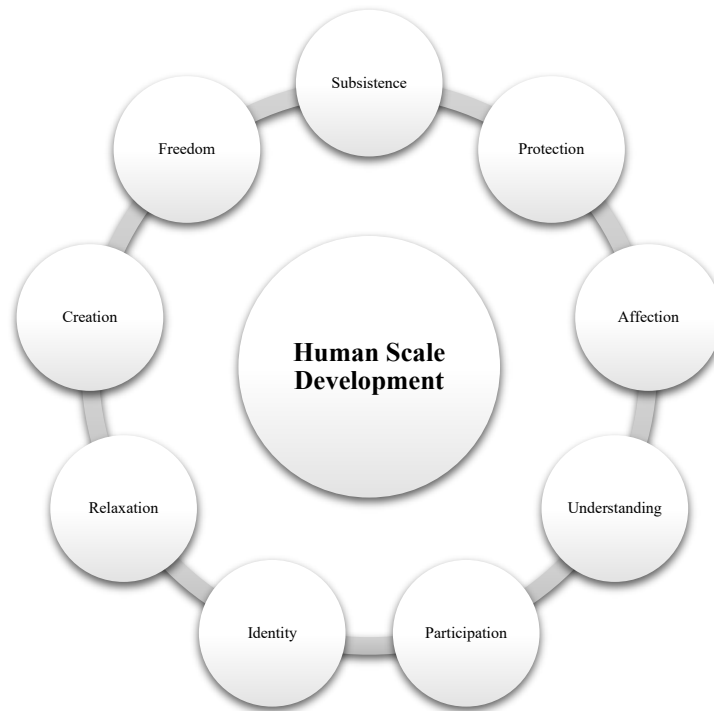


Figure 1: Human Scale Development

Furthermore, there is a secondary classification of these needs which are referred to as existential needs. Existential needs represent what fundamental human needs mean in practical terms. Categorisations include: Being, Having, Doing and Interacting (Max-Neef, 1991)

Being: Refers to personal or collective attributes that can be expressed as adjectives

Having: Refers to institutions, norms, mechanisms, tools, laws and so forth, and can be expressed as nouns

Doing: Refers to personal or collective actions that can be expressed as verbs

Interacting: Refers to location and time and space, and can be expressed as prepositions

The needs themselves can be satisfied within three different levels (Max-Neef, 1991):

1. With regard to the self
2. With regard to the social group
3. With regard to the environment

In the context of this research this translates to: (1) the beneficiary him/herself; (2) members of the recovery programme; (3) the house and/or place of work within Streetscapes. We will now turn our attention to the role of satisfiers in HSD.

The role of satisfiers within Human Scale Development

Max-Neef (1991) describes the satisfaction of a need in a particular way. In this framework, satisfy does not mean ‘fulfilled’; instead, the satisfaction of a need is placed on a spectrum that is in constant flux. Therefore, when we discuss the satisfaction of a given need, we refer to the extent to which that need is satisfied, keeping in mind that a need may also have multiple satisfiers. There are five different types of satisfiers which include: destructive satisfiers, pseudo satisfiers, inhibiting satisfiers, singular satisfiers and synergic satisfiers (ibid.). These satisfiers allow one to view the needs of individuals not in isolation, but in relation to each other. Doing so results in the ability to highlight, for instance, “ways in which an individual attempts to satisfy a particular need and at the same time blocks the satisfaction of several other needs” (De Wet, 2005). It is therefore imperative to understand the ways in which satisfiers are conceptualised within this framework.

Destructive satisfiers or ‘destroyers’ are what Max-Neef (ibid.) calls ‘paradoxical’ in nature. Although the intention may be to satisfy a particular need, a destructive satisfier actually ends up doing the opposite – impeding the satisfaction of that need while also making other needs difficult or impossible to meet. For example, problematic drug use can be a destructive satisfier in that using a drug to reduce pain may actually result in more pain when suffering from withdrawal symptoms, while also limiting one’s functioning to satisfy other needs.

Pseudo satisfiers are those that appear to generate a false sense of satisfaction of a particular need (ibid.). For example, choosing to remain homeless to satisfy the need of Freedom, but then actually having limited rights in living one’s day-to-day life.

Inhibiting satisfiers overemphasize a particular need while concurrently preventing the satisfaction of other needs (ibid.). One example is earlier approaches to homelessness that focused on making people ‘housing ready’ which prevented satisfying needs such as Freedom, Participation and Understanding.

Singular satisfiers are those that only satisfy one particular need (ibid.). For example, homeless shelters that exist for the sole purpose of satisfying the need for Protection.

Synergic satisfiers are those that not only satisfy a particular need, but simultaneously contribute to the satisfaction of other needs (ibid.). For example, Streetscapes having meditation classes that creates opportunities to satisfy not only the need for Relaxation, but also Creation, Participation and Understanding amongst beneficiaries.

Max-Neef (1991) further categorises these five satisfiers as exogenous and endogenous. Destructive, pseudo, inhibiting and singular satisfiers are categorised as exogenous, whereas synergic satisfiers are classified as endogenous. Exogenous in this context refers to the origin of a satisfier as being imposed from ‘outside’ and from the ‘top down’, whilst endogenous refers to the origin of a satisfier as ‘within’ and from the ‘bottom up’. Synergic satisfiers are therefore crucial not only because they are able to satisfy multiple needs, but that they play a major role in promoting self-reliance given their endogenous nature. For instance, this could include the way in which an individual utilizes his/her own resources, as well as those externally available, in ways that are not completely dependent on the latter. The ways in which self-reliance can be promoted is discussed in the following section.

Promoting self-reliance

Max-Neef (1991: 58) defines self-reliance as “a process capable of promoting participation in decision-making, social creativity, political self-determination, a fair distribution of wealth and tolerance for the diversity of identities”. Furthermore, it is understood as originating from an individual’s own efforts, capabilities and resources (ibid.: 64). The promotion of self-reliance is thus a key objective of Human Scale Development. Although its importance is largely placed within a macro perspective, that is, with regards to the broader economy and society as a whole, some parallels can be made to the individual. Max-Neef (1991: 65) states that:

Self-reliant development permits a more complete and harmonious satisfaction of the system of fundamental human needs. By lessening economic dependence, subsistence is safeguarded, since economic fluctuations (recessions, depressions) cause greater damage when a center-periphery structure prevails. Furthermore, it fosters participation and creativity. It stimulates and reinforces cultural identity through an increase in self-confidence. Finally, communities achieve a better understanding of technologies and productive processes when they are capable of self-management.

When the above quote is adapted to an individual context, there are three key outcomes of promoting self-reliance. First, the harmonious satisfaction of fundamental human needs correlates with increased well-being and life fulfilment – which is imperative in a context where substance use may be linked to the inability to meet these needs. Second, by decreasing one’s dependence on external resources, individuals are able to increase their sense of autonomy and deal with various life challenges – an important factor in the course of one’s aim to maintain his/sobriety. Lastly, an increase in self-confidence positively influences one’s

ability to adopt a change in behaviour – which is a crucial aspect regarding one’s recovery efforts.

When referring to the satisfaction of multiple needs simultaneously (i.e. synergic satisfiers), the notion of using resources efficiently and maximising their utility comes into play. This is in part due to Max-Neef’s economic background. Max-Neef (1991: 79) makes a distinction between conventional and non-conventional resources. The latter enables development beyond the notion of accumulation (while also including it), as it is based on the achievement of practical knowledge generated by and within a particular community (ibid.). That is to say, development should expand the notion of human wellbeing to include non-conventional resources, such as the ability to participate within one’s community and have a say in decision-making processes. Furthermore, non-conventional resources are significant in terms of the utilisation of resources overall, as it is said to not only stimulate self-reliance but also ensure that conventional resources are used more effectively (Max-Neef, 1991: 80). An example of this can be observed in the *Findings* chapter below, in which Streetscapes offers a conventional resource (weekly wages), but also an accompanying non-conventional resource (increased financial literacy). In this case, the conventional resource is able to be utilised more effectively and efficiently, while simultaneously stimulating self-reliance.

Max-Neef (1991) suggest two challenges one needs to overcome in order to promote self-reliance. Firstly, one needs to minimise the risk of reproducing top-down relations, and secondly, these spaces need to be democratic and effective at combining personal growth with social development. In other words, one needs to avoid creating dependence throughout these processes. Overcoming these challenges are said to be essential in generating synergic satisfiers. This is essential due to the endogenous nature of synergic satisfiers. An overdependence on external resources prohibits the promotion of self-reliance, as the way in which needs are satisfied may not be synergic (endogenous) in this regard. To illustrate this point, we can use the example of soup kitchens for the homeless. Soup kitchens are prime examples of singular satisfiers, where people simply collect food on a daily basis, thus only satisfying the need for Subsistence. There is sole dependence on an external resource, with no opportunity for personal growth and social development. An alternative approach would be for the soup kitchen to incorporate a programme that includes job opportunities in a vegetable garden or kitchen environment. The aim would be to include those who simply collect their daily meal as part of the soup kitchen process, in which they either work in the vegetable garden or are involved in the preparation of the food for a small wage. This approach not only allows

for the satisfaction of Subsistence, but also Understanding and Participation – which is evidently synergic in nature and allows for personal growth and social development.

This study focused specifically on individual self-reliance. Individual self-reliance can be viewed as the one way in which a beneficiary is able to make decisions in his/her journey of recovery as well as his/her ability to meet their needs in this process. The latter is particularly significant, as the way in which needs are satisfied is linked to the promotion of self-reliance. In other words, the promotion of self-reliance can be attained via the satisfaction of needs in synergic ways, that is, meeting multiple FHNs simultaneously. Additionally, individuals should realise the way in which these needs can be met as a means of critical awareness. Critical awareness does not only refer to an awareness of one's deprivations, but more importantly, to realise one's own capabilities and potential to grow (Max-Neef, 1991: 38).

Max-Neef (1991) also emphasises horizontal interdependence when referring to self-reliance. Interdependency refers to the combination of different objectives in a way that achieves “both the collective and individual satisfaction of the different fundamental human needs” (ibid.: 58). I will use the example of homelessness to elaborate on this statement. The notion of ‘ending homelessness’ is met with objectives that include providing housing, jobs, food, education and so forth to the homeless population. However, we find that these objectives are being carried out in ways that are *independent* of each other, as opposed to being *interdependent*. Max-Neef (1991: 111) criticizes this form of development as failing to take advantage “of the conditions of interdependence and interconnectedness to give solidarity a chance to display its synergic possibilities”. Once again, the importance of synergic satisfiers is emphasized with regards to the promotion of self-reliance. The following section comprises of an additional element to the HSD framework, in which further conceptualisation of self-reliance is proposed.

Six key characteristics of self-reliance

One weakness of HSD is its lack of a detailed conceptualisation self-reliance. The study by Ndlela and Worth (2021) provide a set of indicators in which to operationally define self-reliance. These indicators appear to be compatible with the HSD framework, and was therefore used to further conceptualise self-reliance in this study. The study by Ndlela and Worth (2021) involves the promotion of self-reliance and improving livelihood sustainability amongst South African small-scale sugarcane farmers. According to by Ndlela and Worth (2021), self-reliance is said to comprise of six key characteristics which include inclusive participation, involvement in decision-making, being accustomed to self-management, drawing on own resources, taking

responsibility for one's actions and persistence. Although the authors did not refer to or utilize Max-Neef's Human Scale Development, these characteristics are considered to be compatible with the HSD framework.

Inclusive participation refers to people's involvement in any and all interventions that are meant to improve their lives or livelihoods (Ndlela & Worth, 2021: 331). This means that people should be directly involved in the specific outcomes of these interventions, in which indicators of 'success' should reflect their own needs and values. Involvement in decision-making is said to be influenced by people's capacity and freedom, in which people have the ability to make decisions and not be dependent on others making decisions on their behalf (Ndlela & Worth, 2021: 331). Being accustomed to self-management refers to a process of "acclimatisation to managing without something on which one was previously dependent" (ibid.). Drawing on own resources refers to people's ability to effectively and efficiently use their own resources, as well as those present in and around their environment. The emphasis is on the capacity to balance the use of resources one has access to without being overly dependent on external resources. Taking responsibility for one's actions refers to the ability and willingness to be accountable for any decisions made, specifically with regards to the outcomes of these decisions. Here the emphasis is on the extent to which people "own the results of their decisions and reflect, conceptualise and plan for the next decision" (Ndlela & Worth, 2021: 332). Persistence refers to the way in which people are able to advance or grow in the absence of external help (ibid.). The use of these six indicators was a useful measure in answering the main research question of this study.

Human Scale Development in practice

A number of examples in the literature showcase the practical and applied value of Human Scale Development. One of these studies (Ndlela & Worth, 2021) was already introduced earlier, and provided a set of indicators that allowed me to further conceptualise self-reliance. Another study was also particularly useful for my own research, one that focused on explaining the profile of homeless people based in Observatory, Cape Town. Schenck et al. (2017) utilized Human Scale Development as a lens in which to showcase the complexity of the lives of the homeless, pointing to the need for complex and holistic efforts in helping people exit homelessness (Schenck et al., 2017). The use of Human Scale Development here serves as a way to emphasise that service providers need to use holistic service models as opposed to offering singular solutions. For instance, soup kitchens are a prime example of a singular satisfier in which *only* one Subsistence is satisfied. An example of a holistic approach would

be to develop a vegetable garden in which homeless people are employed, involved in training to grow and cook the vegetables, and are able to satisfy their own need for Subsistence, while at the same time satisfying needs such as Understanding, Participation and Identity. Consequently, the study by Schenck et al (2017) aided the conceptualisation of the nine fundamental human needs within the context of this study.

Another example can be found in the work of Jolibert et al. (2014). In this study, Max-Neef's framework is used within a policy-making context. Specifically, this study incorporated a needs-based approach to a regional planning scenario, which included stakeholders at all levels (i.e. from 'top' to 'bottom'). Using Human Scale Development allowed the authors to "empower bottom-up collective decision-making" which in turn facilitated the adoption of more sustainable policies for regional planning and development (Jolibert et al., 2014: 11). The authors used the notion of sustainability in referring to synergic satisfiers. This is comparable to how I have used the notion of recovery in referring to synergic satisfiers, as the notion of sustainability parallels the idea of overcoming one's problematic drug use. Furthermore, the use of HSD allowed Jolibert et al. (2014) to circumvent issues of power and control that may arise in dealing with different stakeholders of a community (in my case, Streetscapes staff and its beneficiaries). The result of this is shared vision and priorities between all stakeholders, thus restoring vertical and horizontal communication and exchanges of knowledge to strengthen community life (Max-Neef, 1991).

Mahlert (2020) proposes the use of Human Scale Development as a tool for dealing with perspectivity in policy analysis. This paper focuses on three features of satisfiers to help deal with potential misconceptions regarding perspectivity. Perspectivity is defined as "the phenomenon of perceiving the empirical world through pre-established interpretative frameworks that are shaped by the social contexts in which they are employed and/or have been created and modified" (ibid.). The three features of satisfiers include: "(a) unduly narrowing down the range of conceivable means for achieving a goal; (b) depicting something as beneficial in itself by ignoring the potential variability of its context-specific effects; (c) evaluating in dichotomic ways, i.e., seeing something in a rosy light only, while regarding something else as exclusively deficient" (ibid.). Mahlert applies Human Scale Development to three United Nations Development Programme (UNDP) reports in order to highlight *how* these interventions satisfy people's fundamental human needs. The value of Human Scale Development in this case is that it was used as an analytical framework to inform policy analysis. In my own study, Human Scale Development is similarly used as an analytical

framework to inform the Streetscapes programme of the opportunities they create for beneficiaries to meet their needs, how beneficiaries satisfy their needs, and how this relates to the promotion of self-reliance.

The examples above showcase the utility of Human Scale Development and how it is able to affect both 'micro' and 'macro' spaces. In other words, it affects both the local community (micro) as well as those institutions and organisations that are 'leading' development (macro). It does so in a way that minimises unequal power relations and promotes personal growth and social development (Max-Neef, 1991: 60). This is most evident in the study by Jolibert et al. (2014), where different stakeholders were able to come together and build collective sustainable satisfiers and values, which in turn helped to reorganize interactions between all parties involved. This is a crucial aspect in the context of recovery programmes aiming to help those who are living on the street. The use of HSD allows the latter group to be actively involved in decision-making process regarding their recovery journey, while the recovery programme is able to identify and share participants' values and practices for everyday living. The following chapter outlines the research design used to carry out this research.

Chapter 4: Methodology

The purpose of this study was to assess the extent to which the Streetscapes programme creates opportunities for beneficiaries to meet their needs in ways that help them become self-reliant. In addition, this study also aimed to determine how beneficiaries understood addiction, recovery and self-reliance. Accordingly, the research design of this study can be situated within the school of phenomenology, in which the role of the researcher is to present people's experiences as meaningful text or research data, and then attempt to understand those experiences based on their accounts (Sanjari et al., 2014). As such, qualitative research methods were adopted in order to understand beneficiaries' perceptions of addiction, recovery and self-reliance, as well as their experiences of meeting or attempting to meet their FHNs.

This chapter comprises of an explanation of the qualitative research methods used within this study. First and foremost, this was a qualitative study using case study design. It included qualitative data collection methods such as documentary research and in-depth semi-structured interviews. The chapter begins by defining what case study design entails, as well as why single-case study design was chosen for this specific study. Subsequently, an outline of the

specific steps taken during the data collection and data analysis phase is presented. The sampling method and profile of research participants is described in the next section. Following this, the methods used to gather data, ethical considerations and the data analysis process are discussed. The chapter concludes with a discussion on rigorous methodological practices and my own positionality as a researcher.

Case study design

Simply put, a case study entails an empirical investigation of an existing phenomenon within its actual context (Yin, 1994: 13). There are two main types of case study design: single-case designs and multi-case designs. The research design for this study comprised of the former. Yin (1994) outlines three rationale for conducting a single-case study:

1. The case represents a *critical case*
2. The case represents an *extreme or unique case*
3. The case represents a *revelatory case*

The rationale for using a single-case study in this research is that it represents a revelatory case – where there is an opportunity to observe and analyse a phenomenon that was previously inaccessible or less understood.

According to Yin (1994), case studies are classified as either holistic or embedded. Holistic design refers to when a case is examined as a whole (for example, a programme or organisation), whereas embedded design refers to the use of subunits within a particular case (for example, focusing on individual projects within a programme or organisation) (ibid.). This research comprised of a holistic design as it focused on the rehabilitation programme (and its beneficiaries) as a whole and not specific subunits within it. With regards to Yin's (1994) basic types of designs for case studies, this research comprised of a Type 1 case study: a holistic, single-case design. The research design of this study was sensible and 'fit-for-purpose' as it met the criteria outlined in Yin (1994) for using case study design.

The unit of analysis in my research was a sample of beneficiaries selected to be a part of the study. The case is the extent to which a rehabilitation programme can facilitate self-reliance amongst its beneficiaries. Yin (2014) emphasizes the role of available literature in defining the case and the unit of analysis, where "each case study and unit of analysis either should be similar to those previously studied by others or should innovate in clear, operationally defined ways". My research was more aligned to the latter notion, in which it in some way aimed to

‘innovate’. It is innovative in the sense that it is conceptualising recovery in ways that have not previously been explored in sociology of addiction literature. It does so by framing the promotion of self-reliance as a critical factor in one’s recovery efforts via the analytical framework of Max-Neef’s Human Scale Development (HSD).

Furthermore, there are no broader set of cases found within the field of sociology that specifically focus on approaching rehabilitation using a human development framework. However, there is a broader set of literature across other disciplines (particularly in medicine and psychology) regarding approaches to rehabilitation, as well as how recovery is conceptualised within these spaces. This study can therefore be considered a case study of this broader framework. It reveals how a rehabilitation programme can facilitate the process of recovery and self-reliance amongst its beneficiaries via the lens of HSD. Other academics or organisations may use this research as a ‘case’ in advocating for the use of theories of human development in conceptualising addiction and recovery within rehabilitation programmes, particularly in the context of homelessness.

Sample

The sampling method used in this study was purposive sampling. Purposive sampling is when a sample is chosen in a deliberate manner, where the goal is to have a sample that has the most relevant data - one that is “information rich” (Yin, 2016: 93). Additionally, purposive sampling can have multiple variants which include, for instance, either having maximum variation or choosing extreme or deviant cases to meet some predetermined criterion (ibid.: 94). The use of purposive sampling in this study was to achieve a diverse group of participants (i.e. to maximize variation), where demographic factors determined the variability of this group. The status of a beneficiary also played a role in this selection, such as whether they are in housing provided by Streetscapes, or how many years they have been in the Streetscapes programme.

Regarding the number of participants, eight beneficiaries were selected. Yin (2016) highlights the “selection to the point of redundancy” principle, in which data collection may be concluded when there is little to no new information being obtained from additional participants. This principle was evaluated when reaching participant number eight, in which the final sample was finalised and no additional participants were selected. Participants were selected with the help of Streetscapes staff, so as to not cause undue harm to those beneficiaries who have mental health issues.

Two staff members from the Streetscapes programme also formed part of this study. However, they did not form part of the core sample of this research, but instead acted as key informants within the study. These staff members were selected because of their role within the programme. The role of informants was to aid in determining the objectives of the programme and its framework, as well as to assist in developing the interview schedule for the interviews with the beneficiaries. *Table 2* below is a profile of the eight participants who formed part of this study.

	Age	Gender	Race	Years in programme
Alex	-	Male	Black	~ 4 years
Claire	40-49	Female	Coloured	2 years
Eve	-	Female	Coloured	2 years
Faith	40-49	Female	Coloured	2 years
Jacob	40-49	Male	Coloured	3 years
Rose	40-49	Female	Coloured	7 years
Rachel	40-49	Female	Coloured	3 years
Vince	40-49	Male	Black	2,5 years

Table 2: Profile of participants

Participants were fairly homogenous with regards to their age and race, where almost all participants were middle-aged and either identified as Black or Coloured. Variation was mainly achieved regarding a participant's gender, years in the programme and Streetscapes house membership. House membership was excluded from *Table 2* to further protect the identity of participants. All participants have been in the Streetscapes programme for at least 2 years.

Steps in the research process

The following is a list of steps outlining the research process of this study. These steps are discussed in detail below in subsequent sections.

The first step of the research process included documentary research which focused on relevant documents in the form of website information, an implementation plan for 2021, and an annual report for July 2020 to June 2021.

The second step was the interview phase, which included a sample of beneficiaries, as well as staff members of the rehabilitation programme who acted as informants within the study. These interviews focused on:

- The key components of the programme from the perspective of the informants
- The experiences and opportunities to meet FHNs from the perspective of the beneficiaries
- The way(s) in which beneficiaries perceive addiction, recovery and self-reliance

The third step was to transcribe the audio recorded interviews into transcripts that were used in the data analysis process.

The fourth step was the process of data analysis. The type of analysis used was thematic analysis. This process is discussed in detail in the subsequent section, *Data analysis*.

The final step was to represent the outcomes of the data analysis process into a meaningful framework that forms the basis of the ensuing *Discussion and Conclusion* chapter. The results of this process can be seen in the *Findings* chapter, which addresses the main research question and its associated sub-questions.

Data collection

The primary form of data collection in this study were qualitative interviews, with documentary research as a secondary mode of data collection.

Documentary research

Documentary research can be described as a method used “to investigate and categorize physical sources, most commonly written documents, whether in the private or public domain” (Mogalakwe, 2009: 44). With regards to this study, documentary research included the collection and analysis of certain Streetscapes documentation. These included the Streetscapes website, documents pertaining to the Streetscapes supportive housing programme, the Streetscapes implementation plan for 2021, and lastly, an annual report the period July 2020 to June 2021. These documents formed part of the analytic procured discussed in the *Data Analysis* section below.

Bowen (2009) highlights five key functions of using documents as a source of information in research. These include:

1. Providing background and context
2. Formulating additional questions to be asked
3. Acting as supplementary data
4. Tracking change and development over time
5. Verifying your findings

Within this study, the functions of formulating additional questions to be asked and acting as supplementary data were the most relevant. Regarding the former, it allowed me to ask more specific questions in the interview process regarding the structure and organisation of Streetscapes. The latter function speaks to these documents as accompanying what was said in the interviews in mapping out Streetscapes’ service model. The implementation plan, housing programme documents and annual report were particularly helpful in this regard.

No method of data collection exists without a set of advantages and disadvantages. The advantages and disadvantages of documentary research are highlighted by Bowen (2009) and are visualised in the table below:

Advantages	Disadvantages
Efficient method	Insufficient detail
Availability	Low retrievability
Cost-effectiveness	Biased selectivity
Lack of obtrusiveness and reactivity	
Stability	
Exactness	
Coverage	

Table 3: Advantages and disadvantage of the documentary research

It is clearly evident that the advantages of document analysis outnumber its disadvantages. These disadvantages are, however, mitigated within this study. The issue of insufficient detail is mitigated by the fact that the documents only acted as supplementary to the main source of information which were the in-depth interviews. The issue of low retrievability is mitigated by the fact that in agreeing to this research, Streetscapes provided all the requested documentation necessary to conduct this study. Lastly, the issue of biased selectivity is mitigated by the fact that non-biased documentation was not a requirement in this regard. Bowen states that “in an organisational context, the available (selected) documents are likely to be aligned with corporate policies and procedures and with the agenda of the organisation’s principals” (Bowen, 2009: 32). These are exactly the type of documents which were required for this research, therefore biased selectivity was a non-issue.

Qualitative interviews

The main research question, as well as the sub-questions, all speak to people’s actual experiences and the way in which people understand certain concepts. Therefore, this study made use of in-depth qualitative interviews. The qualitative interviews were conducted with

beneficiaries and key staff members of the programme as stipulated in the *Sample* section. These interviews were 40 to 60 minutes long and aimed to inform the aforementioned research questions of this study. Its ability to achieve depth and generate rich forms of data is one of the reasons the in-depth interview is so widely used amongst qualitative researchers (Yeo et al., 2014), and thus why it was chosen for this study. All interviews in this study adhered to the key features of the in-depth interview as outlined by Legard et al. (2003). Lastly, the use of quotes act to make the participants' voices heard and allow them to simultaneously enter the 'sphere of research'. Fundamentally, using qualitative interviews made this form of representation possible.

The most common understanding of a qualitative interview is that it involves a 'conversation with a purpose'. Legard et al. (2003: 138) define it as "a fundamental process through which knowledge about the social world is constructed in normal human interaction". Yin (2016) differentiates between structured interviews and qualitative interviews in which the former is a scripted interaction and the latter is not. The key difference here is the use of closed-ended questions for structured interviews versus open-ended questions for the qualitative interviews. This also extends to researcher behaviour in which structured interviews require a formal, standardised way in which to conduct the interview, while qualitative interviews involve the researcher trying to understand what the participant is saying and the meaning of their words or phrases (Yin, 2016).

According to Legard et al. (2003), the key features of the in-depth interview include: combining structure with flexibility, being interactive in nature, the use of probes and other techniques, and generating new knowledge. Combining structure with flexibility refers to the use of an interview guide, in which key topics are covered during the interview process. However, there is no particular order in which these topics are covered, allowing for topics to be raised spontaneously by the participant. In-depth interviews are fundamentally interactive in nature, as the knowledge generated is a direct result of the interaction between the researcher and the participant. During the course of the in-depth interview, the use of probes and other techniques is used to achieve depth with regards to a participant's initial response. Depth refers to obtaining a "deeper and fuller understanding of the participant's meaning" (Legard, et al., 2003: 141). All data collection techniques are essentially performed with the aim of generating new knowledge and thoughts. The in-depth interview is no different. Here the participant is as much a creator of knowledge as he/she is a source of data.

Pilot testing also formed part of this study's methodology. Pilot testing is adopted in order to "confirm the coverage and relevance of the content of the formulated, preliminary guide and to identify the possible need to reformulate questions and to test implementation of it" (Kallio et al., 2016: 2960). A pilot interview was conducted with one of the aforementioned informants in order to finalise the details of the interview guide (see *Appendix A*). The informant was chosen due to having past experiences that are similar to that of the participants of this study. Pilot testing allowed me to make certain questions more relevant, as well as note some follow-up questions or prompts that could be used in the subsequent interviews with the research participants. These benefits are amongst those highlighted by Kallio et al. (2016: 2961).

Due to the COVID-19 pandemic, remote interviews via Zoom calls were adopted for this study. As participants experienced network constraints when attempting video calls, these Zoom calls were audio only. Thus, all interviews were effectively telephonic interviews. It is noted that telephonic interviews are often critiqued for not offering comparable data to that of face-to-face interviews. However, Farooq and de Villiers (2017) provide both counter-arguments to some of the critiques regarding telephonic interviews, as well as strategies on the effective use of this approach.

One of the critiques regarding the use of telephonic interviews is the lack of visual cues and inability to gather non-verbal visual data (Novick, 2008). Farooq and de Villiers (2017) argue that this lack of visual cues result in more effective listening and articulation by both parties. In addition, it allows the interviewer to take notes without any perceived interruption to the interviewee. In my case, I was able to make notes and prepare any additional follow-up questions without obtruding a participant's response. Another critique of telephonic interviews is that it fails to capture contextual data, while the researcher is also unable to "create a good interview ambience" (Opdenakker, 2006: 5). Regarding the former, contextual data was not of particular importance with regards to this study. In terms of the latter, all interviews were fairly standardised with the help of Streetscapes staff, in which all participants at a given site used the same equipment and occupied the same space for their respective interview.

Some of the strategies outlined in Farooq and de Villiers (2017) was adopted in this study. These include an "introductory script" which outlined the research project, an introduction of the researcher, and a going over the key aspects of the consent form. In addition, Farooq and de Villiers (2017) recommends a conversational style to the interview process, along with communicating one's presence and approval without interrupting the interviewee. Other

strategies recommended by Farooq and de Villiers (2017) include ‘breaking the ice’ at the onset of the interview, providing comfort to interviewees, and ending the interview on a positive note – fairly standard practices for both telephonic and face-to-face interviews.

Ethical Considerations

This section addresses all relevant ethical considerations with regards to how this research study was conducted. Conducting ethical research practices should be an essential component of any research study. This is especially pertinent when human participants are involved– in this case, it is human participants who have previously been homeless, and who are dealing with or have dealt with issues of substance abuse. Ethical research practices include four key principles: autonomy, non-maleficence, beneficence, and justice (Pietilä et al., 2020). There are also special considerations that had to be made in light of the COVID-19 pandemic’s impact on field work practices. Hence, this section also includes a discussion on how field work was conducted within the context of the COVID-19 pandemic.

According to Pietilä et al. (2020), there are four principles that serve as a fundamental ethical guide for qualitative research. These principles are autonomy, non-maleficence, beneficence, and justice.

Autonomy can be broken down into two key components: agency and liberty. The basic premise of these components is that research participants should be able to make decisions freely and act on them, as well as not being coerced or controlled in any way, shape or form (Pietilä et al., 2020: 50). The principle of autonomy is promoted and respected via the informed consent form (see *Appendix B*). Autonomy is particularly important when working with vulnerable people, in which vulnerability refers to individuals’ difficulties in providing informed consent. In this case, these individuals were previously homeless individuals with past or present experiences with substance abuse. As stipulated above, all interviews were conducted remotely due to the COVID-19 pandemic. Therefore, informed consent was achieved verbally, in which I outlined the key components of the consent form and made sure a participant completely understood each component before moving on to the actual interview. A participant’s verbal agreement was recorded and acted as the signature for the informed consent form.

Beneficence and non-maleficence are two interlinking principles. The former refers to a researcher’s responsibly to promote well-being and maximise the benefits for people participating in the study. The latter refers to a researcher’s responsibly to minimise risk and

avoid any harm done to a participant (Pietilä et al., 2020: 53). Regarding the benefits of participating in this study, the aim of my research formed part of the introduction to the interview process, in which participants was made aware that their contributions could help improve the Streetscapes programme. Risk and harm were minimised by not probing deeper into topics that appeared to noticeably cause distress to a participant. In addition, any participant who experienced distress was asked if he/she would like to stop the interview and be referred to a social worker.

Justice refers to the treatment and selection of research participants. Regarding the former, it means that there should be equality and fairness with regards to how participants are treated. Regarding the latter, it means that all participants should be given a chance to participate or not participate in the study (Pietilä et al., 2020: 53). The voluntary nature of the interview was made clear at the introductory stage of the interview process, as well as during the actual interview (if need be).

Data Analysis

This section outlines the data analysis methods used in this study and is split into four components. It begins with a discussion on the use of computer-assisted qualitative data analysis software (CAQDAS) in the data analysis process. This is followed by a discussion on the mode of analysis used in this study, thematic analysis, and includes the steps taken in the analytic process. Lastly, the notion of high-quality qualitative research and how it has been established in this study is addressed.

Using CAQDAS as a data analysis tool

Once all the relevant data was collected, the process of analysing this data began. In order to analyse all research data, I made use of NVivo 12, a computer software widely used amongst qualitative researchers. It is important to note particular concerns in using computer software to analyse one's data. Amongst these concerns is the fear that using computer software may alienate the researcher from their data by creating distance between them and their participants (Flick, 2013). This concern was brought up during earlier versions of this software and updated versions now allow the researcher to code and analyse segments of a transcript without losing the specific context in which it was extracted from. This mitigates the concerns of 'alienation' that may occur in using computer software to analyse and code one's data. In their demonstration of the analytical process, De Wet and Erasmus (2005: 34) attests that "... software does not do the analysis as it does not think for one ... it provides a system of

electronic tools for organising, retrieving and verifying data”. Computer software such as NVivo therefore contributes to conducting more rigorous qualitative research.

Thematic analysis

The type of analysis used for the data collected in this study was thematic analysis. Bazeley (2013: 190) describes a theme as “an integrating, relational statement derived from the data that identifies both content and meaning”. It is not enough to simply describe themes as categories which emerged from the data, where quotes from participants provide evidence of these themes. Thematic analysis is about going beyond this initial step and requires one to “build a comprehensive, contextualised, and integrated understanding or theoretical model of what has been found, with an argument drawn from across the data that establishes the conclusions drawn” (Bazeley, 2013: 191). Therefore, the rationale for choosing thematic analysis is that it could be used as a platform to develop a deeper form of analysis and establish meaningful links across the data.

The specific steps in the data analysis process was aligned with data analysis practices outlined in De Wet and Erasmus (2005), Miles and Huberman (1994), and Miles et al. (2014). Codes can be described as labels that designate symbolic meaning to all data collected in a study (Miles, et al., 2014). The intention of coding is to allow for the retrieval and categorisation of similar pieces of data so that a researcher can more easily cluster these pieces in relation to a specific research question, hypothesis construct or theme (ibid.). In other words, the function of coding is to combine data and identify emerging themes across the data (Miles & Huberman, 1994). This process can be separated into two phases: first-level coding and second-level or pattern coding.

Phase 1- Close reading of data and first-level coding

Before the coding process, the first step in the analytic procedure was to perform a close read of the data in order to get an initial sense of the data and understand fragments of data within their particular context (De Wet & Erasmus, 2005). This involved reading all relevant documents, interview transcripts and field notes repeatedly. Having this familiarity with the data before the coding process allowed me to move on to the coding process with a clear understanding of the ‘nature’ of the data.

The next step in the analytic procedure was the process of first-level coding. First-level coding involves a broad overview of the data, which includes the process of labelling and classifying data into descriptive codes (Miles & Huberman, 1994). These broad themes were established

by assigning labels to groups of text within the interview transcript and relevant documents. For this step, the creation of codes can either be deductive or inductive (Miles et al., 2014). Deductive coding refers to having a provisional list of codes prior to conducting fieldwork. Inductive coding refers to codes being created during the data collection process. In this study, the former was applicable as a provisional start list was used. This list stemmed from the nine fundamental human needs and the central research questions of the study (see *Appendix C*).

Verification strategies were used in order to check, confirm and test the accuracy of these first-level codes. This process was used to identify and correct errors before further analyses of the data. The verification process was facilitated with the use of NVivo, in which I constantly checked and re-checked the significance of particular fragments of text in relation to the broader codes. For instance, Max-Neef (1991) conceptualises the improvement of mental health as satisfying the need for Subsistence. References to mental health were therefore initially placed within the Subsistence code. However, upon verifying mental health's categorisation under this code, it was determined that it was better suited as satisfying Protection instead (and thus re-coded as such). In summary, Phase 1 of the data analysis process included the categorisation of chunks of data into a predetermined list of themes, which in this case was the nine fundamental human needs and specific concepts related to the central research questions. The latter included themes such as "addiction", "recovery", "self-reliance", and "external influences".

Phase 2 - Second-level coding

Second-level coding involves a more detailed description of the codes established in first-level coding, in which the focus is on pattern coding and grouping those broad themes into finer categories. Pattern codes are "explanatory or inferential codes, ones that identify an emergent theme, configuration, or explanation" (Miles et al., 2014). Their functions include: (1) condensing larger sets of data in into smaller analytical units, (2) allowing the researcher to analyse during the data collection phase, and (3) helping the researcher develop a cognitive map of the data (ibid.)

The first step in this phase involved establishing clusters and hierarchies of information and identifying patterns and relationships in the data (Miles & Huberman, 1994). The broad themes established in first-level coding were arranged into meaningful clusters that allowed for pattern codes to emerge, in which meaningful patterns and relationships within the data were inferred from these summaries (De Wet & Erasmus, 2005). In my case, this step involved looking at

how the data selected in Phase 1 related to the nine fundamental human needs and central research questions. Regarding the former, I specifically looked at how a chunk of data could be classified as a particular satisfier for a given need. For example, in Phase 1, the chunk of data, “*When you are under roof everything of you is under your control. Nobody can steal it*”, was categorised under Protection. In this phase, I then looked at how this chunk of data could be classified as one of four satisfiers outlined in the HSD framework. This identification not only reveals a pattern with the broad theme it was classified under, but also its relationship to other broad themes. For instance, the previous example was classified as a synergic satisfier (shelter), and therefore had links to multiple broad themes, i.e. multiple FHNs.

Step two of this phase involved the development of pattern codes. Pattern codes may consist of: (1) categories or themes, (2) causes or explanations, (3) relationships among people, and (4) theoretical constructs (Miles et al., 2014). The pattern codes in this study were established within the framework of HSD, in which they represented the ways in which participants met their FHN. In other words, the dominant way in which participants satisfied a given need, whether it be destructive, inhibiting, pseudo, singular or synergic, was representative of a particular pattern code. This step therefore involved a more in-depth look at the overall pattern of meeting needs within the context of living on the street, being part of the Streetscapes programme, and any external influences (*Matrix 1, 2 and 3* respectively). In Max-Neef (1991), the use of matrices feature prominently in showing how HSD can be utilized as an analytical framework. Matrix analyses therefore formed a crucial part in conceptualising the key findings of this thesis, where they represent the impact of the Streetscapes programme with regards to how beneficiaries are able to meet their needs (when comparing *Matrix 1* and *2*), as well as the extent to which these opportunities are attributable to Streetscapes (see *Matrix 3*). *Matrix 1, 2 and 3* can be found in the *Findings* chapter below.

The matrix analyses were facilitated by what Miles and Huberman (1994: 64) calls “check coding”. This method includes a discussion between two or more researchers with the intent to determine what the codes mean and which sets of data best fit a particular pattern code. In my case, this involved an iterative process of discussing the classification of satisfiers in relation to the nine fundamental needs in the framework of Max-Neef’s need-satisfiers matrix (see *Matrix 1, 2 and 3* below). These discussions took place with my supervisors, who were both familiar with the research context and the need-satisfiers matrix. In summary, Phase 2 of the data analysis process included the identifying of patterns and pattern codes in relation to the broad themes established in Phase 1. These pattern codes were then listed as the dominant way

in which participants satisfied a given need, which in turn formed the basis for the *Findings* and *Discussion and Conclusion* chapters of this study.

Rigorous methodological practices

This section seeks to describe the ways in which this study has adopted strategies to ensure that high quality qualitative research took place. The concept of rigour is thus a crucial element in this regard. Rigour refers to a “rich complexity of abundance” (Tracy, 2010: 841), which concerns the data collection and data analysis processes. With regards to the former, it is imperative that the data will provide for and substantiate meaningful and significant claims. With regards to the latter, rigorous analysis can be achieved by transparency in terms of the process of selecting and organising the data. One way in which to achieve rigour is via the process of verification. Verification refers to “the mechanisms used during the process of research to incrementally contribute to ensuring reliability and validity and, thus, the rigor of a study” (Morse et al., 2002: 17). The aim of verification is to identify and correct errors during the course of the research process. Verification, much like qualitative research as a whole, is an iterative process, in which the researcher continuously adapts and modifies the research process to achieve reliability and validity, thus ensuring rigorous research practice. A number of strategies can be used within this verification process. These include methodological coherence, an appropriate sample, collecting and analysing data concurrently, thinking theoretically (Morse et al., 2002).

Methodological coherence refers to the correspondence between the research question and the chosen methodology of a given study (Morse et al., 2002: 18). In other words, there needs to be congruence between the research questions, the data collection methods, and the analytic procedure. For this study, congruence was achieved, as the research questions concerned individuals’ perceptions and experiences, which in turn was pursued via a compatible data collection method in the form of in-depth interviews. This data was then analysed using thematic analysis, which in turn is compatible with data concerning people’s own understandings and lived experiences.

An appropriate sample means that participants are selected based on their knowledge of the research topic (Morse et al., 2002: 18). Furthermore, the sample size needs need to confirmed when saturation and replication is observed. Given that participants were beneficiaries of the Streetscapes programme, and that they have lived experiences of current or previous substance abuse, they had adequate knowledge of the research topic. As discussed above in the *Sample*

section, the sample size was confirmed after interviewing eight participants. This decision was based on saturation and replication with regards to the responses observed during and after the interview process.

Collecting and analysing data concurrently involves the iterative interaction between data and analysis, and is considered the “essence of attaining reliability and validity” (Morse et al., 2002: 18). In this regard, field notes were taken both during and after each interview (see *Appendix D*). Transcription of the interviews soon followed, and was undertaken by myself. This combination of field notes and undertaking the transcription myself allowed for an early, informal analysis of the data, and included an iterative interaction between myself and the data when conducting and verifying the written transcripts. According to Arthur and Nazroo (2003: 133), field notes allow researchers to record what they see or hear outside of the context of the interview, including their thoughts about the meeting, possible changes to be implemented in future fieldwork and concerns that may be relevant for later data analysis. Furthermore, field notes contribute to “credibility and dependability” (in other words, validity reliability) because “they are both ‘analytical in themselves’ and because they contain ‘immediate and later perceptions and thoughts’ about the research participants” (Tuckett, 2005: 3).

Thinking theoretically means that any and all ideas emerging from data are reconfirmed in new data. This process allows for new ideas to emerge which in turn must be verified with the data already collected (Morse et al., 2002: 18). An example of this can be seen in changing the categorisation of mental health as satisfying Protection and not Subsistence. The emergence of this ‘new idea’ was then verified by looking back at previous data before the change occurred.

These strategies all manifest systematic rigorous practice, which contributes to the reliability and validity of one’s study (De Wet & Erasmus, 2005: 31).

Positionality

According to Bourke (2014: 1), research can be understood as a shared space that is shaped by both researcher and participants. In this space, the identities of the researcher and participants can potentially impact the research process. Similarly, Milner IV (2007: 397) challenges researchers to “work through dangers and to reconsider their own and others’ racialized and cultural positionality in conducting research”. It is therefore imperative as researchers to understand how these identities influence our own perceptions, and how our own biases shape the knowledge that is generated throughout the research process. This is especially evident in qualitative research, where “the researcher’s beliefs, political stance, cultural background

(gender, race, class, socioeconomic status, educational background) are important variables that may affect the research process” (Bourke, 2014: 2).

Regarding my own research, I had to consider how my own identity as a Coloured young adult male and postgraduate student impacted on the research process. Although I have previously worked in this space for my Honours thesis, I was not physically in the same space due to the constraints around conducting field work during the COVID-19 pandemic. Although, this previous experience meant that I could relate (at least partially) to participants’ experiences of working in the programme. However, I was also mindful of not imposing my own perceptions and experiences on what the beneficiaries shared about their own perceptions and experiences of addiction, recovery and the programme’s overall impact on their lives and how they are able to meet their own needs.

Conclusion

This chapter discussed the methodological approaches taken throughout the research process. Qualitative research methods were used, which comprised of a single case study that incorporated documentary research and in-depth semi-structured interviews to collect relevant data. This data was then analysed via thematic analysis. I personally conducted, transcribed and analysed 10 interviews with participants and informants of this study, and this allowed me to foster a ‘close relationship’ with the data. In doing so, I was able to represent the key findings from the participants’ own perspectives and voices, which was a central aim of this research.

Chapter 5: Findings

To reiterate, the aim of this study was to assess the extent to which the Streetscapes community-based rehabilitation programme creates opportunities for beneficiaries to meet their needs in ways that help them become self-reliant. The promotion of self-reliance can be achieved when people are able to meet their needs in ways that are synergic, i.e. meeting multiple fundamental needs simultaneously (Max-Neef, 1991).

The Streetscapes rehabilitation programme enables beneficiaries to increase their internal and external recovery capital (Streetscapes, 2021). The organisation’s key objective is to develop effective housing and work solutions, that enable chronic homeless substance users to improve their wellbeing and resolve their problems more effectively than they have in the past. This includes assisting beneficiaries in achieving permanent accommodation and livelihoods. The

key focus of this study involved an analysis of the ways in which these participants are able to meet their fundamental human needs in relation to their recovery efforts and the programme's efforts to foster self-reliance amongst this group of individuals.

This chapter outlines the key findings of the study, which were derived from the aforementioned Streetscapes documentation and in-depth interviews. In order to assess changes and the extent to which the Streetscapes intervention fostered self-reliance among the beneficiaries, it made sense to identify how they attempted to meet their needs before joining the Streetscapes programme, how they are able to meet their needs within in the programme, as well their understanding of recovery and self-reliance. The structure of this chapter is informed by the main and sub-questions of this study. It begins by looking at beneficiaries' understandings of recovery and self-reliance. This is followed by a series of three matrices that focus on: (1) how beneficiaries met or attempted to meet their fundamental human needs before joining the programme, (2) opportunities the programme create that allow beneficiaries to meet their needs in better ways, and (3) factors outside of the programme that create opportunities for beneficiaries to meet their needs. This study focused on the beneficiaries' own perspectives and voices. The conclusion of this chapter addresses the main research question, that is, the extent to which the Streetscapes programme promotes self-reliance amongst its beneficiaries.

In Max-Neef (1991), the use of matrices feature prominently in showing how HSD can be utilized as an analytical framework. Similarly, three matrices are used to present the key findings of this study. These matrices follow the same format as used in Max-Neef (1991), where the nine fundamental human needs (FHNs) (axiological needs) are listed as rows, and the way in which those needs are met (existential needs) are listed as columns. However, an additional column is included in each matrix to indicate the dominant satisfier as the overall pattern of how a particular need was met. This general pattern may include one (sometimes more) of the five aforementioned types of satisfiers, and is established by looking at the ways a particular need was satisfied and which satisfier(s) was more dominant. For example, the need Protection may have 10 different ways in which it is satisfied, where seven of these can be classified as synergic satisfiers (because they meet other needs too) and the remaining three can each be classified as singular satisfiers. In this case, the overall pattern (or dominant satisfier) is synergic.

Each matrix is coloured-coded to highlight the presence of different types of satisfiers and shows meta-patterns for further analysis. The presence of synergic satisfiers is easily detected

in this way. Synergic satisfiers can be determined by their existence in multiple rows, i.e. as satisfying more than one FHN. It is important to note that the satisfiers listed within these matrices are representative of beneficiaries’ articulations and interpretations of Max-Neef’s FHNs.

The nine FHNs (i.e. axiological needs) within the context of the Streetscapes programme is defined in *Table 4* below. *Table 4* represents Max-Neef’s nine FHNs as understood mainly by the beneficiaries, but to some extent also by Streetscapes. These definitions formed the basis for the needs-satisfiers analyses seen in *Matrix 1, 2 and 3*.

Subsistence	Food, shelter, sanitation, good physical health/wellbeing
Protection	Being protected against the elements, crime, violence and disease, living in a sober living environment, keeping busy day-to-day
Affection	Sense of family within the programme, connecting with real family, solidarity amongst beneficiaries
Understanding	Learning about workplace etiquette, structure, responsibility, triggers, communication, powerfulness, denial, financial planning through weekly classes/workshops.
Participation	Involved in decision-making processes (such as setting the day-to-day rules if living in one of Streetscape’s housing sites), part of a community of people
Relaxation	Recreational activities, peaceful state of mind, spirituality sessions (e.g. meditation, yoga)
Creation	Be creative, make things and see the finished product (e.g. seeing plants grow)
Identity	Sense of belonging, sense of purpose, self-reflection and asking, “Who am I?”, recognition by others, acknowledging and seeing a change
Freedom	Freedom from adverse family contexts and/or relationships, freedom from problematic substance use, feeling a sense of independence, potential to grow and seek new opportunities such as studying for a qualification or jobs outside of Streetscapes

Table 4: The Nine Fundamental Human Needs within the context of the Streetscapes programme

Beneficiaries’ understandings of recovery and self-reliance

One of the key research questions for this study was concerned with the way in which Streetscapes beneficiaries understood recovery and self-reliance. As such, during the in-depth interviews, participants were asked to describe what recovery and self-reliance meant from their own point of view. With regards to recovery, participants were also asked what made their recovery possible (for those who were sober), while others were asked what they would need

on their journey to recovery. Participants were less familiar with the concept of ‘self-reliance’ and this necessitated the use of synonyms such as agency and independence in the interviews. Thereafter, participants provided their descriptions and experiences of these more commonly known concepts. This posed a challenge, especially because self-reliance was a key concept in this study. I had to determine how to solicit descriptions and experiences of self-reliance, without participants fully understanding the term self-reliance. Using synonyms in the interview questions seemed a sensible solution. I will discuss whether or not this affected validity, in the *Limitations* section below.

Recovery

When asked to define what recovery means, beneficiaries generally described their personal experiences on their journey to becoming sober. One of the themes that came up was deterring the urge to use drugs or drink alcohol. Participants would do so by either ‘keeping busy’ with leisure activities in their free time, or by purchasing safer alternatives instead, such as sweets or cooldrink. For instance, Jacob remarks:

“While you drink your case of beer, I can enjoy a Coca-Cola. Now while you have a glass of beer, I can have a drink, a soft drink.” (Jacob, 04/05/2021)

This consumption pattern is markedly different to participants’ experiences while on the street. Participants described the way in which any and all income would be spent on drugs and/or alcohol, sometimes even at the expense of buying essential items such as food (although the availability of soup kitchens likely made this possible). One can also argue that leisure activities such as participating in a sport or other physical exercises (e.g. running, yoga), or watching a movie with others are simply not possible to those living on the street. Aside from two participants mentioning the use of the Cape Town library to read books, participants generally did not participate in any leisure activities. Thus, they were not able to ‘keep busy’ as they are able to do now whilst in the Streetscapes programme.

Another key theme that emerged from asking participants about recovery was the need for space, time and support. When asked about what was important to her recovery journey, Rachel stated that:

“You [want to] relax now. If you come from work, you want to go relax on maybe on your bed, on a chair, wherever, but you need quietness. You just need your body to relax, you see. You need that kind of freedom in your life.” (Rachel, 18/06/2021)

When asked about what is most crucial to her recovery journey, Faith expressed:

“... love and support, man, and patience. And just to stick it out with me, you know? I'll get there.” (Faith, 10/06/2021)

The above statements provide clear links between recovery and Max-Neef's FHN. More specifically, we see the needs Affection and Freedom being crucial elements in beneficiaries' recovery journey. In this regard, the ability to satisfy Affection and Freedom appears to positively influence Faith's recovery efforts.

Self-reliance

When asked directly if they know what the concept 'self-reliance' means, participants generally did not know what it meant. As mentioned above, an alternative approach was taken, where more familiar concepts were referred to. In addition, participants also expressed indications of self-reliance without these prompts during other parts of the interview process.

One way in which participants understood self-reliance was in relation to independence and the ability to support oneself:

“I'm working for my own money, so [I] don't wait for somebody to give me something ... I'm [not] waiting and sitting on the street and begging the people to give me something. So actually, it's a change. I'm working for myself.” (Eve, 05/05/2021)

Furthermore, participants also understood self-reliance in relation to taking responsibility and having more self-control:

“I'm [at] that point now where I see what I've done in my life is wrong to myself, and that I need to fix it by myself. Because if I'm not [going to] fix it, nobody's [going to] fix it for me. I am responsible for that by myself and for myself.” (Rachel, 18/06/2021)

“All the skills and the classes that I attend, all the managing of some conflicts and everything. I'm ready to face any kind of challenge because I have self-control, I've learned in the programme” (Jacob, 04/05/2021)

Lastly, reference to a particular mindset was also mentioned throughout the interviews. This is most clearly expressed by Alex:

“... a mindset, the way now that I think, the way now that I see things and the way that I look at things now, it's totally different. It opened my eyes. And I've seen now really no one else who put me in the situation or in that of destroying me and all that, it's just me, myself. So now I gave me myself a task again of I know myself, I know who [Alex] is, what [Alex] is capable of, and all that kind of stuff” (Alex, 03/05/2021)

This statement by Alex was not a response to a prompt about self-reliance, but was instead expressed during the ‘warm up’ stage of the interview, which suggests an increased level of self-reliance due to being longer in the programme. Specifically, Alex demonstrated critical awareness in that he realizes his own role in his recovery. More importantly, this new “mindset” means that he is able to realize his own capabilities and potential to grow – exemplified by his pursuit to study further in the culinary field after obtaining his first “chef certificate” (Alex, 03/05/2021).

When the above statements are all taken into account, self-reliance from the perspective of the research participants can be broken down into three key elements: independence, responsibility, and a changed mindset.

From the perspective of the Streetscapes programme, self-reliance can be described as:

the idea that you can depend on yourself instead of others ... that you can look after yourself in terms of independent living, for instance, that you have the means, you have the assets that are required for you to work, to gain income or to get a SASSA grant, to have a place where you can be and then mentally cope ... the idea of belief in yourself, of knowing how to soothe yourself when things are hard (Laitinen, personal interview, 2021).

Max-Neef (1991: 64) states that self-reliance can be understood as originating from an individual’s own efforts, capabilities and resources, with a particular focus on limiting one’s dependence on external resources. In this regard, self-reliance can inherently be linked to the virtues of independence as presented above. However, independence is only a part of self-reliance. Max-Neef (1991) emphasises that self-reliant development also promotes increased levels of self-confidence and increases individuals’ critical awareness. In relation to the context of this study, participants highlighted their confidence in dealing with challenges or conflicts within their life. Furthermore, participants emphasized a critical juncture in which they realized their own role in their drug or alcohol addiction. This realization, what I refer to as a changed mindset, appears to be linked to increased levels of self-confidence, which in turn has led to participants assuming full responsibility with regards to their recovery efforts. Thus, independence, responsibility, and a changed mindset are all considered to be synonymous with Max-Neef’s conceptualisation of self-reliance.

There are certainly similarities in how Streetscapes conceptualises self-reliance, and how its beneficiaries experience it. The needs-satisfier analysis below, particularly *Matrix 2*, highlights

the relationship between these understandings of self-reliance and the way beneficiaries are able to meet their needs within the programme.

How beneficiaries met or attempted to meet their fundamental human needs

Matrix 1 represents the way in which beneficiaries met or attempted to meet their needs *prior* to joining the Streetscapes programme. Thus, one may expect a few ‘empty spaces’ in this matrix with regards to how beneficiaries attempted to meet their needs before the programme, given that all of them were living on the street. Indeed, this appeared to be the case, most prominently within the Being and Having domains. Satisfiers in the Being column “depends on individual attributes for its implementation” (Jolibert, et al., 2014: 4). These attributes may include good physical health and wellbeing, good self-esteem, a sense of belonging – attributes that a person living on the street likely won’t have (see Hwang, 2001; Vandemark, 2007; Hoersting & Jenkins, 2011). Satisfiers in the Having column entail “norms, institutions, laws and mechanisms that must be implemented to support satisfiers” (Jolibert, et al., 2014: 4). This may include factors that give structure to one’s life – living in a house, being employed, financial stability, having peace of mind, to name a few. These types of structures are certainly not present for a homeless person living on the street. The relative inability to satisfy their FHNs under the Being and Having domains can thus be attributed to beneficiaries’ previous state of homelessness, as well as their substance abuse. It is important to note that beneficiaries of Streetscapes had access to shelters while on the street prior to joining the programme.

Axiological needs	Existential needs ¹				Dominant satisfier ²
	BEING	HAVING	DOING	INTERACTING	
Subsistence	-	-	Begging (for money/food) Odd jobs (for money/food) Drinking alcohol (to relieve stress) Using drugs (to relieve stress)	Homeless shelter (shelter) Carpenters Shop (only provides sanitation) Other soup kitchens (only provides food)	Singular satisfiers
Protection	Self-preservation (Only thinking about self)	-	Defending self (physically)	Homeless shelter (safe space)	Synergic satisfiers

			Group membership on street		
Affection	-	Drinking alcohol (with friends/social)	Group membership on street	-	Synergic satisfiers Singular satisfiers
Understanding	-	-	Reading books/using computer at library	Support group meetings (AA/NA)	Synergic satisfiers
Participation	-	-	-	Support group meetings (AA/NA)	Synergic satisfiers
Relaxation	-	-	Reading books at library Using drugs (due to boredom/take your mind off things*)	Homeless shelter (reading space)	Synergic satisfiers
Creation	-	-	-	-	-
Identity	No self-care No self-respect	Drinking alcohol (as a group norm)	-	Wanting to please others	Singular satisfiers
Freedom	-	-	-	Moving around "freely"	Pseudo satisfiers

Table 5: Matrix 1 - How beneficiaries met their needs prior to joining the Streetscapes programme

1. Ways needs are met
2. Dominant pattern of how need was satisfied

Legend				
■ Destructive	■ Pseudo	■ Inhibiting	■ Singular	■ Synergic

The need for Creation was completely unmet, while Participation and Freedom only had one satisfier each. This indicates that beneficiaries had no access to activities or institutions that could cater to their creative needs or the development of skills that could lead to formal employment. The relatively unmet need for Participation suggests that beneficiaries were generally not part of any decision-making processes within a group or community setting. However, this assumption is based on what participants reported (or rather, what they did not mention) in the interviews, and may not be entirely reflective of their lived experiences. To

emphasize this point further, my aim is to meticulously represent the perspective of the beneficiaries, as this is a crucial aspect of my study and its key objectives.

The inability to satisfy the need for Freedom may allude to beneficiaries' lack of autonomy and choice with regards to their day-to-day lives. One example of this is Jacob who alludes to previously not having the opportunity to choose what clothing to wear:

“... you [should be able to] pick what you want to wear. I don't want to wear this *tekkie* (shoe), I don't want to wear this, which normally didn't happen, you see” (Jacob, 04/05/2021)

Given the nature of living on street, satisfying the need for Subsistence was limited to getting money for food and accessing shelter and sanitation. As such, single satisfiers dominate in the form of begging, working odd jobs, making use of showers at the Carpenters Shop and going to various soup kitchens. These are all considered to be instrumental in nature – they are performed with only one goal in mind.

There were indications of needs being satisfied in ways that are considered inhibiting. Inhibiting satisfiers are those that overemphasize a particular need while concurrently preventing the satisfaction of other needs. In *Matrix 1*, inhibiting satisfiers were identified for Protection and Identity, where beneficiaries adopted ‘survivalist’ identity strategies to protect themselves on the street. Although meeting the need for Protection, the act of self-preservation meant that needs such as Affection and Participation were not satisfied. Here self-preservation refers to the act of keeping to oneself as a means to limit one’s vulnerability on the street. In doing so, an individual is unable to form relationships with others or be part of a ‘street community’, thus leading to the inability to satisfy Affection and Participation. Identity was satisfied by displaying a lack of self-care and self-respect, where participants internalised the image of ‘the street person’ or ‘homeless addict’ perhaps as a means to justify their substance abuse or deal with the daily ‘routine’ of homelessness. This phenomenon is highlighted in a paper by Elias and Inui (1993: 399), in which losing a sense of responsibility, self-respect, and self-esteem was associated with the daily routine of homelessness. It was also linked to substance abuse, where excessive alcohol use was associated with a further loss of responsibility and self-respect, and also resulted in a deterioration of self-care (ibid.). A lack of self-care and self-respect is an inhibiting satisfier that meets the need for Identity, but hinders the ability to satisfy other needs. For instance, it may have led to an inability to foster relationships with others on the street, thus the need for Affection is unable to be met.

Evidence of destructive and pseudo satisfiers were also identified, albeit minimally. Destructive satisfiers are those that intend to satisfy a particular need, but ends up doing the opposite – impeding the satisfaction of that particular need while also often making other needs difficult or impossible to meet. Destructive satisfiers were linked to a beneficiary’s drug or alcohol use. In this instance, both actions were performed with the intention to relieve stress. However, some participants stated that the use of a substance in fact further exacerbated their stress levels, due to the withdrawal symptoms of the substance. At the same time, they had also used whatever money they had on purchasing the substance, resulting in the inability to buy their own food or purchase new clothing, for instance.

Pseudo satisfiers are those that appear to generate a false sense of satisfaction of a particular need. A pseudo satisfier was present in meeting the need for Freedom, in which some beneficiaries believed that they were able to move freely by living on the street. However, this appeared to be a false sense of Freedom, as noted by Claire:

“On the street, [no], we don't have our freedom, because law enforcement chase[s] us that side, that side, that side. They take our stuff. [We] don't actually have freedom on the street”
(Claire, 03/06/2021)

Although singular, inhibiting, destructive and pseudo satisfiers were all identified in *Matrix 1*, most satisfiers (5/9) were identified as synergic in nature. The most prominent synergic satisfiers include homeless shelters and support group meetings.

The use of homeless shelters allowed beneficiaries to satisfy three FHN simultaneously. First, they provided physical shelter, which satisfied the need for Subsistence. Second, they provided a safe space in which beneficiaries could avoid the dangers of sleeping on the street, which satisfied the need for Protection. Third, for some beneficiaries shelters provided a space in which to enjoy a leisure activity such as reading, thus satisfying the need for Relaxation. Likewise, support group meetings, which in this context refers to Alcohol Anonymous (AA) and Narcotics Anonymous (NA), allowed beneficiaries to satisfy at least two FHN simultaneously. First, support meetings made beneficiaries aware of the true nature of their addiction, therefore satisfying the need for Understanding. Second, these meetings provided a sense of solidarity in that beneficiaries could relate to being part of a recovery community, therefore satisfying the need for Participation. The synergic nature of attending support group meetings is expressed by Rose:

“I [went to] AA also and I [could] hear what that stuff [did] to other people ... NA is a good place to help you and tell you what's going on if you using drugs” (Rose, 03/06/2021)

This statement indicates that support group meetings offer an environment that allows beneficiaries to better understand the degree to which addiction affects one’s life (satisfying the need for Understanding), as well as share their own experiences with others (thus satisfying the need for Participation).

This section identified the ways in which beneficiaries met or attempted to meet their fundamental human needs before joining the Streetscapes programme. If one looks at the overall pattern (i.e. *Matrix 1* as a whole) of how beneficiaries attempted to satisfy their needs before entering the programme, it appears that needs were mostly satisfied in synergic ways. A number of singular satisfiers were also identified, largely in relation to meeting the need for Subsistence. Inhibiting, destructive and pseudo satisfiers were also identified, suggesting that participants met or attempted to meet certain needs in ways that impaired the possibility of satisfying other needs. Lastly, there were noticeable gaps with regards to participants’ inability to meet their FHNs, especially with regards to Creation and Freedom. The following section looks at how beneficiaries met their needs after joining the Streetscapes programme. Comparisons between this section (*Matrix 1*) and the following section (*Matrix 2*) is therefore a key focus, as it highlights the programme’s impact on their ability to meet their FHNs.

Opportunities the programme create that allow beneficiaries to meet their needs in better ways

Matrix 2 represents the way in which beneficiaries have met or are meeting their needs after joining the programme. Here the context shifts to meeting needs in relation to beneficiaries’ recovery efforts. When compared to *Matrix 1*, *Matrix 2* indicates that the Streetscapes programme allows beneficiaries to satisfy significantly more needs than before they joined the programme. Although HSD does not rank FHN, one can still observe a pattern in which some needs are more satisfied than others. It may be that individuals choose to prioritize some needs and neglect others, but these decisions do not make some needs more or less important for one’s overall wellbeing. The choices that people make in certain situations often have costs and/or gains for wellbeing. This same principle is applied with regards to the rational choice perspective of addiction, where “addictive behavior reflects a choice made in full knowledge of its future costs and benefits” (Weinberg, 2011: 303). Neglecting one need in favour of

another may have consequences in the medium to long term for wellbeing if all nine FHNs needs require satisfaction for longer term quality of life and wellbeing.

Given that this section focuses on the programme’s impact on how beneficiaries meet their needs, comparisons to *Matrix 1* (how they met their needs before the programme) will be a key focus. Such an observation reveals a similar pattern between *Matrix 1* and *Matrix 2* - that Subsistence, Protection and Identity appear to include the most satisfiers overall. In other words, both beneficiaries and Streetscapes appear to prioritize the satisfaction of these FHNs. Although, one key difference is that Affection also became one of the most satisfied needs after beneficiaries joined the Streetscapes programme. When looking at the satisfiers of Affection, it appears that having access to and being part of a therapeutic community plays a role in this regard. The aforementioned benefits of therapeutic communities include promoting a sense of belonging and increased levels of self-esteem (Pearce & Pickard, 2013) – both of which are present in *Matrix 2*. The work offered by Streetscapes also explains why Affection is amongst the most satisfied FHNs. It allows some beneficiaries to take care of their own families (via the income they receive from work), while other beneficiaries have developed a ‘relationship with the land’ through working on Streetscapes gardening sites.

Axiological needs	Existential needs ¹				Dominant satisfier ²
	BEING	HAVING	DOING	INTERACTING	
Subsistence	Healthy lifestyle	Shelter Work (gardening/cleaning) Access to grants (e.g. SASSA)	Eating healthy Bathing Work (gardening/cleaning)	Living space	Synergic satisfiers Singular satisfiers
Protection	Mental wellbeing Being protected against substance abuse	Financial stability (savings) Work (gardening/cleaning) Lack of worry (belongings are safe) Psychosocial support	Prevention (keeping busy) Access to rehab facilities	Living space Social setting Sober environment	Synergic satisfiers Singular satisfiers
Affection	Trust Self-esteem	Sense of family (figuratively – Streetscapes) Support network	Relationship with land (gardening) Take care of family	Sense of belonging (feeling of home)	Singular satisfiers

				Space of togetherness Social setting	
Understanding	-	Financial stability (how to budget and save) Reading	Study (courses)	-	Synergic satisfiers
Participation	-	Duties (responsibility) Work (as part of a team)	Interaction Free to express opinions Set house rules	Recovery group sessions (Streetscapes)	Synergic satisfiers Singular satisfiers
Relaxation	Lack of worry (peace of mind)	Games Yoga	Reading Walking/running Soccer	Space for leisure activities	Singular satisfiers
Creation	-	Work (gardening) Skill training	Planting	-	Singular satisfiers
Identity	Sense of belonging Self-esteem Feeling human	Being a skilled person Documentation (e.g. ID)	Acknowledgement of growth/progress	Social setting Work (daily routine)	Synergic satisfiers Singular satisfiers
Freedom	Autonomy Self-esteem	Set house rules	Free to express opinions Choice (e.g. able to choose what to wear)	Movement	Synergic satisfiers Singular satisfiers

Table 6: Matrix 2 - How needs are met after joining the programme

1. Ways needs are met
2. Dominant pattern of how need was satisfied

Legend									
■	Destructive	■	Pseudo	■	Inhibiting	■	Singular	■	Synergic

According to *Matrix 2*, 6/9 needs are satisfied synergically, but 8/9 needs were also met by singular satisfiers. The most prominent synergic satisfiers were work, living space and social setting.

Work refers to the gardening or cleaning work performed as part of the Streetscapes programme. By doing this work, beneficiaries are able to simultaneously satisfy the need for

Subsistence, Protection, Participation, Creation and Identity. This result is no surprise, as Max-Neef (1991: 77) acknowledges work as being synergic in nature:

Work constitutes much more than a factor of production: it fosters creativity, mobilizes social energy, preserves communal identity, deploys solidarity and utilizes organizational experience and popular knowledge for the satisfaction of individual and collective needs

Rose's experience of working at the Streetscapes garden site speaks to the synergic nature of work:

"I [saw] what my hands can do. I didn't know my hands can do this stuff. Every time if there came people, I'm the one talking with the people, how I came to Streetscape, when Streetscape open, and what is my name, and how the plants are, what I'm using" (Rose, 03/06/2021)

In Rose's case, she is able to satisfy the need for Participation, Creation and Identity through working in the Streetscapes programme, which can be observed in *Matrix 2*. In this regard, work has allowed Rose to participate as part of a gardening team, prepare the land, plant vegetable seedlings, cultivate these vegetables, and lastly, adopt an identity via a trained profession (i.e. a gardener). These all correlate to the simultaneous satisfaction of Participation, Creation and Identity, respectively.

Living space refers to beneficiaries' physical environment within the programme. Being in this space means that beneficiaries are able to simultaneously satisfy the need for Subsistence and Protection. Claire and Jacob illustrate this clearly:

"It is different, because on the street, you must struggle to get water, to get clean and do your washing. In the house, everything is there for you" (Claire, 03/06/2021)

"Where I am, I am safe ... The doors [are] locked, the gates [are] locked. Burglar bar gates right around the place" (Jacob, 04/05/2021)

For Claire, living in Streetscapes housing has allowed her to have access to basic amenities such as a kitchen or bathroom. At the same time, Jacob has felt a sense of feeling safe due to the protective measures that are able to be put in place in a house. Although the homeless shelter was able to satisfy these needs in the same way (i.e. as a synergic satisfier), living in Streetscapes can be said to satisfy this need to a greater extent, while also being able to satisfy other needs such as Affection and Freedom.

Social setting refers to beneficiaries' social environment, which includes interactions between each other, as well as interactions with the general public at the various gardening sites and

housing locations. These interactions contribute to Protection, Affection, and Identity being satisfied. Jacob, who lives at one of Streetscapes housing sites, notes how he feels welcomed in the community:

“...where I am also, I greet the people in the morning. The neighbours, they know me by now, they greet ... when I put out the bin for the dirt and everything” (Jacob, 04/05/2021)

Having expressed how he was previously ignored while on the street, the simple act of a greeting in the morning satisfies the need for Affection. Simultaneously, the need for Identity is satisfied:

“... they see a different person, not the one I used to be, you see, a totally different person now” (Jacob, 04/05/2021)

As I have mentioned above, 8/9 needs in *Matrix 2* were met by singular satisfiers, most notably with regards to Affection, Relaxation and Creation. Although not inherently negative, as destructive or inhibiting satisfiers may be, these singular satisfiers represent the programme’s lack of integration in helping beneficiaries simultaneously satisfy more than one need. Overall, *Matrix 2* represents a bimodal pattern of how FHN are being met within the Streetscapes programme. In other words, beneficiaries appear to be meeting their needs in ways that are both singular and synergic. There was no evidence to suggest that beneficiaries are meeting their needs in ways that are destructive or inhibiting, whereas these satisfiers were identified in *Matrix 1*. If we associate synergic satisfiers with the promotion of self-reliance, and self-reliance as impacting one’s recovery efforts, then a dominant pattern of synergic satisfiers (as observed in *Matrix 2*) suggests that the Streetscapes programme has positively affected participants’ recovery journey, as well as their overall wellbeing. To determine if this can be solely attributed to Streetscapes’ efforts, a third matrix (*Matrix 3*) was established, and includes an analysis of any factors outside of the programme that may impact or have impacted participants’ ability to meet their FHNs.

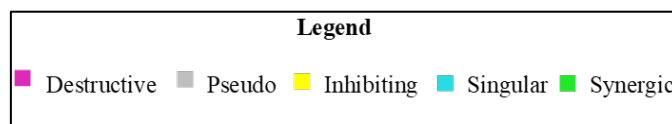
Factors outside of the programme that create opportunities for beneficiaries to meet their needs

Matrix 3 represents all factors situated outside of the Streetscapes programme which have impacted (either positively or negatively) on the programme beneficiaries’ ability to satisfy their FHNs. An observation of *Matrix 3* indicates that not much can be attributed to external sources regarding how beneficiaries satisfy their needs. The only external influences appeared to be a referral programme (known as the MATRIX programme) and beneficiaries’ families.

Axiological needs	Existential needs ¹				Dominant satisfier ²
	BEING	HAVING	DOING	INTERACTING	
Subsistence	-	-	-	-	-
Protection	Referral programme - MATRIX (counselling)	-	-	-	Singular satisfier
Affection	-	-	-	Reconnect with family	Synergic satisfier
Understanding	-	-	-	-	-
Participation	-	-	-	Support groups (AA/NA)	Singular satisfier
Relaxation	-	-	-	-	-
Creation	-	-	-	-	-
Identity	Reconnect with family (playing role in family)	-	-	-	Synergic satisfier
Freedom	-	-	-	-	-

Table 7: Matrix 3 – External factors that influence how needs are met after joining the programme

1. Ways needs are met
2. Dominant pattern of how need was satisfied



MATRIX is an outpatient addiction recovery program that “combines practical skills training for both escaping addiction and building a life without methamphetamine with frequent structured, focused social support and recognition of success” (“The Matrix Program - PsychMed”, n.d.). All participants were familiar with the MATRIX programme, with beneficiaries specifically emphasizing the role of the counsellor in their path to recovery:

“... if I talk with my counsellor, he’s a good listener and tells me that it’s [up to] me, he said, if you want to be clean” (Claire, 03/06/2021)

The MATRIX programme can be attributed to satisfying the need for Protection. This comes in the form of a singular satisfier in that it is focused on improving one’s mental health. Singular satisfiers are also the dominant pattern for satisfying Participation, which is linked to the attendance of support group meetings such as AA or NA. In *Matrix 1*, support group meetings

were synergic in nature, but in *Matrix 3* they are classified as singular satisfiers. This is due to the Streetscapes programme allowing beneficiaries to satisfy Affection and Understanding in more and better ways (see *Matrix 2*). Attending support group meetings within the context of *Matrix 3* solely fulfils the need for Participation (being part of a recovery community), thus, it is a singular satisfier. During the course of the interview process no evidence emerged that suggested other FHNs (such as Affection or Identity) were met by the MATRIX programme. Although it is possible that on a less conscious level this programme may contribute to these needs being met.

Reconnecting with one's family allowed for the satisfaction of both Affection and Identity. Those who were able to reconnect with their families could once again form intimate relationships with family members, most notably with their own kids or siblings whom they have lost contact with. Participants also expressed that they could once again support their families and play the role of caretaker or breadwinner. In other cases, participants were able to re-establish their role as a parent and/or partner. In this regard, participants are able to satisfy Affection via the (re)formation of these intimate relationships, while playing certain roles within their respective families satisfies the need for Identity. This is emphasized by Alex and Rachel:

“... now I also have [a] connection with my family and I have [a] connection now [with] my kids, which is something that I didn't have back then when I was [on the] street” (Alex, 03/05/2021)

“... when you [are] here, then at least you know you got something to do, so that you can go to your family to support them” (Rachel, 18/06/2021)

Reconnecting with family is therefore considered to be a synergic satisfier, where it simultaneously contributes to the fulfilment of Affection and Identity.

The apparent absence of other external influences may be due to beneficiaries' integration within the programme, where they live, work and interact in one interconnected community. This is illustrated most clearly by Jacob:

“Where I work here, the team is my friends. We stay together, we share meals together, we watch a movie together, we sit together” (Jacob, 04/05/2021)

Aside from family and external programmes that aid in their recovery efforts, there appears to be little opportunity for external influences to impact on how beneficiaries are able to satisfy their FHNs. It is also important to note that Streetscapes fosters formal relationships with

programmes such as MATRIX, in which they refer their own beneficiaries to these programmes. Furthermore, Streetscapes actively encourages participants to reconnect with their family as part of the recovery process (Laitinen, personal interview, 2021).

The extent to which the Streetscapes programme promotes self-reliance

To conclude this chapter, the main research question of thesis will be addressed. This question concerns how much credit Streetscapes can take for helping beneficiaries meet their needs better by promoting synergic satisfiers and self-reliance. *Matrix 1* and *Matrix 2* are instrumental in that they highlight the programme's impact on how participants are able to meet their FHNs. *Matrix 3* is instrumental with regards to attribution, that is, determining if beneficiaries are meeting their needs in better ways solely due to Streetscapes' efforts, or whether there are any external influences affecting participants' ability to meet their FHNs

In *Matrix 2*, a bimodal pattern of meeting needs was identified. This model included both singular and synergic satisfiers. While singular satisfiers do not negatively impact on people's ability to meet their FHNs, this pattern is indicative of satisfiers only meeting one particular need, which may be regarded as a limitation in promoting self-reliance. On the other end, the equally dominant pattern of synergic satisfiers indicates that participants are able to meet their need in better ways. Although synergic satisfiers were identified in *Matrix 1*, the Streetscapes programme's interventions (*Matrix 2*) have resulted in more needs being met overall, while at the same time providing more opportunities to meet needs in better ways. In other words, there were significantly more synergic satisfiers for participants after they joined the programme compared to before they joined the programme. In order to understand the importance of this finding, it needs to be viewed in relation to self-reliance.

Max-Neef (1991) emphasises the role of synergic satisfiers in promoting self-reliance given their endogenous nature, where endogenous refers to within or from the individual him or herself. In this regard, synergic satisfiers are evident of beneficiaries being able to utilize their own resources (such as their income), as well as those externally available to them (such as Streetscapes workshops), in ways that are not overly dependent on the latter. The example of financial literacy illustrates this point, in which beneficiaries learn about saving and budget via Streetscapes workshops (an external resource) in order to better utilize the income they receive (their own resource). Furthermore, when comparing single and synergic satisfiers, the latter is considered to be a more efficient way of satisfying one's needs, while also maximising their 'utility'. I will use another example to elaborate this point. The work an organisation provides

can either be considered as a singular or synergetic satisfier. The work provided by Streetscapes is synergic in nature, given that it is able to satisfy multiple FHNs simultaneously (Subsistence, Protection, Participation, Creation), as observed in *Matrix 2*. However, suppose this work simply included beneficiaries cleaning up the streets every other morning. In this case, work is a singular satisfier, in that it only satisfies one FHN, Subsistence, via the income earned doing this sporadic job. The work provided by Streetscapes fosters self-reliance amongst beneficiaries, as it allows beneficiaries to meet their FHNs in synergic ways, whereas the example I have used here is quite limited in doing so, as it is only able to satisfy one FHN.

In *Matrix 3*, only two external influences were identified with regards to how participants meet their needs, suggesting that Streetscapes is primarily responsible for participants meeting their needs in better ways. Although, the lack of external influences on how participants meet their needs may also be indicative of the extent to which beneficiaries are dependent on the Streetscapes programme to meet their FHNs. The implications of this are discussed below, in the *Recommendations* section.

I will conclude this section by applying the six indicators of self-reliance in Ndlela and Worth (2021) to participants' experiences and reflections as being part of the Streetscapes programme. These indicators include: inclusive participation, involvement in decision-making, being accustomed to self-management, drawing on own resources, taking responsibility for one's actions and persistence.

Inclusive participation refers to involvement in interventions that are meant to improve people's lives or livelihoods (Ndlela & Worth, 2021: 331). In the context of the Streetscapes programme, this means that beneficiaries should be directly involved in determining the outcomes of certain interventions. Inclusive participation can thus be linked to certain FHNs, in that beneficiaries should be directly involved in Streetscapes interventions (satisfying the need for Participation), which in turn increases their sense of autonomy (satisfying the need for Freedom). The indicators of 'success' for these interventions should therefore reflect beneficiaries' needs and values. Participants did not reflect on any direct involvement in the outcomes of Streetscapes' interventions. Although, they could influence, for instance, the specific outcomes of their recovery, whether it be to join the aforementioned MATRIX programme, or sign into an inpatient rehabilitation facility. In *Matrix 2*, an increased sense of autonomy was emphasized by participants, but direct involvement in Streetscapes interventions was absent in that regard. It is noted, however, that Streetscapes began expanding their

participatory process in order for its beneficiaries to play a bigger role with regards to how they experience the interventions within the programme (Laitinen, personal interview, 2021).

Involvement in decision-making refers to people's capacity and freedom, where they have the ability to make decisions and not be dependent on others making decisions on their behalf (Ndlela & Worth, 2021: 331). This indicator can be also linked to satisfying the need for Participation and Freedom. In the context of the Streetscapes, the programmes' interventions are all voluntary, and beneficiaries decide whether they would like to continue being a part of the programme. Furthermore, beneficiaries are increasingly involved in certain decision-making processes, such as setting the house rules and negotiating the monthly food and rent payment in accordance with their personal budget (Laitinen, personal interview, 2021). This is also evident in *Matrix 2*, in which singular (autonomy) and synergic satisfiers (setting house rules) were identified for Participation and Freedom, respectively.

Being accustomed to self-management refers to a process of "acclimatisation to managing without something on which one was previously dependent" (Ndlela & Worth, 2021: 331). In the context of the Streetscapes programme, this can be viewed from the perspective of being able to cope or manage with the use of harmful substances. Furthermore, this may also refer to the use of substances in ways that are not abusive, as well as the ability to maintain one's sobriety amongst those who are still using. Self-management can be linked to meeting the need for Subsistence, Protection and Understanding. Having access to work (Subsistence), psychosocial support and a sober environment (Protection) allowed beneficiaries to cope better with managing their harmful substance use (see *Matrix 2*). With regards to Understanding, there was an absence of satisfiers in *Matrix 2* that was linked to living independently of the Streetscapes programme. The absence of satisfiers in *Matrix 3* is also a key indicator in this regard.

Drawing on own resources refers to people's ability to effectively and efficiently use their own resources, as well as those present in and around their environment (Ndlela & Worth, 2021: 331). The emphasis is on the capacity to balance the use of resources one has access to without being overly dependent on external resources. In the context of the Streetscapes programme, we can focus on the way beneficiaries use their weekly income. By offering opportunities to increase one's financial stability (via budgeting and savings), Streetscapes have limited some financial dependence on the programme. In addition, participants also reflected their ability to not depend on others to 'get things done'. This belief was expressed markedly by those

participants who have children, where they are able to arrange transportation for their children to visit them at their place of residence. Being resourceful can therefore be linked to almost all nine FHNs, especially Subsistence, Creativity, Freedom, and Understanding. In *Matrix 2*, a number of positive (singular and synergic) satisfiers were observed in relation to these FHNs, including a healthy lifestyle, skill training and studying further at an educational institution.

Taking responsibility for one's actions refers to the ability and willingness to be accountable for any decisions made, specifically with regards to the outcomes of these decisions. Here the emphasis is on the extent to which people "own the results of their decisions and reflect, conceptualise and plan for the next decision" (Ndlela & Worth, 2021: 332). This notion of responsibility permeated through all eight interviews with the participants. Participants expressed how their past actions have had negative impacts both on themselves, as well as others around them. Participants also expressed a point of realization in which they now hold themselves accountable for their own recovery, citing Streetscapes' efforts as aiding in this process. Taking responsibility can be linked most notably to satisfying the need for Identity. In *Matrix 2*, attending recovery group sessions (a singular satisfier for Protection) can be associated with being accountable for one's own recovery. However, there was an absence of satisfiers for Identity that can be linked directly to taking responsibility.

Persistence refers to the way in which people are able to advance or grow in the absence of external help (Ndlela & Worth, 2021: 332). In the context of the Streetscapes programme, this can be viewed from the perspective of 'graduating' from the programme. Although some beneficiaries have moved on to live and work independently of the programme, the large majority remains within the programme through the housing and/or employment programme. Beneficiaries' persistence, when defined as growing in the absence of external help (i.e. without the help of Streetscapes), is therefore absent in this regard. Although, this challenge is acknowledged by Streetscapes in their July 2021 report, where low successful exit rates have been observed (about 16%) (Streetscapes, 2021). Persistence can be linked to satisfying the need for Creativity, Understanding and Freedom. While participants are able to learn new skills and possibly study further at an educational facility, it is unclear to what extent these satisfiers allow them to advance or grow in the absence of Streetscapes' help. The relatively low exit rates may indicate an absence of satisfiers that results in fostering 'persistence' amongst Streetscapes beneficiaries.

The application of these six indicators of self-reliance on participants' experiences and reflections in the programme further validates that the Streetscapes community-based rehabilitation programme is indeed fostering and promoting self-reliance amongst its beneficiaries. Although, that is not to say there are no challenges and hurdles that need to be addressed in that regard.

Conclusion

This chapter served to represent the key findings of this study. Its structure was informed by the central and sub-research questions of this dissertation. It began by looking at how beneficiaries understood the key concepts, recovery and self-reliance. This was followed by a series of three matrices which represented the impact of the Streetscapes programme with regards to how beneficiaries are able to meet their needs (when comparing *Matrix 1 and 2*), as well as the extent to which these opportunities are attributable to Streetscapes itself (*Matrix 3*). Lastly, the central research question was addressed, which concerns the extent to which the Streetscapes programme promotes self-reliance amongst its beneficiaries.

Although it was determined that participants were able to meet their needs before joining the Streetscapes programme, the programme's interventions have resulted in more needs being met overall, while at the same time providing more opportunities for participants to meet their needs in better ways. Specifically, there were significantly more synergic satisfiers after participants joined the programme compared to the period before they joined the programme. Concerning the extent to which these opportunities are attributable to Streetscapes, only two external influences were identified with regards to how participants meet their needs, suggesting that Streetscapes is primarily responsible for participants meeting their needs in better ways. By providing significantly more opportunities for participants to meet their needs in better ways (via synergic satisfiers), Streetscapes is able to promote self-reliance amongst its beneficiaries. The following chapter reflects on these key findings in relation to the themes discussed in the literature review, as well as any future considerations regarding research in this context.

Chapter 6: Discussion and Conclusion

This chapter comprises of my reflections on the key findings, as well as their implications within a broader context. The limitations of these findings, as well as the study more broadly,

is also addressed. The chapter concludes with my recommendations for recovery programmes more broadly, for Streetscapes itself, and for future research within this specific context.

This study aimed to assess the extent to which the Streetscapes community-based rehabilitation programme creates opportunities for its beneficiaries to meet their needs in ways that help them become self-reliant. These beneficiaries comprise of previously homeless individuals who have dealt or who are dealing with issues of substance abuse. This assessment was conducted via the use of Max-Neef's Human Scale Development – a theory based on how people can meet their fundamental human needs (FHNs) in ways that foster self-reliance. The common view of addiction, particularly substance abuse, is that it is an uncontrollable 'disease' which needs to be 'managed' from the outside. This framing of addiction is one that views people as lacking the capacity to control their own actions and pathways throughout their recovery. Furthermore, when viewed within the context of homelessness, 'street people' are framed as a 'burden to the state' and incapable of changing their own lives. However, we must acknowledge that people are resourceful and exercise agency in their attempts to meet their fundamental human needs.

By using HSD, I was able to explore the relationship between human needs and opportunities created by the Streetscapes programme in relation to the promotion of self-reliance and recovery from addiction. I was therefore especially interested in exploring needs and satisfiers from the perspectives of the beneficiaries involved in the programme. This assessment also included the extent to which these opportunities are directly attributable to Streetscapes' interventions. I argue that an assessment of the Streetscapes programme from the perspective of the beneficiaries' ability to meet their FHNs may allow it to be more effective in achieving its goal of facilitating the process of recovery and promoting self-reliance amongst its beneficiaries.

The key findings of this study revealed that the Streetscapes programme succeeds in facilitating and promoting self-reliance amongst its beneficiaries. Significant differences were observed when comparing how beneficiaries met their FHNs before they joined the Streetscapes programme and how they are meeting their FHNs after joining the programme. Specifically, noticeably more synergic satisfiers were identified for the latter case, particularly when looking at the dominant pattern in how FHNs were satisfied. To elaborate on this point, there were more satisfiers overall when participants joined the programme. This is expected given the various opportunities Streetscapes offer. The relevance of this point is that these satisfiers did not hinder the satisfaction of other FHNs, i.e. they were not destructive, inhibiting or pseudo

satisfiers. Consequentially, Streetscapes' ability to promote self-reliance was not hampered in this regard.

Streetscapes' approach combines the concept of a therapeutic community with pharmacological interventions in order to facilitate recovery from drug and alcohol addiction amongst those who choose to enter the programme. Both interventions have empirical evidence to suggest positive outcomes with regards to reduced substance use and an improved quality of life and overall wellbeing. Pharmacological interventions such as opioid substitution therapy (OST) and harm reduction not only reduces substance use, but treats people as "social actors with choices to make that will reduce harms to themselves and to their families and communities" (Marks, et al., 2017: 12). In the context of Streetscapes, this was evident in *Matrix 2*, where satisfiers such as autonomy, freedom of choice and expressing one's own opinions all appear as positive (singular or synergic) satisfiers of Freedom and Participation. Similarly, therapeutic communities are able to foster a sense of belonging and "responsible agency" amongst its members, which in turn are said to promote increased levels of self-esteem and contribute positively to the overall well-being of those who form part of these communities (Pearce & Pickard, 2013). In the context of Streetscapes, these particular benefits can be observed in *Matrix 2*, where satisfiers such as sense of belonging and self-esteem appear as synergic satisfiers of Affection, Identity and Freedom.

The key findings of this study are not only useful within the context of the Streetscapes organisation, but may also be useful with regards to improving the effectiveness of other recovery programmes. It is not to say that programmes should simply scrap their existing methodologies and fully adopt a framework based on HSD. Instead, HSD can be incorporated into these programmes as means to conduct assessments on the efficacy of certain interventions within a programme. However, this is only applicable if an organisation's aim is to promote self-reliance, or alternatively, if the promotion of self-reliance is understood to be a crucial element in individuals' recovery journeys. HSD is therefore useful to organisations such as Streetscapes, as it shows that prior to joining Streetscapes beneficiaries were in some respects (albeit in a limited way) resourceful in meeting *some* of their own needs. These findings also represent an alternative framework in which addiction and recovery can be viewed with regards to human development – that is, how people are able to satisfy their fundamental human needs, and how the satisfaction of these needs relate to fostering self-reliance. I am by no means suggesting a radical shift in how we frame addiction and recovery. Instead, I am merely offering new ways of conceptualizing these concepts within the field of sociology.

Limitations

There are a number of limitations that need to be addressed with regards to the chosen theoretical framework, methodology and key findings of this research.

It is noted that Human Scale Development (HSD) is complex and fairly resource-intensive (time consuming) to implement. This may be a barrier to smaller organisations with limited knowledge and/or resources to adopt the HSD framework. Its complexity may also limit potential research using this approach, given that it does not offer clear operational definitions of all its key concepts. I personally experienced this complexity, as the participants of this study were not familiar with the concept of self-reliance. This posed a challenge, especially because self-reliance was a central concept in this study. I overcame this challenge by soliciting descriptions and experiences of self-reliance without participants fully understanding the term 'self-reliance' itself. I believe that this did not have an adverse effect on the validity of my findings, given that participants' understandings of self-reliance were in fact synonymous with Max-Neef's own conceptualisation of self-reliance. While I consider Max-Neef's nine fundamental human needs to be fairly comprehensive, some scholars (see Costanza et al., 2007; Pelenc, 2014; Papachristou & Rosas Casals, 2016) have argued that there is room for one more FHN - spirituality. I did not find sufficient evidence to include it in my own research; however, I do believe that there is scope for its inclusion in future iterations of HSD.

Although I have cited what could be considered weaknesses of HSD, one major strength is its ability to develop local knowledge and have local actors (i.e. those at the 'bottom') exert control over their own conditions of life. The utilization of HSD is one that enables communities or groups to assess both the positive (singular and synergic satisfiers) and negative (destructive, inhibiting and pseudo satisfiers) effects of how people attempt to meet their FHNs. The aim of this process is to demonstrate the potential capacity for local self-reliance, where self-reliance can be understood as changing the way people perceive their own potential and capabilities (Max-Neef, 1991). Nonetheless, HSD remains on the fringes of development research, as it does not feature at all in research on drug and alcohol addiction and recovery.

Another limitation regards the methodology of this study. Due to the COVID-19 pandemic, face-to-face field work was not possible. Virtual semi-structured interviews thus became the primary means of collecting data for this study. This is a limitation in that data collection using the HSD framework is most valuable when conducted as a workshop/focus group, where all participants are simultaneously involved in the process. Max-Neef (1991: 42) himself

showcases the benefits associated with this approach, in which “a participatory discussion can turn out to be rich and stimulating and in itself represents an experience with synergetic effect”. This is also evident in a number of studies, including Guillen-Royo (2020), Jolibert et al. (2014), Kobayashi et al. (2019) and Pelenc (2014).

Lastly, the limitations of the key findings of this study need to be addressed. Producing generalisable results was not a particular aim of this study, as is the case for most qualitative research. However, it does act as a means to measure how organisations and governments can better address substance abuse amongst the homeless. By using HSD, it was determined that Streetscapes is able to foster and promote self-reliance amongst its beneficiaries by providing them opportunities to meet their FHNs in better ways. In doing so, the promotion of self-reliance is argued to positively influence one’s recovery efforts. Nevertheless, these findings are limited to a relatively small organisation based in Cape Town, South Africa. The methodology, however, is one that can be adopted in virtually any given setting or context. Although I have used qualitative interviews as the primary data collection method in this study, future studies using the HSD framework should adopt the workshop method as the primary data collection tool due to its synergetic effects (Max-Neef, 1991: 42). In this regard, qualitative interviews or quantitative surveys, for instance, may supplement the workshop method.

A second limitation of the key findings can be attributed to the limited scope and time frame of the research conducted. I was interested in the opportunities a recovery programme creates for its beneficiaries to meet their FHNs, and how this relates to the promotion of self-reliance. My argument is that self-reliance may form a major part in the success of these interventions ability to help people recover from substance abuse. However, the process of recovery is one that is complex and may take many years to culminate. It therefore requires longitudinal studies that focus on the long-term effects of the relationship between self-reliance and recovery defined as sobriety.

Recommendations

I will conclude this thesis by offering my own recommendations for recovery programmes more broadly, for Streetscapes specifically, and for future research within this space. For recovery programmes who use the language of ‘self-reliance’, it may be a useful endeavour to adopt or incorporate Max-Neef’s Human Scale Development into their own interventions or research practices. In this regard, the first crucial step would be to identify negative satisfiers (destructive, inhibiting or pseudo satisfiers) and address them accordingly. This is because

these satisfiers are regarded as undermining an organisation's ability to promote self-reliance amongst its beneficiaries. In other words, if beneficiaries continue to meet their fundamental human needs via destructive, inhibiting or pseudo satisfiers, they not only hinder their ability to satisfy other needs, but also fail to become self-reliant.

With regards to the Streetscapes programme, I propose two recommendations based on the needs-satisfier analyses above. First, singular satisfiers were identified as a dominant pattern in how participants meet their FHNs. Although this may not have inherently negative effects on beneficiaries' ability to satisfy other FHNs, it does limit the promotion of self-reliance. The programme may therefore be able to change or improve upon certain interventions, so that these singular satisfiers may become synergic satisfiers instead, thus increasing beneficiaries' potential to become self-reliant. For example, eating healthy was identified as a singular satisfier which meets the need for Subsistence. One way in which to 'convert' this to a synergic satisfier could be to have culinary classes that includes healthy eating as well as how to prepare healthy meals. This may involve the formation of different cooking teams that will participate in these classes. In this example, the need for Subsistence is met, but also (potentially) the need for Participation, Understanding and Affection and Creation. My second recommendation is that more opportunities outside of the programme are explored, opportunities that may allow beneficiaries to meet their FHNs independently of Streetscapes. This was identified as a challenge when looking at the 'Persistence' indicator of self-reliance, which focuses on how people are able to advance or grow in the absence of external help (i.e. the Streetscapes programme). Additionally, the results of *Matrix 3* indicate that beneficiaries are generally not utilizing resources outside of Streetscapes to meet their FHNs.

Future research on recovery programmes and interventions for homeless substance users should continue to focus on holistic ways to address substance abuse issues. By holistic I refer to an interdisciplinary approach that considers the 'whole picture' with regards the treatment of drug and/or alcohol addiction for people living on the street. Scholars such as Schenck et al. (2017), have also highlighted the need for complex and holistic efforts in helping people exit homelessness. The study by Schenck et al. (2017) is most similar to my own study, in that they too have utilized HSD within the context of homelessness in Cape Town, South Africa.

This study advocates for the use of Human Scale Development (HSD) as an analytic framework to assess the effectiveness of these programmes and interventions. In particular, HSD is useful in determining how self-reliance can be fostered amongst a programme's beneficiaries, or

rather, what may be limiting their ability to become self-reliant. HSD is also useful in determining the extent to which a programme can take credit for promoting self-reliance. Furthermore, there is scope for HSD to be utilised as a way to improve exit rates of treatment programmes as well. In the case of Streetscapes, a 16% exit rate was observed, which is a metric that can certainly be improved upon. A needs-satisfier analysis of those who have successfully exited a programme, versus those who still remain in the programme may therefore shed light on some of the barriers to successfully exiting treatment programmes such as Streetscapes.

Concluding remarks

This study aimed to assess the extent to which the Streetscapes community-based rehabilitation programme creates opportunities for beneficiaries to meet their needs in ways that help them become self-reliant. Max-Neef's Human Scale Development (HSD) was utilised in order to offer an alternative understanding to how addiction and recovery can be conceptualised in the social sciences. Recovery was conceptualized as the ability to meet multiple needs simultaneously – what is referred to as synergic satisfiers – which in turn promotes self-reliance. Self-reliance is defined as “as a process capable of promoting participation in decision-making, social creativity, political self-determination, a fair distribution of wealth and tolerance for the diversity of identities” (Max-Neef, 1991: 58). The promotion of self-reliance is thus a change in the way people perceive their own potential and capabilities. The concept of self-reliance was therefore used synonymously with that of recovery throughout the dissertation. Using HSD allowed me to explore the relationship between human needs and opportunities created by the Streetscapes programme in relation to the promotion of self-reliance and recovery from addiction. I was interested in exploring needs and satisfiers from the perspectives of the beneficiaries involved in the programme. My assessment also included the extent to which these opportunities for meeting needs are directly attributable to Streetscapes' interventions.

It is not to say that HSD is the only suitable 'tool' with regards to the assessment of recovery programmes and interventions. Others have attempted to use HSD in combination with other analytical frameworks. One example is observed in the study by Pelenc (2014), where a combination of HSD and the capabilities approach was utilized in order to create a multidimensional framework for assessing well-being and inequalities. Thus, HSD is best suited to a 'hybrid' approach, where it can act to supplement or assess an organisation's existing interventions within the context of people's ability to meet their fundamental human needs,

and how this is related to them becoming self-reliant. The *modus operandi* of Max-Neef's Human Scale development means that it is even better suited to contexts where these interventions are given to populations that are considered powerless, marginalized, or vulnerable – such as the homeless. The following excerpt from Max-Neef (1991: 38) best expresses my point and concludes this thesis:

Development geared to the satisfaction of fundamental human needs cannot, by definition, be structured from the top downwards. It cannot be imposed either by law or by decree. It can only emanate directly from the actions, expectations and creative and critical awareness of the protagonists themselves. Instead of being the traditional objects of development, people must take a leading role in [their own] development

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Appendix A – Interview Guide

This interview guide was used to facilitate a conversation regarding the main topics of interest in my study. It is not simply a structured series of questions to be asked. Participants were also asked to talk freely about their experiences. The content of the interview was largely dictated by the participant and if any topics or themes were not covered, I made use of prompts which included:

- “How did you deal with that?”
- “How are you dealing with that?”
- “What was that like for you?”
- “How did you make sense of or understand that at the time?”
- “How do you make sense of or understand that now?”
- “Is there anything else you feel is important to say about that?”
- “Can you tell me more about that?”
- “In what ways?”

Interview process:

1. Introduction of myself, the researcher, and the research topic
2. Confirmation of informed consent
3. Dialogue
4. Any concluding remarks

Main research question:

To what extent does the Streetscapes community-based rehabilitation programme create opportunities for beneficiaries to meet their needs in ways that help them become self-reliant?

How do beneficiaries within the Streetscapes community-based rehabilitation programme understand recovery and self-reliance?	
Recovery Self-reliance Agency	Addiction Participation in decision-making Dependence/Independence
How do beneficiaries meet (or attempt to meet) their nine fundamental human needs?	
Nine fundamental human needs	Satisfiers (+/-) Challenges

What opportunities does the Streetscapes community-based rehabilitation programme create that allow beneficiaries to learn to meet their needs better?	
Satisfiers (+/-) Experiences	Opportunities Housing, work and psychosocial support
What factors outside of the Streetscapes community-based rehabilitation programme create opportunities for beneficiaries to meet their needs?	
Environment (before and during programme)	Opportunities

Table 1: Research questions and their relevant themes

Introductory questions:

How long have you been in the programme?

What made you join the programme?

What kind of work do you do in the programme?

Are you currently living in one of the houses?

Main topics:

Focus on each of the nine fundamental human needs

- How beneficiaries met these needs before and how they are meeting them now within the programme

Focus on the extent to which the programme has helped them meet their needs

Focus on whether other variables/happenings in their lives (or some combination of both) have caused them to change the way they meet each of their needs

Focus on beneficiaries' understandings of addiction, recovery and self-reliance

Descriptions and possible probes for the nine FHNs:

Subsistence

- Access to shelter, food, water and toilets, clothing
- Use of handouts (e.g. soup kitchens)
- Financial planning + teaching responsibility

Protection

- Being protected against the elements, sleeping in the open, being exposed to crime, violence, disease
- Support groups

Affection

- Experiences of rejection, abuse and adverse childhood experiences
- Sense of family + connecting with real family
- Intimate relationships
- Improvement in others/partners
- Motivation

Understanding

- Lack of schooling and education, making formal work inaccessible to them and their becoming marginalised
- Educated and informed to understand society and the world around us
- Teaching structure, responsibility, triggers, communication, powerfulness, denial

Participation

- Exclusion from society, work environment, and family environment
- Exclusion from most aspects of life and of being voiceless
- Be involved in decision making process and to form part of a community of people
- Addiction and inconsistency

Relaxation

- Recreation and enjoyment (e.g. braais, soccer, games)
- Substance abuse may provide moments of “enjoyment”
- A peaceful state of mind and spirit that allows for thought and reflection
- Spirituality sessions – means higher power (e.g. meditation)
- Between ‘fixes’

Creation

- Not being able to access formal and decent employment
- Attempts to source some income in the informal economy or by begging

- To be creative and the urge to make things and see the finished product (e.g. making furniture, vases, plant boxes)
- Teaching job skills like punctuality

Identity

- Sense of belonging
- Sense of purpose – showing care, love, interest in wellbeing, want to be with programme
- Self-reflection and asking, “Who am I?”
- The way they look after themselves
- Recognition by others/acknowledge – seeing a change
- “I don’t care”

Freedom

- Freedom from adverse family contexts and relationships, a sense of independence and not having responsibilities
- Broader sense of freedom – outside programme
- Before – independent – I can stand for myself – negative
- Restricted and full potential to grow and enjoy one’s personal space

Appendix B – Consent Form

University of Cape Town



Department of Sociology

To what extent does the Streetscapes community-based rehabilitation programme create opportunities for beneficiaries to meet their needs in ways that help them become self-reliant?

Invitation and Purpose

This research is being conducted on behalf of the University of Cape Town and Streetscapes. You are invited to take part in this study that aims to explore how Streetscapes creates opportunities for its beneficiaries to meet their needs in better ways, as well as the extent to which it is able to promote self-reliance in this regard.

Procedure

This research will include a number of interviews with yourself and other members of the Streetscapes community-based recovery programme.

The following will happen if you decide to participate in this study:

- You will be asked to take part in a one-on-one interview with the researcher, in which you will describe your particular experiences.
- This will take about 40 to 60 minutes.
- Your participation in this project is completely voluntary. You don't have to take part in this study if you don't want to.
- You can also withdraw from the study at any point in time should you feel the need to do so.

Risks, Discomforts and Inconveniences

This study should not cause any risks to you.

It is important for you to know that you will be encouraged to only speak about things you feel comfortable about.

If you do feel distressed during the study, please note you can leave the study at any time without any consequences.

If you would like to talk to someone about how you are feeling, the researcher will refer you for counselling.

Although you might be inconvenienced by taking out time to participate in this study, each meeting will not take longer than one and a half hours.

Potential Benefits

Participating in this study will give you a space to share your experiences, speak about the challenges you faced and what you value about having access to this form of work.

Letting others hear your stories can raise awareness about what you are experiencing and hopefully help to develop ways in which this programme or other programmes can improve their services.

Privacy and Confidentiality

I will do everything in my power to ensure that whatever you say will not be traced back to you.

Your name will be hidden in the writing of this project and in any potential publications.

All your personal information will be securely protected.

The interview will be recorded directly using the Zoom application. These recordings will only be used by the researcher will not be accessible to anyone else. You have the right to demand that the audio recording be switched off at any point during the interview.

It is important for you to know that anything that is discussed in the interviews can be reported in the thesis and any potential publications of the researcher. You will still remain anonymous of course.

Contact Details

If you have any further questions or concerns in relation to this research project please do not hesitate to contact Chadley Bissolati at bsscha010@myuct.ac.za or Bianca Tame at bianca.tame@uct.ac.za.

I agree to participate in this research project.

I have read this consent form and the information it contains and had the opportunity to ask questions about them.

I agree to my responses being used for education and research on condition my

privacy is respected

- I understand that I am under no obligation to take part in this project.
- I understand I have the right to withdraw from this project at any stage.
- I understand that this research might be published in a research journal or book. In the case of dissertation research, the document will be available to readers in a university library in printed form, and possibly in electronic form as well.

Signature of Participant: _____

Name of Participant: _____

Signature of person who sought consent: _____

Name of person who sought consent: _____

Date: _____

Appendix C – Codebook

Name	Description
Addiction	Participants' understanding and experiences of substance use and abuse
Affection	References to relationships, family, feeling loved, interactions with others
Creation	References to creating or making things, skills learnt in the programme
External influences	References to any external influences (i.e. outside of Streetscapes) with regards to participants' ability to meet their needs
Freedom	References to previous relationships, experiences of substance abuse, independence, own potential, new opportunities
Identity	References to participants' sense of belonging, purpose, self-reflection and how participant are seen by others
Participation	References to community, inclusion in decision-making processes
Protection	References to feeling safe, mental wellbeing, living space
Recovery	Participants' understanding and experiences of recovery from addiction
Relaxation	References to recreational activities
Self-reliance	Participants' understanding of self-reliance and their own 'displays' of self-reliance

Name	Description
Subsistence	References to food, shelter, sanitation, physical health/wellbeing
Understanding	References to classes, workshops, opportunities to learn

Table 2: List of codes and their descriptions

Appendix D – Field notes (sample)

Interview with Faith

Interview took place via Zoom at 12:25 PM on Thursday, 10 June 2021.

The following is a list of key points taken during and after the interview:

Lives in Chester House – participates in the kitchen (cooks) and gives tours to groups who visit the house

Emphasised feelings of dignity, self-confidence after entering the programme

Still attending rehab, i.e. still in the process of recovery

- Going to rehab as a form of protection

“Feeling human again”

- Via human empowerment/ recovery classes at Streetscapes

Streetscapes programme gives space, offering work, affection

Able to reconnect with family (mentioned seeing more of her kids)

Relationship with others in the programme – support and encouragement

Solidarity – see things in other substance users

Assistance throughout recovery

Real world participation – “will get there”

“I will change” – no idea of help, stigma (no help)

Streetscapes version of relaxation – volleyball, etc

Personal relaxation – walking, feeling “homely”

Mention of growth – being an “achiever”

Refers to addiction as an obsession

Recovery can be achieved via rehab centre, clear mind, support, “stick it out”

Self-reliance as being responsible, earning own money, being focused, having proper guidance, feeling nurtured

Safe to be someone else – different from person she is supposed to be

- In relation to living on the street
- Being “someone else” on the street as a means to protect oneself
- At this point, Faith feels as the person she is supposed to be due to the programme’s interventions (e.g. providing a safe, nurturing, affectionate environment)