



Examensarbete inom Landskapsingenjörprogrammet

## Horticultural Therapy for Homeless People –

What are the causes and conditions of homelessness, what needs do homeless people have and how can we best address these needs with a Horticultural Therapy program?



Photo: © Jennifer Chan

Johan Niklasson

Examensarbete 2007:24  
LTJ-fakulteten, Alnarp  
ISSN 1651-8160

# Index

<b>Index</b> .....	<b>1</b>
<b>Acknowledgements</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>4</b>
<b>Goals</b> .....	<b>6</b>
<b>Method</b> .....	<b>7</b>
Phase 1: Homelessness .....	7
Phase 2: Addressing needs of homeless people.....	8
Phase 3: Implementing knowledge into practice .....	8
<b>Interviews</b> .....	<b>8</b>
The Empirical Phenomenological Psychological method .....	10
<b>Definitions: Healing gardens and Horticultural Therapy</b> .....	<b>12</b>
<b>The setting: The Homeless Garden Project in Santa Cruz</b> .....	<b>13</b>
History .....	14
<b>Pictures</b> .....	<b>15</b>
<b>Results Phase 1: Homelessness</b> .....	<b>17</b>
<b>Who is homeless? – definitions of homelessness and demographics</b> .....	<b>17</b>
Demographics .....	19
<b>Why are people homeless? – understanding poverty</b> .....	<b>21</b>
Mental illness in the homeless population .....	22
Addiction disorder in the homeless population .....	22
<b>How are homeless people? – homelessness and health</b> .....	<b>23</b>
Stress .....	24
Depression and low self-esteem .....	24
Post traumatic stress disorder .....	25
Psychiatric disorders.....	26
Physical health .....	27
<b>Where are homeless people? – homeless in urban public spaces</b> .....	<b>28</b>
Parks .....	28
Streetscape .....	29
Urban open space .....	30
Private open space .....	30
<b>Being homeless</b> .....	<b>31</b>
<b>Results Phase 2: Addressing Homeless Peoples Needs</b> .....	<b>32</b>
<b>The homeless garden project – gardening for social change</b> .....	<b>32</b>
<b>Mission</b> .....	<b>32</b>
<b>Program description</b> .....	<b>33</b>
<b>The farm, garden and nursery</b> .....	<b>38</b>
Design considerations.....	41
The garden in the eyes of the housed.....	42

Homeless volunteers.....	43
Therapeutic elements and practices in the garden .....	43
<b>Reflections on certain aspects of the HGP program .....</b>	<b>45</b>
Organic production .....	45
A paid job .....	45
Incitement to learn.....	46
<b>As trainee Rob Vallandigham sees it .....</b>	<b>46</b>
<b>Attitudes in the Group – EPP-Analysis of Interview Material .....</b>	<b>49</b>
From the EPP-analysis I have in the context dependant text structures (step 4 in the EPP analysis) found nine main categories that in the following account are used as headlines. The meaning units that are subordinate to the main categories are presented in italics below. ....	49
Overall attitude towards HGP .....	49
Reasons for joining and staying in the program .....	49
Work task preferences .....	50
Outdoor/Indoor work.....	50
Feelings at the end of the day.....	50
Plant material preferences .....	51
Changes .....	51
Volunteers.....	51
Working with plants .....	52
<b>Other observations at the Homeless Garden Project .....</b>	<b>52</b>
<b><i>Results Phase 3: Implementing Knowledge into Practice.....</i></b>	<b><i>55</i></b>
<b>Healing gardens for homeless people – making it work.....</b>	<b>55</b>
<b>Needs of the homeless.....</b>	<b>55</b>
<b>Addressing the needs.....</b>	<b>56</b>
Facilities.....	57
Plant material .....	58
Work routines.....	60
Regulations .....	62
Design.....	63
<b>Addressing health issues .....</b>	<b>68</b>
Stress .....	68
Low self-esteem and depression.....	69
PTSD .....	69
Addiction disorder .....	71
<b><i>Discussion .....</i></b>	<b><i>73</i></b>
<b><i>References .....</i></b>	<b><i>80</i></b>
<b><i>Appendix.....</i></b>	<b><i>.....</i></b>
<b>Training Program Application .....</b>	<b>1</b>
<b>Homeless Garden Project Rules .....</b>	<b>5</b>
<b>Interview questionnaire .....</b>	<b>9</b>

## Acknowledgements

This Masters thesis has required many beings' input and efforts. The people mentioned here are but a few of the many who have made this possible – thank you all.

A warm thank you to;

- Courtney, my wife – for supporting me in so many ways during the work on this thesis and in all other endeavors in our life.
- Freja and Tindra, my daughters – for making it clear what my priorities are and making sure I don't over sleep... ever.
- Patrik Grahn, my advisor – for assisting me and being excited about my work.
- Angelika Blom, the student counselor at LT, SLU – for guiding me thru the bureaucracy and helping me take the path less traveled.
- Dawn Coppin, Darrie Ganzhorn, Patrick Williams and Vanessa Plummer, staff at the HGP – for taking an interest in my work and supporting me with their knowledge and experience as well as providing me with maps, articles and newsletters and for accepting to be interviewed.
- Mark Infosino, Occupational Therapy Assistant at the Veterans Garden in L.A. – for sharing your experiences with me.
- Jennifer Chan, student at UCSC and volunteer at HGP; Cory Doctorow, author and activist – for letting me use their pictures in this thesis.
- All trainees at the HGP – for accepting to be interviewed, sharing your experiences with me and letting me come and work in your beautiful garden. This is for you!

## Introduction

Horticultural therapy is a rather new discipline in the field of landscape sciences and many areas are still uncharted (Chang & Perng, 1998). Horticultural therapy for homeless people is one of those areas. In my research I have only found one academic article directly related to the subject (Keeley & Starling, 1999). There is however much research done on groups that includes parts of the homeless population.

Horticultural therapy for; low income families (Hassan & Mattson, 1993), recovering drug users (Cornille et. al., 1987), those suffering from mental illness (Sellers, 2001) and for people experiencing high levels of stress (Mc Grath Salamy, 1996) are some examples of groups where there is research available that may be applicable to parts of the homeless community.

The term 'homeless' refers to a very heterogeneous group that is hard to define and quantify (National Coalition for the Homeless, 2006e). A social worker that I spoke with commented that in the US, the homeless population is traditionally, a difficult group to get research funding for <sup>1</sup>. This may be a contributing reason to why scientists tend to study other groups that are easier to quantify, define and therefore get funding to do research for. Still, there is a large and growing homeless population with needs and abilities unique to that group. What horticultural therapy has to offer this group and how it could be made accessible to them is virtually an open question. The Homeless Garden Project in Santa Cruz, California, USA has been working with horticultural therapy for the homeless for 17 years. It is my hope to be able to access the wealth of experience gathered in this organization and use it to spread some light over how the homeless population can benefit from horticultural therapy.

I first came in contact with the Homeless Garden Project in the spring of 2000 when a friend of mine who had worked there told me about the project. Since then I have

---

<sup>1</sup> Mary Coleman, MSW, Medical social worker, San Francisco, CA. Personal communication, January 2007.

been curious to learn more about it as my interest in horticulture as a tool for social change has increased. My academic schooling has been in Sweden and hence is focused on the situation in that part of the world. However, I have lived, studied and worked for several years in various places in USA, most frequently in California. I had just moved back to Northern California when it was time for me to choose the subject for my thesis. Working with The Homeless Garden Project was a good match for me to further explore the possibilities of horticulture for social change. The result became this study on healing gardens for homeless.

## Goals

My ambition with this report is to provide an analysis of what the key features in a healing garden for the homeless might be. This includes but is not limited to: facilities, plant material, work routines, regulations and design considerations. It is often stressed in horticultural therapy work that knowing the clients unique issues, limitations and abilities is of the outmost importance when constructing appropriate programs and surroundings (Stigsdotter & Grahn 2002). Therefore studying the causes and conditions for homelessness has been an important part of my work and it has been given a lot of room in this report. The Homeless Garden Project (HGP) with its 17 year track record has been an important resource for me in connecting homelessness with theories on healing environments.

I wish to clarify the particular needs and issues which are unique to the homeless population in USA and to explore if and how these can be met through horticultural therapy. Since the subject is more or less uncharted it seems most important to get a broad analysis of the issues at hand. I shall focus on the questions that are distinctive for the homeless population. My field research will only concern the homeless situation in locations in northern California and there will be no comparisons made with homeless in other parts of the world. However, it is very likely that there is a correlation between this and other homeless populations from western cultures and perhaps with the rest of the world?

## **Method**

Much of this thesis is based on a single-case study of the HGP. Single-case studies are used to gather information and generate concepts by the study of a real situation to explain a phenomenon. The purpose of such a study is not to make comparisons between different cases; instead the focus is on finding the phenomena. It is of great importance that one finds a case that is typical, complex and all encompassing to allow for deep studies. (Yin, 1989) This single-case study of the HGP is an analysis of a behavioral setting: a unit in which the physical environment and the behavior are indissolubly connected. The structure of such a setting is determined by how it is positioned in time and space and its composition in terms of entities and events (garden activities involving people, objects, environment, behavior), processes (sounds, sun, scents, etc.) and outcomes (effects on behavior, well-being etc.). Their boundaries are identifiable, and their components are arranged in a functional way and are part of a whole. Moreover, its functions are, to the extent possible, independent of other adjacent behavioral units. Participants are part of the behavioral setting, as are the events they bring about. (Barker, 1976) My method for achieving the goals described above is divided into three phases outlined here.

### **Phase 1: Homelessness**

The first phase in realizing the goals was to understand the cause of homelessness and the homeless situation. It gave me an idea of what the needs at hand are.

Understanding homelessness was partly accomplished by a literature study on the subject. It offered a general idea of what and why homelessness is. However, by working with people from the homeless community and meeting them in person I have developed a deeper understanding of their situation. By volunteering at HGP I have been able to get that contact and experience. This qualitative research was perhaps a necessary tool to study the behavior patterns, and through it, the attitudes that are present in the group.



## Phase 2: Addressing needs of homeless people

The second phase was to find a way to address those needs in the best way. To do this I have interviewed the staff and participants in HGP – a healing garden project for homeless in Santa Cruz County, California, USA. As my understanding of the issues developed I have read up on relevant literature (mainly medical and psychological texts) and sought out and interviewed knowledgeable persons in the field.

## Phase 3: Implementing knowledge into practice

The third phase is to use the information acquired in phase one and two to find suitable implementations in the field of landscape planning. Here I have described and presented argument for certain solutions appropriate for the problems and needs described in the previous phases.

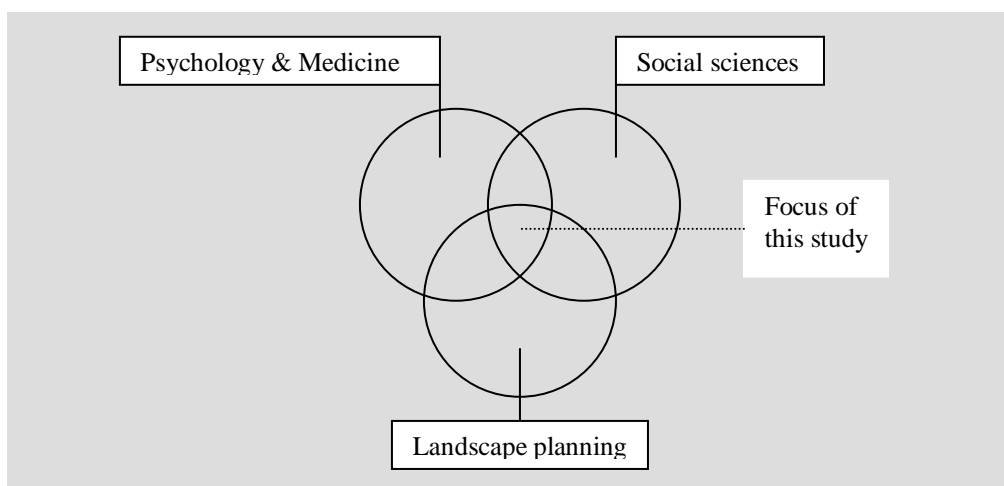


Figure 1. Focus of this study. CC-BY Johan Niklasson.

## Interviews

My approach to the data collected in the interviews has been qualitative. The selective process for the interviews was easy since I only have been able to find one organization that works with horticultural therapy for a clean population (not compromised by other user groups) of homeless and at risk of becoming homeless. Luckily the group of clients in the organization was small enough to be manageable and yet the selection within this group is very good since the clients in the program

are very diverse in respect to background, life choices and events that lead to homelessness. This makes the group less homogenous and therefore reflects the diversity of the homeless population at large better which makes the selection strategic. By applying a phenomenological model for analysis of the collected material I have made a gradually deepened interpretation thereof (Dahlberg, 1993; Gulliksen et. al., 2002).

At the time of my visit to the HGP nine trainees were enlisted with the program. I interviewed seven of them. Of the two that were not interviewed one was sick and could not come to work and the other started the same week I was there. Many of my questions were followed up with a question about whether the expressed attitude had changed or not since the client first joined the program. It seemed to me that one week was not enough time to form an opinion about the program and not long enough of a time lapse for the program to have any significant affect.

The interviews were between 30 and 50 minutes long and were done in privacy with only myself and the subject present. The clients had beforehand been offered a US \$10 reimbursement as an incitement to participate which was paid out after the closure of the interview. All interviews with the clients followed the same general order of questions and the answers were written down by me on an interview form I had prepared for that purpose (see the Appendix section of this thesis for complete questionnaire form). The interview was structured with open questions, i.e. no alternatives or suggestions to answers were offered. This approach to method of interview and selection follows the recommendations of Hansagi and Allebeck. (1994) I chose not to record these interviews. I felt that placing a recording device on the table would enhance our different rolls, make the situation unnecessary formal and potentially create barriers between the interviewee and myself which may damage further interactions.

The interviews with the members of staff were less formal and the questions were unique to the interviewee. It had the characteristics of a deep interview (Hansagi & Allebeck, 1994). Three members of staff were interviewed; the executive director, the horticulture director and the assistant garden director. These interviews were recorded on a MP3 player. The purpose of these interviews was to get a better picture of the program and clarify questions I had about certain choices made in the program.

I also conducted an informal telephone interview with a staff member of the Veterans garden in Los Angeles to learn more about their experiences in working with Post Traumatic Stress Disorder. The information in this interview was written down by me as we talked.

I have also used my own observations and conversations that I have had with people in the program (outside of the interview) to better understand the homeless situation and the participant's attitudes towards the healing garden and horticultural therapy at HGP.

### **The Empirical Phenomenological Psychological method**

After completing the interviews they were analyzed using the phenomenological EPP-method (Empirical Phenomenological Psychological Method). The method aims at answering questions about what and how something is, not why – it attempts to describe the phenomenon, in this case effects of therapeutic horticulture with homeless. The method is usually based on a five step analysis of the empirical qualitative material. (Gulliksen et. al., 2002)

1. In step one the interviews are read several times to become acquainted with the material. It is particularly important that the analyzer is open to the material at this stage and do not let any preconceived ideas color the understanding of the attitudes presented. (ibid.)

2. Step two is to derive meaning units (MUs) from the material. The text is divided into smaller units where a change in meaning or theme constitutes the border between units. The MUs do not follow any linguistic or grammatical rules. (ibid.)
3. The third step aims to uncover the psychological meaning in the material through analysis and interpretation. There is implicit content in the interviews that is not explicitly communicated by the subject. The scientist's job is to bring forth the content to explicit consciousness by rewriting the texts from the subject's spoken language to a more common and describing language without trying to make the language associate with any psychological theory. (ibid.)
4. The previously distinguished MUs are, in step four, grouped and developed into situated structures – context dependant text structures in the form of synopsis. A given phenomena is described and explained. (ibid.)
5. In the fifth step the context dependant text structures are reshaped into general structures. These make the basis for the categories that together can be said to describe the entire interview material. (ibid.)

By applying the EPP process to the interview material I aim to gain a deeper understanding of the material and get help structuring it for the presentation of this report. Since the interviews with the homeless program trainees were not recorded some of the steps are somewhat redundant. Step two for instance was often to some degree done by me when I wrote down the answer to the question since I didn't always use the exact words of the interviewee.

I have chosen not to present all the steps of the method in the text because I do not think it would contribute much to the thesis as a whole. Instead I have concentrated more on presenting the results and potential implications.

## ***Definitions: Healing gardens and Horticultural Therapy***

Using horticulture to provide physical and emotional benefits is by no means a recent discovery (Cornille et. al., 1987). Humans' use of gardens for relaxation, creative outlets and nourishment for body and soul is as old as the garden itself. From as early as the ancient Egyptian civilization there is evidence of horticulture being an accepted treatment for patients at mental institutions. This would in the western world, throughout the early 1900's expand to also encompass the mentally handicapped, at-risk youth and war veterans. In the 1950's and 1960's horticultural therapy started to emerge as its own discipline separate from occupational therapy, which it remains closely affiliated with to this day. Soon thereafter, the need for formally trained horticultural therapists became evident. (Shoemaker, 2002) Today, the scope of the horticultural therapist's work continues to expand. New diseases as well as social and physical changes in our society brings with it new groups with their own unique needs. HIV and AIDS patients, people suffering from burn-out disease and homeless people are some examples of groups that in recent times have been helped by horticultural therapy. However, the scientific study of the precise benefits of gardens and gardening is rather new. (Chang & Perng, 1998; Betrabet 1996) Indeed the recognition that horticulture has therapeutic benefits is still considered a newly scientifically tested and proven discovery. The word "horto-therapy" was not coined until Richardson Wright named it thus in 1945. (Cornille et. al., 1987) The study of the environments' effect on people was in the past done by different research disciplines without much collaboration. Today the borders between the disciplines and professions are less apparent and multidisciplinary research is much more common (Stigsdotter & Grahn, 2003).

The phrases; *healing garden* and *horticultural therapy* are used throughout this study. In the US *therapeutic horticulture* or *horticultural therapy* is sometimes used to describe the work of a horticultural therapist with a license from American Horticultural Therapy Association (AHTA). This has in some cases lead to that organizations using horticultural therapy principles without the guidance of a AHTA

licensed horticultural therapist are reluctant to call their work horticultural therapy <sup>2</sup>. The above phrases have also been used to describe certain theories on the healing properties of gardens and gardening (Stigsdotter & Grahn, 2002).

The studies of health benefits from gardening have created different schools of thought as to what the main health benefits of gardening spring from. Some claim it is the experience of the plants themselves (typically flowers), others that it is the activities in the garden and some that both the experience of the plants themselves and the activities in combination with a person's background and character gives rise to a sense of belonging and identity that lead to health benefits. These schools have been given names such as the *Healing garden school* etc. (Stigsdotter & Grahn, 2002) These schools are not necessary contradicting each other in other than what is the prime source of benefits in gardening. It seems to me that it is quite possible that the prime source of healing would differ in various situations and that several sources in combination may be aiding to the healing together or perhaps even offer a more effective healing environment in synthesis with each other.

*A healing garden* should in this text be understood as the setting/stage, a defined area with plant material as its main architectural elements that has a healing effect on its visitors. *Horticultural therapy* should be understood as a guided activity that aims to direct the client to experience the healing properties in a garden. This means that any garden that generates health benefits for all or any of its visitors is a healing garden and that horticultural therapy is the experience of those health benefits. (Grahn, 2005)

### ***The setting: The Homeless Garden Project in Santa Cruz***

Garden projects with a social focus are abundant in the Bay Area<sup>3</sup>. Both community gardens and schoolyard gardens are common. There are gardening initiatives to

---

<sup>2</sup> Interview with Dawn Coppin, Executive director, HGP (January 17<sup>th</sup>, 2007)

<sup>3</sup> The Bay Area is a metropolitan area that lies along the San Francisco Bay in Northern California, USA. It is a collection of a series of cities, towns, villages, military bases, airports, regional, state, and

support youth at risk, people suffering from drug addiction, ex-offenders, incarcerated prisoners and many others (Garr, 1998). The Homeless Garden Project (HGP) in Santa Cruz is one of these programs. It is the only program I have been able to find that works exclusively in a garden setting with homeless people and people at risk of becoming homeless.



Picture 1. Signs at the Homeless garden. CC-BY Johan Niklasson

## History

The program was started in May of 1990 by the Citizens Committee for the Homeless, a SCC non-profit. The first location for the program was an existing quarter acre community garden that with time grew to incorporate 2.5 acres of adjacent land. The bigger cultivation space allowed for bigger production and resultantly, a CSA<sup>4</sup>

---

national parks sprawled over 9 counties and are connected by a massive network of roads, highways, rail, and commuter rail. (Wikipedia)

<sup>4</sup> “Community Supported Agriculture consists of a community of individuals who pledge support to a farm operation so that the farmland becomes, either legally or spiritually, the community's farm, with the growers and consumers providing mutual support and sharing the risks and benefits of food production. Typically, members or "share-holders" of the farm or garden pledge in advance to cover the

(community supported agriculture) program was set up. In 1994 the program expanded and came to include another 1.5 acre parcel. With this new land there was a focus on flower production for flower crafts to be sold by the Women's Organic Flower enterprise, an offshoot of the homeless garden project. Having a women's only group for crafts was later questioned by the staff and although it still keeps its name the group now includes both men and women. In 1998 the program was forced to leave its original site and now operates solely from the 1.5 acre parcel. However, that site is a temporary solution and according to a master plan adapted by the city of Santa Cruz the garden will be moved to a permanent 9 acre site in the near future. (Homeless Garden Project web page, 2007)

## **Pictures**

Some may be surprised at the lack of pictures of homeless people in this report. This has been a conscious choice. One of the points that I try to get across in the description of the homeless population is that it is a very broad and diverse group. The iconic picture of a homeless person is perhaps a dirty drunk man sitting on the street begging. It would be easy for me to go out and take that picture. But it would only show a portion of the homeless population. The homeless women and children who are hiding in shelters for battered women, the homeless man who works three jobs and then go to sleep in his car or the homeless teenager who attends a drug rehab program during the day and sleeps in a thicket of shrubs in a park at night will not be represented. To make the diversity of the homeless population justice in pictures this report would turn into a photo journalistic expose and that is not my ambition. To include pictures of a part of the homeless population, the part we all can see on the street corners, would reinforce the erroneous view of homelessness that many of us have.

---

anticipated costs of the farm operation and farmer's salary. In return, they receive shares in the farm's bounty throughout the growing season, as well as satisfaction gained from reconnecting to the land and participating directly in food production. Members also share in the risks of farming, including poor harvests due to unfavorable weather or pests. By direct sales to community members, who have provided the farmer with working capital in advance, growers receive better prices for their crops, gain some financial security, and are relieved of much of the burden of marketing." (DeMuth, 1993)



One may argue that there should have been more pictures of people in the HGP program. I did not take any pictures of the HGP clients myself because of concerns about objectifying the persons enrolled and because some had expressed dislike of having pictures taken. However, I do have access to many such pictures by another photographer, but decided against using them because I did not think they added anything to the thesis.

## Results Phase 1: Homelessness

The cause of homelessness varies around the world but how it affects the individual seems, at least in the western world (Europe, USA and Oceania), to be quite similar. The political climate, current policies and the state of the economy are all contributing factors in the creation of homelessness. Regardless of those factors, once one is homeless; one's physical, mental and psychological issues are much the same around the world. (Hombs, 2001) Therefore, it is possible and even likely that much of what is true for the homeless in this study also are true for other homeless populations.

I will shed some light over who is homeless, why they are homeless, where and how the homeless are. Most data presented will concern the US at large. However, I shall also provide data about the focus group in this study (in Santa Cruz County (SCC)) where that group differs significantly from the country as a whole and where it is pertinent.

### ***Who is homeless? – definitions of homelessness and demographics***

There are many ways to define homelessness but the most commonly used definition is in the McKinney-Vento act. It is the definition currently used by federal and local authorities alike in their policy work. According to this document a person who fills the following criteria is considered homeless.

*“(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and*

*(2) an individual who has a primary nighttime residence that is—*

*(A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);*

*(B) an institution that provides a temporary residence for individuals intended to be institutionalized; or*

*(C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”*

(Pub. L. 100-77, 1994)

*“...the term “homeless” or “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.”*

(Pub. L. 100-77, 1994)

In an attempt to better protect the younger population experiencing homelessness the definition becomes more comprehensive under the education subtitle.

*“‘homeless child and youth’*

*(A) means individuals who lack a fixed, regular, and adequate nighttime residence... and*

*(B) includes:*

*(i) children and youth who lack a fixed, regular, and adequate nighttime residence, and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;*

*(ii) children and youth who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings...*

*(iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and*

*(iv) migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).”*

(Pub. L. 100-77, 1994)

This definition allows for sheltered, or housed, individuals to be defined as homeless. Therefore ‘home’ means a place that is established and that the individual has some control over. In practice this has come to include all people (not only children) who are; *“sharing the housing of other persons due to loss of housing, economic hardship,*

*or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations” (ibid.). This means that for instance people who live out of their vehicle, have had to move in with relatives or are ‘couch hopping’ are also considered homeless.*

The housed and the non housed are two of the major sub groups in the homeless population. These sub groups are also the two main groups in the United Nations definition of homelessness. The “absolute homeless” are people without any shelter and the “relative homeless” are the people who have a shelter but one that inadequately meets basic standards for safety and hygiene. (Hwang, 2001)

### **Demographics**

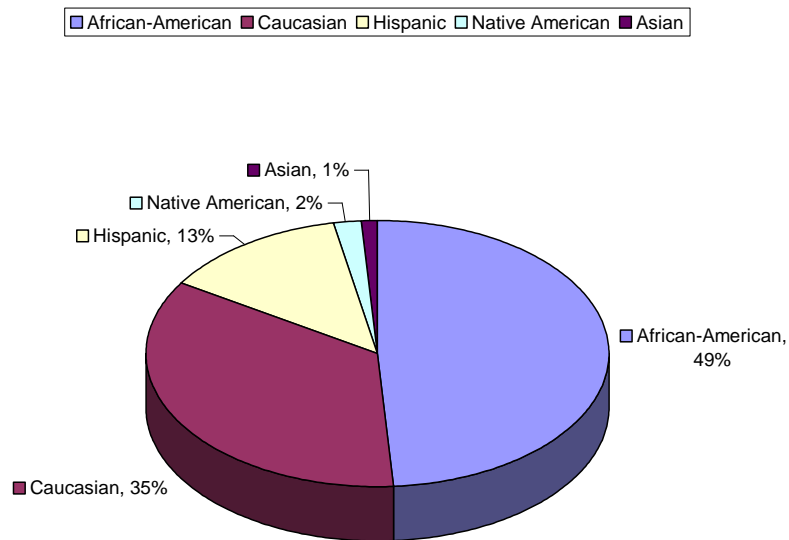
Single (un-married) homeless adults are more likely to be male than female. One survey showed that single men comprised 43% of the homeless population and single women 17% (US Conference of Mayors, 2004). This is also true for SCC where single males are over represented and single females are underrepresented in comparison with the general population (Applied Survey Research, 2005).

Children under the age of 18 represented 39% of the homeless population in 2003; of these children 42% were under the age of five. Families with children have increased significantly in the homeless statistics over the past decade and it is among the fastest growing segments of the homeless population. It is believed that families with children comprise 33% of all homeless people. This group typically has much longer stays in the shelter system before moving onto permanent housing. (National Coalition for the Homeless, 2006b)

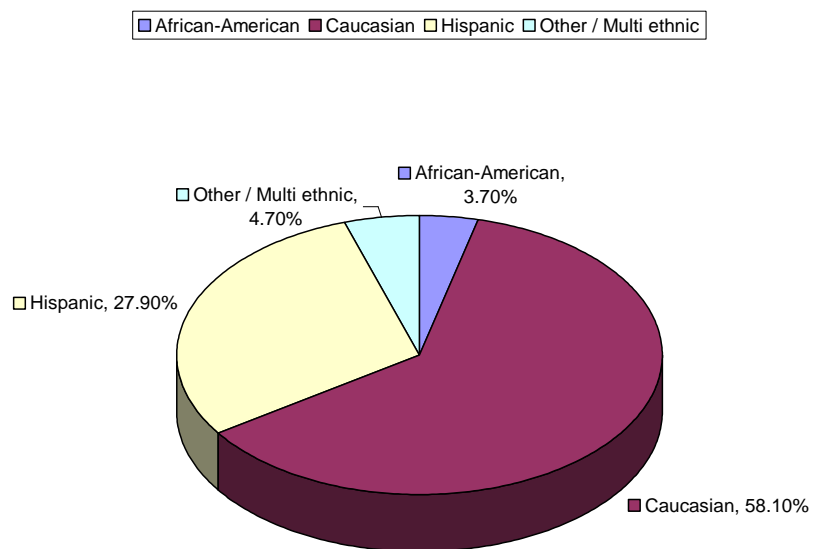
As shown in table 1 and 2 there is some variation between the ethnic distribution in all of the US (National Coalition for the Homeless, 2006b) and SCC (Applied Survey Research, 2005). This is most likely due to the traditional location of the ethnic groups. SCC is close enough to the Mexican border to receive many migrant workers

who, in this region, typically are employed in or around the nearby Salinas Valley which is one of the nation's most active agricultural regions. Although there are many African-American in western USA the bulk of the African-American population is located in the southern states. Many of the Latino/Hispanic homeless speak only Spanish, which is another issue to overcome for the programs reaching out to this ethnic group.

**Table 1. Ethnic distribution of US homeless population**



**Table 2. Ethnic distribution of Santa Cruz County homeless population**



As a result of the intense stress that homeless people live under, many suffer from depression. This does not necessarily qualify as a severe mental disorder. In SCC 54.8% of the homeless reported that they suffer from depression. Another 18.5% said that they were suffering from mental illness. (Applied survey research, 2005) However, this does not take into account the population who are not experiencing depression because of successful medication or therapy.

### ***Why are people homeless? – understanding poverty***

Poverty and homelessness are inextricably linked. The two main trends responsible for the rise in homelessness over the past 20-25 years are; a growing shortage of affordable rental housing combined with a simultaneous increase in poverty.

The federal definition of affordable housing says that the cost for renting a one or two bedroom apartment must be less than 30% of minimum wage salary <sup>5</sup> to be affordable housing. A recent U.S. Conference of Mayors concluded that in every state more than 30% of a minimum wage income was needed to rent a one or two bedroom apartment. (National coalition for the homeless, 2006a)

Eroding employment opportunities for large segments of the work force and the declining value and availability of public assistance are two factors that help account for increasing poverty. According to the Economic Policy Institute (2007) the real value of a minimum wage salary in 2006 was 30% less than it was in 1979. Statistics show rising incomes but this growth is largely due to more hours worked. (National coalition for the homeless, 2006a) Thus, for many Americans, work doesn't necessary provide relief from poverty.

There are many different public assistance programs available to the homeless. However, all of these have declined in value in recent years and the current maximum

---

<sup>5</sup> A wage below which employers may not legally pay employees for specific kinds of employment. The minimum wage level is set by each state individually.

benefit available to, for example, a single mother with two children is 29% of the federal poverty level income. (Nickelson, 2004) In the US welfare does not provide relief from poverty.

Lack of affordable health care is yet another factor that may lead to homelessness. Serious illness and disability can lead to loss of job and depletion of savings to pay for care. Approximately 15.7% of the US population had no health care insurance and the coverage held by many others wouldn't carry them through a catastrophic illness. (National Coalition for the Homeless, 2006a)

### **Mental illness in the homeless population**

There is some controversy over whether or not mental illness is a major cause of homelessness. Twenty seven US cities recognized mental illness as a cause of homelessness in 2004 (US Conference of Mayors, 2004). However, there were large numbers of severely mentally ill patients released from the US mental hospitals in the 1950's and 1960's and the dramatic increase in homelessness did not occur until the 1980's (National Coalition for the Homeless, 2006a). Most homeless persons with mental illness do not need to be institutionalized according to a report from the US Department of Health and Human Services, 2003 (Dennis et. al.). Still, the percentage of mentally ill in the homeless population is much larger than that in the general population (National Coalition for the Homeless, 2006c). People suffering from mental illness seem to be more susceptible to becoming homeless but poverty and lack of affordable housing is typically the culprit to homelessness, not mental illness.

### **Addiction disorder in the homeless population**

Addictive disorders are disproportionately frequent in the homeless population but they cannot by themselves explain the increase in homelessness. Most alcohol and drug addicts never become homeless. However, people who are poor and addicted are clearly at increased risk of becoming homeless. Recent research questions, the findings of earlier surveys which show high rates of addiction among homeless

people. These now questioned studies had an over representation of long-term shelter users and single men in their studies as well as other measurement methods considered to give an altered representation. Hence, there are no reliable statistics showing how many homeless people are suffering from addiction disorders. (National Coalition for the Homeless, 2006d) Some researchers estimate that half of the homeless population has had diagnosable substance use disorders sometime in their lives (Dennis et. al. 2003).

There are numerous policy issues obstructing appropriate treatment and recovery opportunities to homeless people with addiction disorders. Few find or are able to access the resources they need. There are long waiting lists for affordable addiction treatment programs in most states and people who are difficult to contact, such as a homeless person, are often removed from the list. Other barriers include lack of transportation, lack of documentation, lack of supportive services and abstinence-only programming. The latter of these is particularly misguided since relapse is an expected occurrence in the treatment of the disease. There seems to be a large gap between the public policies concerning addiction treatment and policies recommended by researchers and medical practitioners. The public policy has chiefly been a punitive approach while prevention and treatment has been the main recommendations from the public health perspective. Researchers agree that a stable housing situation is essential for successful treatment and/or recovery. (National Coalition for the Homeless, 2006d)

### ***How are homeless people? – homelessness and health***

Most health issues for homeless people are interrelated in a web that is difficult to sort out. Many ailments feed off each other and the culprit may be one or several pre-existing conditions. There are psychosomatic links such as stress leading to higher blood pressure and there are links between mental problems such as PTSD and reclusive behavior that can lead to depression. In some cases becoming homeless might have set off a downward spiral of physical and mental problems. For others



physical or mental problems lead to homelessness and the stressfulness of that situation then amplifies the problem. It is of the utmost importance for homeless people to be able to get assistance from a case manager who can hold the whole picture of their situation and not only deal with an array of specialists. Equally important is that all caregivers share a set of core values, on both an individual and a system level. (Dennis et. al., 2003)

## **Stress**

A homeless person is one that has failed in providing for themselves and possibly for their family one of our most basic needs – adequate shelter. Many have to rely on charity to supply them with a meal. They live on the outside of a society that revolves around consumption and meeting personal needs because they have little or no means to participate. Their life situation is dangerous and potentially lethal. Since most cities forbid sleeping outdoors in public areas many homeless are constantly breaking the law. All of these factors lead to stress. A medical study claims that the levels of stress in homeless populations are among the highest ever measured. In this study beta adrenergic receptors, that are considered to be a fitting focus for studying the effects of chronic stressor exposure, were measured. Stress research indicates that a stressful stimulus is detrimental to a person's overall well being. (Dimsdale et. al., 1994) Stress plays a key role in perpetuating drug use and relapse (in addition to the drug itself). However, the precise mechanisms that regulate this in humans remain unclear (Sinha, 2001).

## **Depression and low self-esteem**

Of the homeless people I have interviewed for this study all but one said that they were recurrently or continuously suffering from depression. The one person who did not suffer from depression had been on anti-depressant drugs for over a year. Little is known about the high levels of depression among homeless persons despite the fact that it is one of the most common mental health problems in that group. Life circumstances have significant direct effects on depression. Previous history of mental

illness and extensive life event history are factors that raise the chances of experiencing depression. Younger, less educated, sick and un-sheltered people are also more likely to experience depression. (La Gory et. al., 1990) Depression is often seen as a manifestation of low self-esteem (which is also common among the homeless) (Barber & Stamm, 1999).

It is not uncommon for homeless people to seek medical attention for their issues with depression. I have not found any results on how successful they are in receiving treatment for and/or medication for their ailment. Another common way to deal with depression and other mental issues is to 'self-medicate' with alcohol, marijuana or other illegal drugs, either alone or in conjunction with prescribed pharmaceuticals. (National Coalition for the Homeless, 2006)

### **Post traumatic stress disorder**

PTSD, or, post traumatic stress disorder, is a term for certain severe psychological consequences of exposure to an overwhelmingly stressful event or series of events. It is a perfectly normal response by normal people to an abnormal situation (Schiraldi, 2000). PTSD could be caused by any or all of these potentially traumatic stressors;

- childhood physical, emotional, or sexual abuse, including prolonged or extreme neglect; also, witnessing such abuse inflicted on another child or an adult
- experiencing an event perceived as life-threatening, such as:
  - a serious accident,
  - medical complications (for example amputation or being diagnosed with cancer)
  - violent physical assaults or surviving or witnessing such an event, including torture
- adult experiences of sexual assault or rape
- warfare
- violent, life threatening, natural disasters, such as;
  - fire
  - drought, famine
  - earthquake
- incarceration

(ibid.)

The most common symptoms are;

- Intrusion – Recurrent nightmares or daytime flashbacks due to inability to process the extreme emotions.
- Hyperarousal – Nervousness, often shown as “jumpiness” in connection with triggers such as fast motions high sounds etc.
- Avoidance – Above symptoms become so distressing that the individual avoids contact with his surrounding and even his own thoughts. The sufferer isolates themselves, which can lead to a numbing of emotions.
- Dissociation – Disconnection between memory and affect. Person escapes into ‘another world’, and in extreme forms can lead to development of multiple personalities and acting without memory.

(ibid.)

It has been proven that many homeless persons have been suffering from PTSD prior to becoming homeless. In a study of 900 homeless individuals 75% were found to have had PTSD before becoming homeless. Most commonly the experienced trauma was childhood abuse and family fighting. (North & Smith, 1992) War veterans are another overrepresented group in the homeless population and many of them suffer from PTSD as a result of trauma from their time in service (Schiraldi, 2000).

Although I have not seen any studies that suggest this I find it probable that some homeless develop PTSD from the traumatic experience homelessness itself may generate.

### **Psychiatric disorders**

The homeless population has an over representation of mentally ill people compared to the housed population. There are too many forms of mental illnesses to be listed and discussed here but I will present four major forms of psychiatric disorders as presented by Barbara Shapiro and Maxine Kaplan in Sharon Simson and Martha Strauss’ book Horticulture as Therapy (2003).

- Cognitive disorders – impairment of a person’s ability to think or recall information.  
These problems may be of short duration or chronic. This may be caused by many different things including; drug use, stroke, Alzheimer’s etc.

- Psychotic disorders – beliefs not supported in reality and/or hallucinations. Psychotic disorders such as schizophrenia may include severe impairments to social functioning and self-care deficits.
- Mood disorders – disturbance in regulating emotional states. Included in this category are bi-polar disorder and depression, among others.
- Anxiety disorder – frequent and undue nervousness, anxiety, fears or phobic reactions. Anxiety reactions may have no clear stressor or maybe related to specific situations, such as social situations or living situation.

It is important to note here that all of the major groups can be triggered by drug use. Cognitive disorders are particularly common among long time drug users. It is impossible to give any universal recommendation for treatment of these disorders. I have not been able to find any evidence for any particular disorder being more or less frequent among homeless people. Therefore it is important to diagnose each individual and design therapeutic treatment and goals accordingly.

### **Physical health**

Homeless people have a higher death rate than the rest of the population. They also run a higher risk of tuberculosis, HIV, seizures, Chronic Obstructive Pulmonary Disease (COPD, a collective name for breathing related disorders such as emphysema, chronic bronchitis and asthma), musculoskeletal disorders, tuberculosis, and skin and foot problems. The homeless have greater barriers to accessing adequate health care for their ailments than the rest of the population (Hwang, 2001). Many homeless lack any form of health insurance and few have their social security cards or numbers. In the US there is a very weak social health care system and if you lack a health insurance plan you are only covered for emergency care or by one of the non-profit (often administrated by volunteers) health clinics. Lacking your social security card and number makes it impossible to apply for a health plan of any form including the free government ones such as Medi-Cal <sup>6</sup>. Interestingly enough this lack of universal

---

<sup>6</sup> A health plan for low income individuals and families offered by the state of California.

health care for the homeless turns out to be more expensive for society in the long run since emergency care is a more expensive care alternative (Hwang, 2001).

### ***Where are homeless people? – homeless in urban public spaces***

The majority of the homeless population lives in urban areas. The un-sheltered homeless dwell where they can in public spaces. Many shelters and single occupancy hotels are closed during the day which forces some of the sheltered homeless out into the urban public spaces. I shall make a short presentation of the main areas that are used by homeless to show how society deals with the needs of this user group.

#### **Parks**

Since the early days of public parks they have attracted homeless people. Sleeping and camping in parks brought on more rules and regulations regarding the usage of parks. This brought on hours of operation for parks and regulated the types of behaviors that were considered appropriate in the park. (Sernoff, 2005)

Many homeless spend a lot of their time in parks and are usually allowed to stay as long as they do not consume alcohol, use drugs, or set up camps. Many homeless find or create camps in shrubbery in parts of parks where they are unlikely to be discovered. They use park facilities such as public restrooms, picnic tables, roofed structures etc. Often times the trash generated in parks by homeless people are considered a big problem for park managers. Homeless people using non designated restrooms (shrubs, open buildings, tunnels etc.) as their toilet is also a problem. Restrooms are in many parks subject to a fee, only open during certain hours or maybe only available seasonally. (ibid.)

The needs of the homeless population are rarely taken into account by park planners. When homeless people are considered it is mostly concerning safety issues and how to eliminate them from using the park. They are seldom seen as valid users although they often spend a lot of their time in the parks. ‘Bum-proof’ benches, pruning practices to reveal hidden areas and vegetation difficult to sleep in are some examples of design consideration to keep homeless out of the parks. It is common that members of the housed community find homeless people disturbing and think that they pose a safety problem for other users, usually not because of aggressive behavior from the homeless people but more because of preconceptions about the homeless population. (ibid.)

### Streetscape

Streets are the public spaces that run between private properties. For the homeless they often function as places where they can stay during the day. Generally there is more freedom to be found on the streets than in public parks. Many homeless people use street corners and main intersections for panhandling. These places become a part of their daily life and for some where they make their living. Alleyways, because they are quieter than the streets and have less passer-bys, are frequently used as places to loiter and sleep. The streets are also a common place to collect bottles and cans or other things they can sell or use. Homeless people are often seen as a disturbance in the streetscape too. They take up sidewalk space and many feel unsafe in areas where homeless congregate. Anti-sit devices are becoming an increasingly more common way of preventing loitering on the streets. (ibid.)



**Picture 2. Anti-sit devices in streetscape. CC-BY Cory Doctorow**

### Urban open space

Plazas, storefronts and fronts of public buildings are examples of urban open spaces that are recognized as such by both the law and the general public. Overpasses and areas under bridges are not commonly recognized as open space by the public which makes them more attractive to homeless people. The rules for where homeless people are allowed to stay vary between different cities and countries but generally the homeless are allowed to use public building fronts and plazas during the day but are not allowed to use them to sleep or consume alcohol or drugs. The overpasses and bridges are usually less rigorously monitored and homeless people can often use these places for longer periods without being removed. (ibid.)

### Private open space

There are two different categories of private open spaces. One includes banks, private offices, malls and private plazas. Generally the owners can regulate who can use these places and homeless people are often not included. Rules are often enforced by private guards. Homeless people rarely use these places because of these rules and their strict enforcement. However, homeless people do use private open spaces that provide social services to them. Missions, churches and soup kitchens are examples of this. (ibid.)



**Picture 3. Anti-sit devices in streetscape and urban open space. CC-BY Cory Doctorow**

The second category is private areas that are abandoned or unused. Vacant lots, old buildings and places closed off from the general public are popular with the homeless

community because they are not regularly monitored and can be occupied long enough to set up a camp that will be undisturbed for longer periods. (ibid.)

### ***Being homeless***

The homeless population is made up of people from a variety of backgrounds; victims of domestic violence, war veterans, persons with severe and persistent mental illness, ex-convicts and persons suffering from addiction disorder, to mention a few. These backgrounds or a combination thereof create various sub groups. It should be clear that people who become homeless do not fit one general description. However, people experiencing homelessness do have certain shared basic needs. Adequate income, affordable housing and health care are some of the practical needs homeless people share (National Coalition for the Homeless, 2006b; Dennis, 2003). But there are also common, but less tangible and often overlooked issues that need to be addressed such as; stress, depression, PTSD, alienation and low self-esteem (Dimsdale et al., 1994). The less tangible issues are in many cases a major hindrance for the individual to reach the more tangible needs despite whether the issues are classified as mental illness or not <sup>7</sup>. Perhaps they are not so commonly addressed because of the difficulty in measuring some of the parameters.

---

<sup>7</sup> Interview with Dawn Coppin, Executive director, HGP (January 17<sup>th</sup>, 2007).



## Results Phase 2: Addressing Homeless Peoples Needs

*“Pavements are fertile ground for people’s problems; soft green spaces are fertile ground for their recovery.”*

(Patrick Williams, Garden director HGP <sup>8</sup>)

### ***The homeless garden project – gardening for social change***

Here I describe homeless people’s needs as expressed by the program participants and staff at the HGP in Santa Cruz. The interview with the staff is, together with my own observations, the core of the description of HGP’s mission, program overview, work routines, public relations, design considerations, therapeutic elements and practices, etc. The interview with the program participants is presented as an overview of the attitudes in the group and is the result from the EPP analysis of the whole interview material.

### ***Mission***

The homeless garden project aims to cultivate self sufficiency and self esteem. Their official mission is;

- *“To bring together people from throughout the community in the beauty and security of our certified organic garden.*
- *Practice and teach principles of economic and ecological sustainability through classes and hands on experience.*
- *Provide homeless men and women job training and transitional employment”*  
(Homeless garden project, 2007)

It seems to me that the program has more ambitions than what the mission statement reveals. I feel that the commitment to work for long term change of the conditions for the trainees by working with their life situation as a whole and empowering them to make changes has been left out of the mission statement.

---

<sup>8</sup> Patrick Williams, Garden director HGP, interviewed February 2<sup>nd</sup>, 2007.

The Homeless Garden Projects' job training program is a way to provide the homeless participants with job training and an income as well as a community space for them to grow, feel supported and connect with other community members in. It gives people the opportunity to give back to the community which is an important part of a homeless persons healing process. By producing seedlings, plants, food and flowers for sale to the greater community they are given the opportunity to contribute to society in a way that they had previously been unable to. This helps them to move towards reestablishing their self esteem to reclaim a place, a function, for themselves in the world. At the same time they gain skills that can be useful for further contribution. The homeless community is often viewed by the housed community in very negative terms. They are typically seen as unproductive and lazy which grinds down their self esteem and sets off a downward spiral that makes many homeless feel that they actually cannot be of any help.<sup>9</sup>

### ***Program description***<sup>10</sup>

The HGP's job training consists of three social enterprises that the trainees work in. Natural Bridges Farm, Homegrown Gardens Nursery and Women's Organic Flower Enterprise (WOFE). On the farm the trainees learn how to grow and market organic produce and cut flowers. The produce is available to the community through a CSA program, sold to local restaurants and a portion is also used to feed the program participants and volunteers. In the nursery, trainees learn specialized horticultural skills and greenhouse operations as well as customer service, inventory and retail experience relevant to nursery management. Many of the seedlings for the farm are produced there and the rest are sold to the public. As previously mentioned, the women's organic flower enterprise used to be a woman only part of the operation but has, in recent years, been changed to include both men and women from the program. It is beyond me why the misleading name lives on. In this enterprise the trainees

---

<sup>9</sup> Interview with Dawn Coppin, Executive director, HGP (January 17<sup>th</sup>, 2007), Patrick Williams, Garden director HGP and Vanessa Plummer, Assistant garden director HGP (February 2<sup>nd</sup>, 2007).

<sup>10</sup> Interview with Dawn Coppin, Executive director, HGP (January 17<sup>th</sup>, 2007)

create wreaths, candles and other crafts from flowers produced on the farm. This program was created to provide indoor work during the wet winter days, create another source of revenue for the program and to provide an artistic outlet for the trainees.

Executive director, Dawn Coppin, says that the program focuses on a fairly low functioning segment of the homeless population. Typically the people accepted to the program are suffering from mental illness, either presently or in the past, are recovering from substance abuse and/or have been homeless for a long time. However, I feel that the fact that the participants are not currently using hard



**Picture 4. HGP Store. CC-BY Johan Niklasson**

drugs and that they are dependable enough to show up for work makes them a lot better functioning than most. Some homeless people use drugs, suffer from severe mental problems or have other issues that prevent them from participating in programs such as HGP. Why Coppin claims that; in the stratified sub groups of the homeless, the people in the program are quite low on the scale, I do not know. To me it seems that they are somewhere in the middle if not better. Still, many homeless can do better elsewhere working longer hours or in a higher paying job and do not need the job training offered by the HGP.

All of the homeless participants are considered by the staff to be suffering from severe stress because of their situation. The participants in the program represents the diversity of the county's homeless population fairly well both in respect to gender, race and age.

For the job training aspect of the program the basic premise is that the best way to teach how to be employed is to employ. The trainees learn to come to work on time, complete tasks and work with others among other things. This also goes hand in hand with the therapeutic aspect of the program. By proving to themselves that they can accomplish and produce, the trainees regain a sense of value and self esteem which can be utilized in bringing them out of homelessness.

The number of openings for employment in the program varies from year to year and is dependent on the financial situation of the organization. When there are openings flyers are put up at shelters, health clinics and other places homeless people frequent. It is also common that trainees tell their friends about an opening and so spread the news by word of mouth.

Applying to the program is the same as applying to any other job. There is a form that the applicants are asked to fill out with name, contact information, previous employments, education level, skills, why they apply to the position, etc (see Appendix section of this thesis for complete form). In order to be eligible for the program, applicants must be homeless or in the immediate risk of becoming homeless, be willing to put in the effort to change their situation and abide by the program rules. Those who are believed to be a good match are brought in for a face to face job interview with the farm and garden staff. In person people with marginal reading and writing skills get a chance to come across better and you can also tell more about the person when you see them, such as if they are actively using drugs. Although, seeing the signs of drug use sometimes takes a trained eye. It is then up to the garden staff to

decide who is accepted. The amount of applicants varies a lot but there are always more applicants than spaces.

Once the applicant has accepted the job they are introduced to someone from the Community Connections Program that is set up for aiding the Homeless Garden clients to access other relevant social services. This will help them get housing, food stamps, SSI (Supplemental Security Income) etc. The person in charge of Community Connections has an overview over the client's entire case. This includes their mental and physical health, their criminal records, financial situation, status with government welfare and healthcare programs etc.

The program has a disciplinary point system that gives ample opportunity for second chances (see Appendix section of this thesis for complete list of rules). The clients are given a certain number of points for each infraction; showing up for work late, failing to call in sick, getting into a fight, coming to work under the influence of drugs or other behaviors that qualify for a point in the system. After having been given a certain amount of points the client is no longer allowed to come into work. Points can be worked off by doing community service. Two hours of volunteer work equals one point. Volunteer work at another organization can be anything from assisting with plant restoration by working for the Land Trust or volunteering at the cat shelter. However, there is an upper threshold of total accumulated points that disqualifies the client from the program for some time (usually it takes a year before they can reapply). The person in charge of the Community Connections program explains the guidelines and rules in the program to the new trainee. Approximately a fifth of the accepted trainees are asked to leave the program because of repeated violations of the regulations, thus filling their quota of points.

The trainees can stay within the program for a maximum of three years. Long term change with sustained effect is the goal of the program and the long program time is considered necessary to work on the many complex issues that brought about and

keep the person in homelessness. People who stay longer tend to be better off financially and emotionally than those who leave prematurely. However, few people stay the entire time. Most people leave within the first month, they find that the program is not for them. If a person doesn't make contact for a week they are considered to have resigned.

Employees are initially paid \$7.50 / hour (which is the current minimum wage in CA). As they acquire job skills and prove that they can handle certain responsibilities they get a raise. They work for 5 hours a day, 4 days a week most of the year. There are occasionally opportunities for extra work during holidays and weekends. The revenue from plant, flower and vegetable sales pays for almost all the salaries of the trainees.

Each client is asked to set up a series of personal goals in conversation with the Community Connections director. These goals are then used to pinpoint and bring focus to the most significant barriers preventing the trainee to gaining enough stability to move out of homelessness. The goals can be; getting a drivers license, getting rid of misdemeanors on criminal records <sup>11</sup> or working on anger management. This is followed up by regular check-ins to see how the client is progressing to reach those personal goals. This helps evaluate what further support is needed to help achieve them.

Some people move onto work in the agricultural or horticultural sector after having finished the program. However, most do not. The most important skills that are taught are perhaps not how to propagate plants, harvest, drip irrigate, prepare cultivation beds, weed etc. All those skills are important and may very well be necessary for

---

<sup>11</sup> Misdemeanors are offenses that are punishable by a fine, and/or up to one year in county jail. Misdemeanors and other offenses on a criminal record can be a hurdle to employment and professional licenses, such as special drivers licenses (taxi, truck etc.). Criminal records can be cleansed of misdemeanors, arrests and/or conviction information. This process is called expungement.

future jobs but even more important is learning how to behave at work, to call in when sick, to be on time, to show responsibility, and gain confidence from being able to use information learned in the classroom out in the field. The program gives the trainees some stability in their lives and provides both practical and therapeutic aid in moving out of homelessness.

No shelter is offered within the program although the Community Connections program tries to advocate for housing by contacting organizations that do offer such services (however, they do not get any special treatment or easier access to housing available). Food is offered every work day. Despite the fact that SCC has many organizations that give out food some clients still come to work without having had any food that day. The homeless garden project tries to make the meal that they offer as healthy and hardy as possible because it may be the only one that many of them consume that day.

About 10% of the trainees stay with the program for the full three years. Others may leave because they might get a better job somewhere else and some because they could not follow the rules. Another common reason to leave is that the trainees reconnect with family members and are welcomed back to the support of the family, usually somewhere else in the US.

Unfortunately, there is no follow up with the clients after they leave. If they remain homeless or if they leave the county it is difficult to keep in touch with them. To succeed in getting affordable housing most people realize that they have to leave SCC because of the high cost of living.

### ***The farm, garden and nursery***

The site for the farm, garden and nursery where the trainees spend almost all of their working hours is located on the edge of town about one kilometer from the Pacific Ocean. The land is owned by the University of California, Santa Cruz which has their

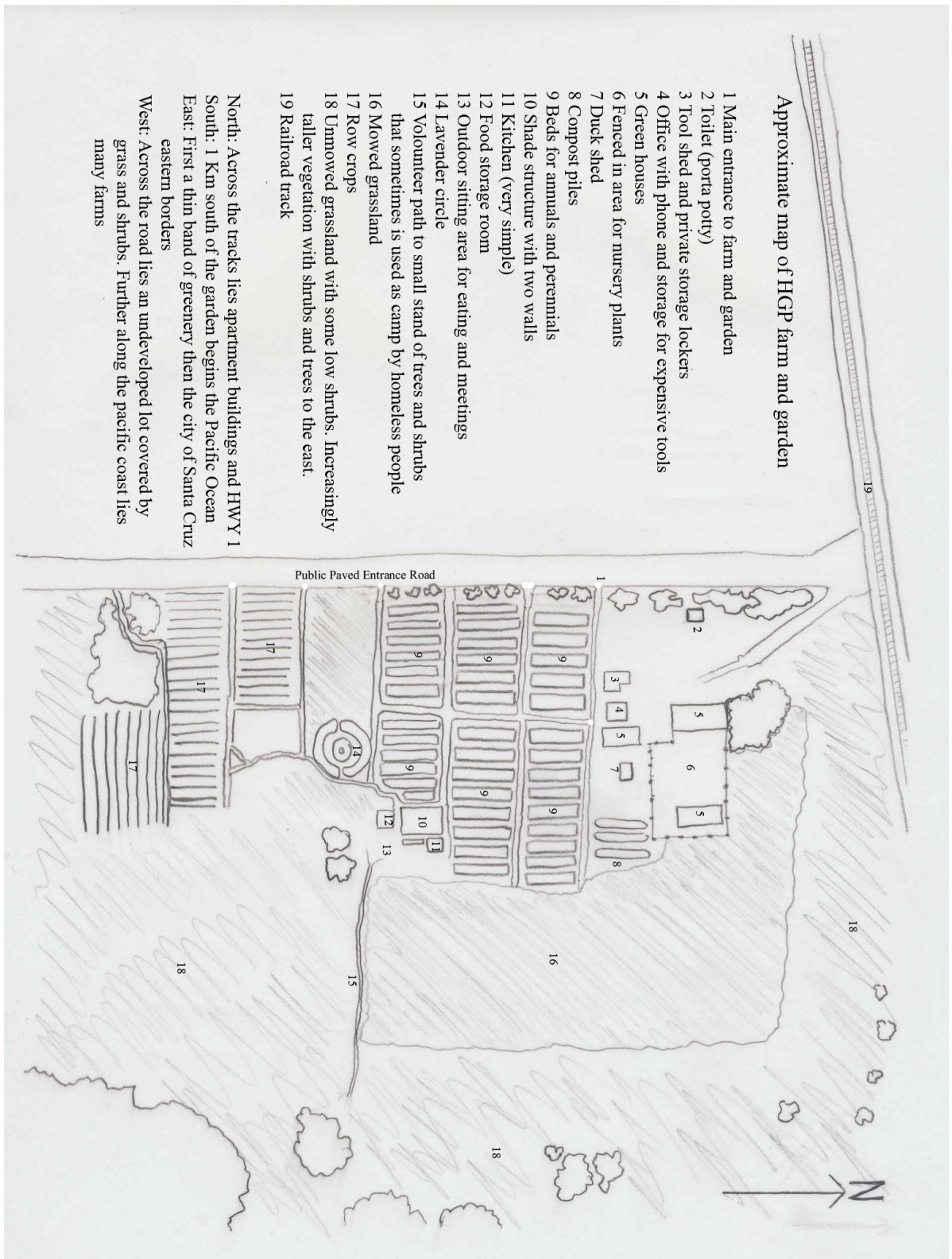


Figure 2. Approximate map of HGP farm and garden. CC-BY Johan Niklasson.



campus nearby. There are many rules included in the lease of the land. These were accepted because the site was seen as a temporary solution. Among the rules are the forbiddance to plant shrubs and trees and to be on site between dusk and dawn. These regulations have posed problems for landscaping the area. It has been particularly challenging not being able to use shrubs and trees for creating wind brakes (which are well needed because of the gardens close proximity to the water. Even though it is against the landlord's regulations there are a few trainees, as well as other homeless people who are not enrolled in the program that frequently spend time after sunset at the farm and garden and sometimes sleep there too. This is not seen as a big problem by the staff. They wish for the trainees to feel that the farm and garden is a safe zone, a haven, where they can be. The garden should not just be a place to go to work and collect the paycheck the ambition is that it should be more than that to the trainees.<sup>12</sup>



**Picture 5. HGP Farm and Garden. CC-BY Johan Niklasson**

---

<sup>12</sup> Interview with Patrick Williams, Garden director HGP (February 2<sup>nd</sup>, 2007).

## **Design considerations**

Much of the layout of the garden, farm and nursery was not really designed as a coherent whole but rather came about through insipient crawl. The main areas are the utility buildings, the path and bed grid for crops, a small row crop area, nursery, green house and kitchen. The bed and path grid is influenced by the university's interest in working with high productive plots on small areas. Apart from the esthetic quality of the grid it is important for the trainees to see organization, learn what it looks like and experience how it is achieved. Patrick Williams, who is the Garden director at HGP, says that for many of the trainees it is easier to understand and work with beds that are the same size.

The bed and path grid is fairly common in the area so the trainees learn skills desired by the community which is another benefit of that layout. The farm does not have any of the machines and few of the tools that make row cropping really efficient and therefore typical row crops such as corn and potatoes are less of a focus. Much of the design considerations are based on whatever is practical for production and not so much for what may be the more healing design. It is also limited by the landlord's restrictions that allow for little vertical variation due to the decision not to allow trees and shrubs. I do not know why there hasn't been more done with large non-woody perennials and annuals. A large variety of plants are cultivated to create a greater horticultural vocabulary for the trainees. The garden director Patrick Williams also say that it is good to have a lot of biodiversity since different plants affect people differently. Some people may resonate deeply with roses while others are touched by wheat grass. Working with different plant material also helps the trainees to keep their interest.

The farm and garden always feel pressed to generate more revenue to support the program. The staff has to maintain a difficult balance between an effective production garden and a place of healing and learning for the trainees. The real foundation of the programs' work is how people are developing, everything else is a byproduct. But

without the money made from the sale of produce and crafts there will be no resources to pay the trainees a salary. It can also be good for the trainees to see the need to produce. With the limited plant material that is allowed to be used in the garden and with the lack of time for much other than basic production (in terms of design), several installations of murals and sculptures have been made to beautify the place. The garden and farm staff would like to see more of that.<sup>13</sup>

The farm and garden is in a separate location than the organizations' main office and the crafts store. This causes some communications problems for the staff and the trainees. The setup is less than desirable and often leads to miscommunication. In the plans for the future, the farm, craft store and administrative offices will all be located in the same place.<sup>14</sup>

### **The garden in the eyes of the housed**

The garden is a valued institution in the community and many students from the university and other community members volunteer their time there. The CSA program and the nursery are greatly responsible for helping to engender the positive attitude held by the public.<sup>15</sup> The fact that the garden is so accessible to many different people aids in community building and helps break down walls between groups in society.

*“Street people built this garden, people I’ve stepped over in the streets, in doorways, the ones who ask for spare change and won’t take no for an answer, who push shopping carts full of aluminum cans and rags. They made this garden and it’s full of love. I tried to reconcile my concept with what I was seeing. I couldn’t. A million assumptions blown away by a small fertile field.*

*Laura Davies, CSA member”*  
(Homeless garden project, 2007)

---

<sup>13</sup> Interview with Dawn Coppin, Executive director, HGP (January 17<sup>th</sup>, 2007), Patrick Williams, Garden director HGP and Vanessa Plummer, Assistant garden director HGP (February 2<sup>nd</sup>, 2007).

<sup>14</sup> Interview with Patrick Williams, Garden director HGP and Vanessa Plummer, Assistant garden director HGP (February 2<sup>nd</sup>, 2007).

<sup>15</sup> Interview with Patrick Williams, Garden director HGP and Vanessa Plummer, Assistant garden director HGP (February 2<sup>nd</sup>, 2007).

## **Homeless volunteers**

Another big volunteer group is homeless people who are not enrolled in the program. The reasons for them not applying to the program are many. One person I spoke with worked another job and didn't have time to do anything other than occasional volunteer work, another person didn't trust herself to live up to the rules of the program while yet another preferred to have the freedom of being able to come and go at his own liking. However, the reasons for them to volunteer seemed to be the same. They all said they liked to be helpful and that being in the garden made them feel good.

## **Therapeutic elements and practices in the garden**

When asked what the most therapeutic element in the program was, both the garden director and the assistant garden director said that working in the garden had the most positive therapeutic effect. They felt that it has a meditative quality that gives a counterpoint to the realities of the homeless' situation that is not achieved by, for instance counseling or group therapy. It also helps the trainees in raising their self esteem by showing them that they can achieve, produce and care for something. They can make things grow! This is a key insight, which over time can be transformed in order to be applied to the homeless trainees themselves. (Simson & Strauss, 2003)

More traditional creative work such as making bouquets, wreaths and other crafts also boosted the self esteem among the trainees. The benefits of creating beautiful garden crafts are seen more visibly after the first year. Perhaps most people's self esteem is not high enough during the first year to allow them to feel comfortable doing something that is much more of an individual artistic production than gardening. When gardening, no one has the sole responsibility for the well being of the plants. Many people in the group nurture the plants to life by weeding and watering etc. But

when working on a wreath you are, in the artistic process, expressing your self alone, which can be perceived as an uncomfortable situation for many.<sup>16</sup>

The hands-on training, where tips and advice are transmitted individually in the garden as the trainees work, is considered an important tool to help the participants in succeeding with their tasks in the garden. Classroom lectures are another more abstract and technical tool for aiding the trainees in their garden work and beyond. By proving to themselves that they can sit through and absorb the information in a class, they may gain the confidence necessary to consider further education at a community college or a similar institution (ibid.)<sup>17</sup>.

On Tuesdays, the first workday of the week, the staff and trainees start the day by sitting down and having a circle meeting where they together plan the coming week and everybody get a chance to share how they feel, what they have done during the weekend and announce things that others might be interested in. The circle meetings are considered an important therapeutic tool in the way it aids the participants in experiencing that their voices are valued by others (ibid.)<sup>18</sup>. Homeless people often feel invisible to the housed community and they need to be seen and heard to feel empowered again (Hombs, 2001).

The communal meals help participants develop stronger bonds with one another as a community. It helps them to learn to both accept support and to give support to others. The sense of community among the homeless at large is very poor. My impression is that even between the members in common sub groups of the homeless population; sheltered, unsheltered, employed, unemployed, alcoholics, drug users etc, there is little trust. But the bonds between the trainees are very strong. On both a practical and emotional level this is very important. People who have been homeless for a long time often share their experiences with more recently homeless. Where to sleep at night

---

<sup>16</sup> Interview with Vanessa Plummer, Assistant garden director HGP (February 2<sup>nd</sup>, 2007).

<sup>17</sup> Interview with Patrick Williams, Garden director HGP (February 2<sup>nd</sup>, 2007).

<sup>18</sup> Interview with Patrick Williams, Garden director HGP (February 2<sup>nd</sup>, 2007).

and, perhaps more importantly, where not to sleep at night is one of the many survival skills that can be passed on between homeless people. It also has the obvious effect of making the homeless individual feel that he or she is not alone in the situation and that there is a network of support from people in the same situation.

## ***Reflections on certain aspects of the HGP program***

### **Organic production**

Everything produced at the farm and garden is grown using organic cultivation techniques. There are no chemical fertilizers and no pesticides or herbicides used in the garden. I think this has several important implications. Products from organic agriculture generally produce high quality and more expensive produce. It is modern (although many of the techniques are old), popular and has a high status with the SCC community at large. This makes the garden more attractive in the public eye and raises the status of the trainees work. Organic agriculture takes a holistic view on the garden which permeates into everything in the program and fits the approach the program has in dealing with the needs of the trainees. The organic approach is a healing and gentle philosophy that focuses on taking responsibility for ones actions. This is an important lesson for the trainees.

### **A paid job**

The fact that the trainees are working and that they are receiving a salary I think is appreciated by the public. The trainees are not in a program funded entirely by tax money. The salary the trainees receive is almost completely covered with the profit from the farm and garden products. Again, this makes the program more attractive to the SCC community. It also raises the trainees' self-esteem and status to have a real paying job rather than being in a welfare program. They are trainees not patients, employed, not solely on welfare. The salaries they receive also help relieve them of some of the stress of poverty.

## **Incitement to learn**

The program increases the trainees' salary as they learn new tasks. This seems to be an effective and gentle way of encouraging the trainees to try new tasks and not 'hide' in tasks they know and feel comfortable with. To learn new skills is an important step in building self-esteem and confidence and the rise in pay is a way to make it more attractive to the trainees.

## ***As trainee Rob Vallandigham sees it***

Perhaps the program and how it affects the trainees is best described in the participants own words. The following is an article excerpted from the HGP newsletter "*Down on the Farm*" that is distributed to CSA members and donors to the program. In each number there is an article about or by one of the trainees. The column is called "*As I see it*" and the one I have chosen to share here is an interview with trainee Rob Vallandigham (2007).

*"The most important thing about the Garden is the community. I didn't know it was going to be that way when I first came to the Project. I didn't even know there was a program. On the street, there isn't much of a community and what there is, isn't very encouraging. After I came here to HGP, I found out that the Garden is a community of people that want to work together, that support each other and care about each other. Knowing how to work together is a learning process, some people come and don't know how to fit in, maybe never had a job before. Sometimes, it's a slow process; it just takes patience, understanding and support. On the street, there's no support system. You can get free meals, but no support. There's a stigma to being homeless. There are people who are homeless who want to do more, but there just isn't any place to do it. The lifestyle doesn't promote self-esteem. Once I got started working here, I got more self-confidence and self-esteem, those things are important.*

*The garden definitely figures into the community. Everything here needs to be cared for. Other jobs, you're not really caring for things, you're fixing or selling, or.... What makes the Garden a community is that everything is nurtured including people. Someone has a bad day and you try to find out what's going on. Something happened the other day that really kind of made my day. One of the girls from Laurel Street (a day program for developmentally disabled people that visits and works at the Garden regularly) that really doesn't speak much because of her disabilities arrived smiling and happy and really sweet and she gave me a big hug.*

*Having our meals together is important. Cooking and sharing meals helps bring community closer together.*

What led to your being homeless?

*It started with coming from a fairly messed-up family, being beaten and tortured as a kid, being psychologically damaged really young. If you have emotional problems and don't learn how to deal with things, when you grow up, there's no one really to teach you those things you should've learned as a kid. I became angry and antisocial. I was raised in foster homes, reform schools and even two years in prison. I grew up disliking all authority figures. There's always an authority figure in your life; police or a boss and you have to learn how to deal well with them.*

*The event immediately before I became homeless? My father took a shotgun to me when I was seventeen. I hitchhiked down here to get out of the snow. I hadn't finished high school. I got my GED in jail; it was actually fun.*

*I know I'm not the same guy I was twenty years ago. I always wanted to be responsible and live within society. I just couldn't. The thing that's changed the most is anger. Maybe it's believing in God, working on myself. I still have the propensity to be angry; I don't like that in myself. My dad always dealt with problems with either violence or indifference, running away from whatever wasn't to his liking. I found myself doing that running away. I haven't talked to him in thirty or thirty-five years.*

*Being homeless, especially after doing it for 25 years, becomes your comfort zone. You don't have to deal with society, you can disappear. You're really invisible when you go downtown. When things got too hard, a job or a relationship, I'd go back to the street. I was used to it. It was easier than to deal with some situations that I should have dealt with, but I didn't know how. It's running away. Mostly, it's communication skills that I need to work on. I was in a recovery program at Salvation Army and I got kind of jazzed about doing something different, moving out of my comfort zone and taking chances. But the same thing happened. I had a confrontation with a roommate and I did everything staff asked me to do to resolve it, and it didn't work out. So I left and didn't even tell anyone. I probably set myself up for that one. I had my camp gear and my bike; I was prepared for it. I knew it would happen.*

What would need to happen for you to get into and stay in housing?

*Well, that attitude about the street as my comfort zone! I don't want to get into housing and have it go the way it's been before. I want it to last. In the past, I*



*haven't had a support network; I wouldn't go looking for resources. It's hard for me to ask for help. I don't think it's pride, maybe fear. I've always had fear of people, guess it's my upbringing, fear of being rejected? I don't let people in. I'm trying to be open right here. In my comfort zone, I don't have to take risks.*

*How did I give my anger away? Mainly, I pray, meditate, reflect. And, also, I think of people so much less fortunate than me. It's been a gradual thing; it's not like I woke up one day and it was gone. Listening to sermons helped too.*

*The anger and hatred I had for my father was the driving force in my life. I was always angry which led to being depressed, even suicidal. I have tried to forgive my father for everything he did to me and my family. I think it's made a difference.*

*What makes moving out of homelessness difficult depends a lot on how you feel about yourself; depression is such a huge part of it. If you feel you don't deserve to be part of the community, it's not going to be easy. Society treats people who are homeless as if they are not part of society. For example, most people want to be clean, but we all have to prioritize; sometimes food has to come first, or staying warm.*

*Every time I got off the streets, I've always had help. Someone gave me a job or a place to sleep. I didn't do it alone.*

*I didn't have any support network before I came to the Garden. This is unique as a support system because here, I don't have to be around people that are using drugs or fighting. My support network is made up of the staff at the Garden, people who work here or even people who come around here and don't work here. I have a place to work and stay in the mountains over the weekend. My friend there has been good about coming down and getting me when it's cold.*

*What do you consider the most valuable parts of your education? I think it's learning to be understanding. I've got a long ways to go, but I think that's been the most valuable part - learning to understand people.*

*The face of pain takes on many forms. Someone who is drunk and happy that's their pain face. Someone who is angry and fighting that's their pain face. I try to understand and be compassionate. Another valuable lesson has been forgiveness for myself and for others.*

Will you talk more about the stigma you feel as a person who is homeless?

*It's being generalized, you're not an individual when you're homeless. It's*

*being generalized as all the derogatory things that some people who are homeless might do. People look at my long hair and beard and think I must be a drug addict or a dishonest person. It makes me feel good when I get to show someone that not all people who are homeless fit the stereotype. I might open a door or help someone carry something and they're surprised. I've had people comment; you're nothing like I thought homeless people were.*

--Rob Vallandigham is a trainee at the HGP and has had experience planting trees, doing carpentry, installing furnaces and air conditioning and training quarter horses.”

### ***Attitudes in the Group – EPP-Analysis of Interview Material***

From the EPP-analysis I have in the context dependant text structures (step 4 in the EPP analysis) found nine main categories that in the following account are used as headlines. The meaning units that are subordinate to the main categories are presented in italics below.

#### **Overall attitude towards HGP**

Everybody I spoke with had an overall positive attitude about the program. *The sense of community and the link to the greater SCC community* that it offers (through contact with volunteers and customers) was the most favored aspect of the program. On the negative side many felt that the program was too short, didn't offer enough work (would have liked to work longer days) and that the pay was low.

#### **Reasons for joining and staying in the program**

The reason for applying to the program was the same with everybody – to *get an income*. Some also added that they wanted to find a way to *stay occupied*. When asked why they stayed with the program only three (out of seven) mentioned the salary. However, there were many comments later in the interview suggesting that there should be opportunities to work more than the current 20h / week. Many said that the *support* they felt within the program was a reason they stayed. *Learning more about horticulture* was another big reason for staying. Perhaps the latter is an indication of the learning experience helping to boost the trainees self esteem.

## **Work task preferences**

When asked about work task preferences I received a wide array of favorite tasks from the trainees. Everything from weeding and harvesting to lining up beds and organizing the green house. All interviewees gave non-personal reasons for their preference. “Keeping the greenhouse straight is just key to making the whole thing work.” “Because they [the preferred tasks (in this case seeding and harvesting), aut.] invoke beginnings of something beautiful.” There were comments such as “It makes me happy.” and “It feels good.” but everyone mentioned at least one reason that *transcended their direct individual interests*. I sensed a lot of pride and protectiveness of the farm and the garden from the trainees. There were also *strong group ties* between the trainees. This may be the reason for their willingness to speak of their favorite tasks in terms that are not directly self gratifying. I was not able to find any particular themes describing whether or not the preferred tasks had changed from when the trainees had first begun the program up till now.

## **Outdoor/Indoor work**

Everybody emphasized how much they *liked working outdoors* and there were several comments like “I can’t be inside.” and “It gets too crowded working inside”. This was true for both the housed and non-housed trainees. Most of the housed homeless trainees had previously been un-housed. It seems possible that some section of the homeless population feels that the outdoors is their element and territory and that they feel more comfortable being outdoors than indoors. Most trainees said that they *did not like to work indoors*. One trainee, who recently had been offered a place to temporarily stay in a trailer, shared with me that he sometimes felt scared when he woke up at night because it was so dark inside.

## **Feelings at the end of the day**

All trainees said that they often felt good after a day of work. One said that it depended on how the dynamics with the others in the group had been and another that it depended on how much she accomplished. All said that a *sense of accomplishment*

is what made them feel good. I was not able to find any particular themes describing if this had changed or not during their time in the program.

### **Plant material preferences**

*Flowers and trees* were favorites among the plants to work with (five months ago they planted about a dozen dwarf apple trees despite the landlords rules stating that trees and bushes are forbidden). *Flowers* were favored because of their beauty and *trees* because of their longevity. Perhaps vegetables were not as popular because they were considered low status plants. HGP garden director Patrick Williams told me that vegetables often were liked by male trainees because they saw them as more utilitarian.

### **Changes**

When I asked if there was anything that they would like to change with the layout of the garden it was almost as if they did not understand me. Everybody said no but it did not seem like they had ever thought of that. I think perhaps the question was too colored by my own background and field of expertise. Through my schooling I have been trained in thinking of possible changes and design solutions in my environment. As a function of my gender and class status I have been brought up with a sense of being able to have an impact on my surroundings. This does not seem to be true for the interviewees. However, when I asked if there was something lacking in the garden I got several suggestions of improvements. *Better kitchen facilities* and *electricity* were the most popular suggestions.

### **Volunteers**

Everybody enjoys having volunteers in the garden. It is definitely an important way for the homeless to get *contact with the housed world*. The trainees appreciated both the *contact with "normal people"* and *the work they performed*. The only negative comments were that volunteers sometimes put the *wrong material in the compost piles* and that they *took pictures*.

## **Working with plants**

“Calming”, “meditative”, “relaxing”, “super”, “sets the mood right”, “nice to produce foods”, “like to watch them grow”, “feels good to work with living things”, “enjoy the texture” were some of the comments I received when I asked how they felt when working with plants. I got the feeling that all but one of the trainees had really felt a *noticeable positive difference in their mood* after working with plant material and that all trainees had positive experiences with plants.

## ***Other observations at the Homeless Garden Project***

I made some observations outside of the interviews while I was volunteering at the HGP that I found important to this study. These will be presented here.

All trainees made an effort to once or more show me something that they had done and were proud of. It could be anything from a bed that was lined with a weed protection cloth very neatly, a plug tray where the sowing had been particularly successful, a well organized part of the nursery, a weed free bed, a well fed duck or a repair of the greenhouse of their own design. The trainees obviously took a lot of pride in their work. The program seemed to have succeeded in making the trainees feel good about their work and be proud of their accomplishments. Many of the trainees also expressed hope for the future and seemed to feel that the program was helping in realizing their goals.

About half of the trainees stayed around the garden every day after work. Some socialized others read books or did some extra work in the garden. I think the trainees see the garden as a safe zone where they know that they will not, at least during the day, be disturbed by police or guards. Some of the un-sheltered trainees slept in the greenhouse at night. It offers some warmth and good rain protection and the campus guards who regularly patrols the area have no access to the locked greenhouses, unlike the trainees.

Several of the trainees smoked marijuana on a daily or almost daily basis. Some said it was a way of self medication for a physical injury. Two of the trainees had medical marijuana cards which allows them, according to state rules to, possess, use and grow marijuana. It also gives them access to marijuana clubs where marijuana is sold in many different forms, including plants. The cards are obtained from a doctor who deems that the patient has an ailment that could be treated with marijuana. However, the patient is not required to attend follow up appointments for the doctor to see how the patient is reacting to the drug and there is no control over how much of the drug the patient takes. The medical marijuana laws of California do not harmonize with current federal law and the enforcement of the federal law (that makes all possession and use illegal) varies between different local police authorities in California (Pro-Con Webpage). I think it is fair to say that the use of marijuana among people with medical marijuana cards should still be considered drug use – legal or not. It is a drug use without any supervision from a trained medical practitioner. It may be that marijuana has some beneficial properties to some ailments but it also has many side effects. The fact that some of the trainees have some legal protection and medical support in their use of marijuana makes it harder for the staff to help them address their use and potential addiction.

Many of the trainees expressed that they had difficulties with understanding certain things in the garden as well as in life in general. One trainee told me that he feels like he is in a perpetual state of fogginess. As mentioned earlier this is in many cases a cognitive disorder of short duration or chronic nature caused by drug use. The names of the plants in the beds were sometimes unmarked and the ones that were marked only had a very small plastic flower pot tag with the name and planting date on it. In addition to the comprehensive challenges some homeless have marginal reading and writing abilities. This makes it even more difficult to process and understand the hand written information on a small plastic tag. A better, bigger, sign system would have been helpful.

Several of the trainees mentioned that they did not feel judged or looked down upon by the members of the staff. I think the fact that they pointed this out is an indication that homeless people often feel that the housed population treats the homeless population in a derogatory way. The program staff seems to have been able to give the trainees the respect and attention they deserve, thereby, avoiding stirring up those feelings for the trainees.

## **Results Phase 3: Implementing Knowledge into Practice**

*“Quietly working hard with my hands touching the earth is a grounding experience, as well as allowing my mind some needed healing time. I feel ready for my next challenges, some known, some unknown as of yet.”*

Jessica, first year trainee, October 2006

### ***Healing gardens for homeless people – making it work***

In the following pages I will combine the social and medical realities of the homeless population with research and theories from the field of horticultural therapy and where applicable, compare it with the program at the HGP. My ambition is to give an overview of how, with therapeutic horticulture and healing gardens, one can address the various issues that face homeless people. I have chosen to do this in two different ways. First by looking into how facilities, plant material, work routines, regulations and design can meet the needs of the homeless. Secondly by describing how horticultural therapy and healing gardens can help with the most common physical and mental health issues within the homeless population. My hope is that this division will be helpful to people from different professional fields. The first approach seems best fitted for the builder/designer while the second is aimed toward those in the medical field. Despite the division I think it is important to read both no matter what professional field one is in since they do provide different information.

### ***Needs of the homeless***

Let us first repeat and clarify what the unique needs and problems of the homeless population are, as shown in previous chapters. Beyond the primary needs of housing, income and food there are several secondary needs that need to be met. Some of these secondary needs may actually be a major obstacle in meeting the primary needs. Working on the primary needs for the individual in other ways than solving the secondary needs are of course also important although it seems like working with



policies in federal and local government may be the most effective tool for meeting the primary needs.

The secondary needs within the homeless population are typically;

- Stress relief – a very common symptom caused by the extremely exposed life situation homeless people are in.
- Improved self esteem – low self esteem often arises from living on the outside of society and can be caused or amplified by depression and stress.
- Help with PTSD – as previously shown, studies suggest that 75% of the homeless population suffered from PTSD prior to becoming homeless and others may have developed PTSD from being homeless.
- Help with managing depression – another very common mental health problem.
- Connecting with the community to create a positive social network.

Many of these needs are interconnected, for example, the ways stress wears on the overall mental and physical health and increases the chance of experiencing depression. This often sets off a downward spiral of further physical and mental problems. (Kim & Mattson, 2002)

Other common needs within the homeless population are;

- Aid with ending substance use.
- Treatment for severe mental illness.
- Aid with mental disorder caused by substance abuse.

It is important to remember that none of these needs apply to a homeless person by definition. They are only common needs within the population. The only thing that is true for all homeless people is that they lack a stable housing situation. Some homeless may experience no stress, have high self esteem, no signs of PTSD, not use controlled substances and not suffer from any mental illness.

### ***Addressing the needs***

Here follows a pragmatic how-to and why description of what can be done to address the needs listed above.

## Facilities

The obvious answer to what a homeless person needs in terms of facilities, is a home or at the very least a shelter. Beyond that there are several practical details that could be supplied to make a homeless person's life easier. Some of these are presented below. Much of this information has come from my own observations and discussions with the trainees at the HGP.

- Electricity – Listening to music, news or recorded books in a CD-player, radio or MP3 player was very popular with many of the trainees. Most trainees carried and used their own device while they were working. Having the ability to charge batteries to such a device as well as cell phone, flash light batteries etc is a tremendous help. Many trainees also mentioned that it would be nice to be able to have some light at night for reading or just navigating in the darkness (for when they stayed at the garden illegally). Electricity was on top of the list for things that the trainees wished they had at the garden.
- Lockers – The un-sheltered trainees had very little possessions but what they had they were very protective of. As one person said to me;  
*“I have cut down on everything. I hardly keep any stuff anymore. Other than my personal bag, that I never let go off, with my meds and stuff, I’ve got a good tarp, a sleeping bag and some important documents, social security card, drivers license and stuff. It’s real nice to have a locker for that stuff. Then I don’t have to worry about it; don’t have to lug it around.”*  
Trainee at HGP, 2007.
- Telephone access.
- Shower/Bathroom facilities – Gardening is sometimes an endeavor that makes you dirty and sweaty. Having a place to clean up; shower, brush teeth and shave is nice not only after a hard day at work but also on non work days.
- Kitchen – None of the sheltered trainees had any cooking facilities where they stayed. Being able to store and prepare food would be a big improvement on life quality and also help save money and improve health since many eat at fast food restaurants since they do not have facilities to cook for themselves.

Several welfare organizations routinely drop off food at HGP so there is often free food available.

- Wind/Sun/Rain protection – Few of the trainees had rain clothes with them to work. There was some available at the garden but they were in poor condition. It is very important for a homeless person not to get wet since it probably will be difficult to find a place to warm up and dry off. To be able to sit and have a class, meeting or meal in an area protected from the elements is also important. At HGP this is often where the homeless socialize after work.

All of the above are ways of making a homeless persons life a little easier. They are very pragmatic ways of relieving some stress. All of this and more are usually offered at shelters. However, none of the un-sheltered trainees wanted to stay at the shelters because it is, in their words; difficult to get a bed, common to be exposed to theft and violence, as well as many drug users and a rough atmosphere. If the garden can provide these services it would increase the feeling of the garden as a haven/safe zone as well as offering some stress relief to the program participants.

### **Plant material**

What plant material that should be used is of course dependant on, apart from climate zone and local attributes, what the function of the garden is; Is it solely a therapeutic garden or does it also have a production agenda? Is it only used as a therapeutic garden for homeless or does it also have other user groups? Is the program long or short, will the participant experience the plant over a full season or several seasons or for some shorter time? The following description is solely focused on suitable and unsuitable plants for homeless people.

Plants containing substances that are commonly known to have a narcotic effect if consumed are not advised. They could potentially tempt people suffering from addictive disorders (common among homeless people) to cook up their own drugs.

Many of the poisonous plants commonly used in horticulture belong to this group. To mention a few examples;

- *Atropa belladonna*
- *Brugmansia* sp.
- *Datura* sp.
- *Ipomoea* sp.
- *Papaver somniferum*

We all like to see the fruit of our labor. It gives us a sense of satisfaction to see the results of our work. Choosing plant material that expresses much of its qualities over the period the client is present is important. Vegetables and annual flowers give the client access to the plants full potential in a relatively short time (one season, or in some cases a couple of months). An oak on the other hand takes a much longer time to grow into its main qualities such as; impressing size, acorn production, shade, attractive branch distribution etc. Still, many of the trainees mentioned that they liked planting trees (although they only did it once at HGP) because of the long lasting legacy it provided. Not all trees are alike though, fruit trees such as apples express many of their qualities early in their life cycle, flowers and fruit appear in the first year.

Perhaps it is most important to work with fast growing, instant gratification plants early in the clients time within a program so that they get a chance to experience the joy of making something come alive early on. It is a very important self-esteem booster to see that one can create and nurture life by ones' own efforts. As mentioned before, this realization can then later be translated into ones own life, helping to inspire the nurturing, caring and healing that is needed for one self. Haas and McCartney (1996) point out in an article for Journal of Therapeutic Horticulture that;

*“Plants (...) foster responsive relationships when they respond to the care that is provided them. This promotes a sense of control over one's environment.”*

In a study on flowering and non-flowering geraniums' effect on stress it was shown that flowering geraniums offer more efficient stress relief than non flowering plants

and that flowering and non-flowering plants offer more efficient stress relief than no plants (empty room). The study was done on people who were exposed to a stressful element right before being exposed to the plant (geranium) and there is no reason to believe that they were suffering from long term stress. (Kim & Mattson, 2002) However, it seems likely that plants in general and flowering plants in particular also would have a positive effect on stress in people suffering from long term stress, as is the case for many homeless people.

### **Work routines**

Again, the work routines are of course dependant on what type of program one is working with. Here I offer a few guidelines and suggestions to consider when outlining work routines. To build self-esteem early on, to motivate people to stay in the program and feel the benefits of the horticultural therapy as soon as possible, it may be advisable to let new clients work more with plants, particularly flowering plants, rather than other garden related work such as compost, irrigation, bed preparation, tool maintenance etc. It is a big abstraction, particularly to people who are new to horticulture and agriculture, to see the interdependence of all the work in the garden. As the clients build self confidence and learn more about the practices in the garden and their functions one can involve them in activities that are not directly plant related.

It seems to that some people have a tendency of staying with one kind of job and actively stay away from all other tasks. There can be a lot of comfort in keeping to what one knows best but it does not allow for much personal growth. A horticultural garden should aim to make its clients so comfortable that even people with low self esteem dares to take a risk and try something new, something unknown that they may fail at or do poorly at. To master new skills build self confidence, but we are all beginners at first. Failing is an important part of success. At the HGP the trainees often choose their own tasks. The staff tries to steer people into trying all the different jobs in the garden. The staff has to be very sensitive and feel out when someone is

ready for a push into trying something new. The analogy of the hen and the egg should be a guide; the hen gently pecks the egg to stimulate the chick to brake through the shell, if she picks too hard the shell will brake and the chick may be damaged, if the hen pecks too loose the chick may not be stimulated enough to brake through. A program with a more controlled rotation of job assignments might be another way of getting people to expose themselves to new experiences. Perhaps some of the charge around a new task is taken away when you are given an assignment rather than choosing it yourself.

As mentioned before, many trainees have pointed out how important and helpful they find the community, both with other homeless and the community at large that the garden provide. Being apart of a group has positive implications on both self esteem and stress. Being accepted and a part of the group makes one feel valued and safe. In a study on horticultural therapy and substance abuse treatment, patients reported that moving from an insular to a group member increased their sense of personal pride and gave them hope for dealing with the future. The program in the study was deemed to be highly successful. (Cornille et. al., 1987) Having a program with routines that promote group membership and community building has many positive implications.

In setting up work routines, as well as all other aspects of gardening with homeless people, clarity is of the outmost importance. This means that the work assignments and the work place has to be well organized and easily graspable. Nobody likes to be uncertain about what the expectations of oneself are or to be unclear about how to approach an assignment. This only leads to nervousness, frustration and fear of not being able to meet expectations, especially in people with low self-esteem.

On a practical level, it is important to remember that many homeless people rely on public transportation to get around. Depending on the location of the facility it may be advisable to synchronize the work hours with the schedule of public transportation used to get to and from there.

## Regulations

There need to be clear guidelines for all participants in a program. The rules in the HGP have been developed over time to be fair, enforceable and easy to understand and remember. These rules can be a recommendation or a starting point for rules in other therapeutic garden programs for homeless people (the Appendix section of this thesis has a list of all HGP rules and regulations). Rules within a horticultural therapy program need to be specific to both the group it works with and the location it does it in.

Many homeless people suffer from challenges in comprehending their environment. This is often caused by prolonged drug use or mental illness. Keeping rules clear and simple and making extra effort to make sure that all involved understand what the rules are and how they work is very important. If a person is punished without fully understanding why, he or she may feel singled out and treated unjustly.

A no drug use rule, such as the one enforced at HGP, seems to be a necessary rule. A program aimed at healing cannot accept such obviously self destructive behavior. However, a rule about total abstinence might be difficult to enforce and is not likely to be effective for treating addiction disorders. Relapse is an expected part of the healing process from an addiction (National Coalition for the Homeless, 2006d).

The HGP has rules on social conduct which I think is important both to avoid conflict and to aid group building. Many PTSD sufferers have difficulty regulating their emotions and often 'blow-up'. The rules clearly point out what kind of behavior is accepted and what is not. It also teaches the trainees appropriate work conduct.

There also needs to be some retribution when rules are broken. The HGP point system is one way. Other ways could be an immediate loss of pay or benefits but it would lack the benefits of a point system where one clearly sees the consequences of ones

actions but at the same time allows for some margin before the real retributions are actualized.

## **Design**

There is much to take into account when planning and designing a healing garden. Emotional healing is a complex process. First off you must take into account the local physical conditions such as, climate, existing site features and restrictions, location, accessibility, etc. Secondly, you must determine the user based variables such as type of program, needs and abilities of the user groups, size of groups, and length of program. The parameters are too many to make any general pragmatic recommendations other than perhaps the above suggestions of facilities and plant material.

Some design considerations have already been discussed in this report but they have been specific to the HGP and unfortunately the HGP garden leaves much to ask for in terms of design for a healing environment. There are many books and articles dedicated to the subject of the design of healing gardens and they all have different models of approaching questions of design. However, an article by Marni Barnes (1996) stands out above the others in my opinion. She has developed design implications based on research done by Fran Segal, Stephen Kaplan and Janet Talbot and links this with Herbert Benson's outline of the components in the meditative process. This resonated very strongly with me on a personal level because of my experiences practicing Soto-Zen Buddhist meditation. I think the ideas presented in the article are helpful tools for understanding the different physiological and mental states that accompany relaxed states. The design implications therefore are a good starting point to assessing and creating healing spaces. Many of the trainees talked about the relaxing effect working with plants had on them, so understanding the process and function of relaxation is important to understand what they go through and how it can be enhanced. PTSD expert Glenn Schiraldi also emphasizes the importance of achieving a calm state of mind in order for healing to occur in PTSD



sufferers (Schiraldi, 2000). The phases described in the article seem to me to be necessary steps for accessing and resolving the inner conflicts we all struggle with. Benson's model as described by Barnes does not correlate with the meditation practice in the Zen tradition. Following is a description of the central points in Marni Barnes (1996) article.

The components of the meditative process, which is considered to be the most efficient way of attaining relaxation, is;

1. A passive letting go
2. Focusing on this moment
3. A cognitive shift to more flexible thinking
4. The attainment of an altered state of consciousness

These same components were recorded in people exploring outdoor settings (Barnes, 1996). They were divided into the following four phases.

- Phase I – seeking change and separation to allow for the opportunity of perceptual movement.
- Phase II – refocusing one's attention through absorption and fascination, shifting perspective in the process.
- Phase III – revisiting the initial emotional state from the newly gained perceptual state and emotionally or cognitively looking it over.
- Phase IV – shifting from analytical thought patterns to a basic and nonlinear perception. The sense of self is experienced within the context of the whole.

These phases all have correlating design principles.

- Phase I, *The Journey* – is a mechanism for creating a brake, gaining distance. It creates separation that allows the individual to step back from their situation. Space for change and resolution is created and the individual has the opportunity to shift away from unproductive perspectives. Design applications could be;
  - Focal points to create movement by drawing the individual into a space.

- Thresholds created by scale variations that manifest as outdoor rooms.
  - Elevation changes that shifts the views from expansive to close or the other way around. This demonstrates new perspectives.
  - Replicating transitions and a sense of leaving behind with bridges or changes in ground material.
  - Emphasizing the traveled distance by limiting the view back.
- Phase II, *Sensory awareness* – Attunement to external stimuli in the moment. An escape from everyday thought patterns to an exploration of the present is offered by providing non-invasive sensory stimuli. Design applications could be;
    - Fragrant foliage.
    - Interesting visual environment including color and texture.
    - Tactile stimulation of heat and humidity by a variety of micro climates in shaded, sunny and damp areas.
    - Edible plants to sample.
    - Plants with rustling leaf, running water or wind chimes to provide gentle audio stimuli.
  - Phase III, *Self awareness* – Here the focus lies on the self. A safe haven is needed for introspection but the promotion of self-esteem building experiences is also important. This makes the design applications two folded. Safe seclusion can be achieved by;
    - Sitting spaces with a backdrop, allowing the individual to visually scan the surroundings from a safe location creates a sense of security.
    - White noise from running water, rustling leaves, wild life or other sources provide insulation from others.
    - Secluded areas such as a tree to climb or a hidden nook in the garden create privacy.

The esteem-building can both be private and group oriented. Design applications illustrating this can be;

- Par courses aimed to serve differing ages and abilities to increase confidence.
- Community garden and instruction facility to offer a sense of belonging.
- A design process that involves community participation can create a sense of ownership.

- Phase IV, *Spiritual awareness* – Opens up to a deeper awareness of connectedness that expands on the sense of well being. Design principles illustrating this all inclusive awareness play with the mystery and majesty of the site and its surroundings. Implementations of this could be;
  - Plantings with seasonal variation that call attention to the cycle of life, death, decay and rebirth.
  - Calling attention to the forces of nature by planting trees and bushes that sway in the wind.
  - Demonstration of the passing of time with a human scale sundial.
  - Magnifying glass to experience the universe in a grain of sand.

This model has many similarities with the eight garden room characters as presented by Stigsdotter & Grahn (2002). In their research they also suggest stages or phases of healing and that there are elements in various rooms, landscape characters, helpful to the different aspects of the healing process (Stigsdotter & Grahn, 2003).

In Phase IV Barnes description of spiritual awareness strikes me as lofty and incomplete. I do not think that the spiritual awareness as described in her article is unimportant, quite contrary, but it is incomplete. It lacks the element of conclusion. The spiritual awareness needs to land somewhere, the insights gained need to manifest. If not, the experience will be but a dream. When we are relaxed and; open up to a deeper awareness of connectedness that expands on the sense of well being, to use Barnes words, we do not feel stress, depression, tension or crave mood altering substances. But this state is not permanent it is a moment of insight, a rehearsal for the real test. Something needs to happen with us where we can take a piece of the experience with us, a reminder. When a security guard roughly wakes up a homeless person sleeping in a parking garage he or she needs the protection of that moment of insight. A way to remember the relaxed state as to not be overcome by anxiety, stress, sadness or whatever else may come up for a person in that situation.

What Barnes's model lacks as a whole, in my opinion, is a sense of common values to harmonize around. I am not suggesting that Barnes should have outlined such values,

they could vary greatly, but there is a need to underline the importance of them. A group only functions when there is some core values established that the members support and honor. These values could be as simple as some codes of conduct or as potentially complex as a moral belief system. Expressing the insight from a moment of spiritual awareness with others can help harmonize a group around shared core values. It does not need to be spoken or written but can be expressed in actions and attitudes. Stronger bonds will then form in the group and support from the group will be possible. Even when the group is not together the thought of a group with shared values is comforting. I believe that this is what has happened to the trainees in the HGP. They have shared experiences of healing that has brought on a gentleness, patience and trust not seen in other parts of the homeless community.

Just as Phase III is twofold with a private and a collective part so is Phase IV in my opinion. The private part is as described by Barnes, with my addition on manifesting the experience and has the design implements outlined by Barnes. The collective part is described by myself above and the design implements could be;

- monument to remember the groups shared or similar feelings around something (for example a war memorial)
- a circular seated meeting place for the members of a group
- an altar for physical objects of spiritual importance to members of the group (a stone, leaf or feather, a religious artifact, or whatever else the group values)
- plant material of symbolic value that express the values of the group

Why then is the group so important? Barnes focuses on the individual experience which is important because it is often in privacy we truly relax and can meditate on our surroundings and situation. However, we live as a part of a group. Even very solitary people live in a group context. Bringing the individual feeling to a full circle by taking it into the group was the missing aspect of Barnes' model for me.

## ***Addressing health issues***

I will here connect therapeutic horticultural practices and designs with the most frequent ailments of the homeless population. I'm hoping that this will be helpful to anyone working with a group that is likely to suffer from one of the main ailments; PTSD and veterans or stress and un-sheltered long term homeless people.

### **Stress**

Relief from stress can be achieved by helping to eliminate the stressor. Several practical suggestions on how to do that for homeless people can be found above. Another option is to create a relaxing environment in which one can find respite from the stressors. What constitutes a relaxing environment can vary greatly depending on what the needs of the individual are. A person suffering from burn-out syndrome needs (especially in the early stages of healing) a very undemanding environment with little or no tasks to solve (Stigsdotter & Grahn, 2003). A long term unemployed homeless person seems to benefit more from being given the opportunity to feel helpful and capable by contributing with their work. The person with burn-out syndrome would seemingly benefit more from an environmental based therapy while the homeless person seems to need a more activity focused therapy. However, there is activity in undemanding situations also and demanding work happens in some sort of environment so perhaps the difference should not be overly emphasized. The appropriate stress relief can, in the homeless person's case, also be the opposite if they already hold one or several jobs where they are feeling that they are helpful. The conclusion here is that we need to have a clear picture of what the stressor is. Is it demanding workloads, a sense of not being needed in society, not being able to nor finding support to make enough money to pay for an apartment or something else?

In the next step I find that the most helpful approach is to think of the above described phases of relaxation. In phase I (one) a break from the present situation is desired in order to create room for reflection and for gaining perspective on one's situation. Looking back at the stressor this means that the individual is in need of something

other than what is causing the stress. This could be many different things depending on what the stressor is. For a homeless person the stressor is often lack of money and a feeling of alienation from society. The HGP address both of these stressors by paying the trainees and by providing them with opportunities to contribute to the outside community. A garden is a particularly suitable environment to present this shift in, because we relate to that environment on an instinctual level that enhances the relaxing properties because we use less analytical awareness. Phases II-III strikes me as being more universal, less garden focused, than phase I (one) and are described under the 'design' headline above.

### **Low self-esteem and depression**

Depression is typically a manifestation of low self-esteem. What contributes to an improvement in self-esteem is, according to Barber and Stamm (1999), two fold. The ability to accomplish something - to do something one was not able to do before, is an essential part of improved self-esteem. The other is to develop more skilful and mature forms of interpersonal interactions with loved ones, colleagues, peers etc. The HGP successfully trains people in both of these areas. The trainees get to experience accomplishment through their work in the garden as well as the focus on group dynamics that aids the development of social skills.

However, to let any of these experiences register and sink in it seems to me that there needs to be room for relaxed reflection over one's situation, achievements, failures and interpersonal interactions. A mental process as the one described in the design section above.

### **PTSD**

To learn more about how PTSD can be addressed in horticultural therapy I contacted the staff at the Veteran's Garden in Los Angeles, CA. The Veteran's garden is a 15-acre garden operated by veterans of the VA Hospital as part of the Horticulture Therapy Program. The garden is open to the public and offers an escape from the

congestion and concrete of the city (Veteran's Garden Home page). Many of the patients at the Veteran's Garden are diagnosed with PTSD (approximately 50%) and many of the veterans are homeless or in the risk of becoming homeless.<sup>19</sup>

I interviewed Mark Infosino who is the Occupational therapy assistant at the garden about how they work with PTSD. Mr. Infosino told me that many of his clients dealt a lot with guilt - guilt of surviving and guilt of not being strong or good enough to save ones dead and wounded comrades from their respective fates. A memorial site where the soldiers can remember and honor the fallen, missing and wounded is an important element in working with this. At the Veteran's Garden there is a memorial site for the US victims in the Vietnam War.<sup>20</sup> Since all wars are different it is perhaps in place to have several memorial sites for the different conflicts. A memorial site may also be an important healing element in a place dealing with refugees from war zones that suffer from the trauma experienced there.

The garden has a fish pond that is popular among the veterans for relaxation and reflection. Mr. Infosino would like to see that the pond or some other place was more explicitly acknowledged as a place for relaxation and that when patients 'blow-up' (anger management is a common issue among the veterans) they can be given a 'time-out' and have to go to the relaxation place to calm down.<sup>21</sup>

The staff at the garden makes an effort to avoid common triggers and when they cannot be avoided to alert the patients of them. Common triggers for veterans (and war refugees alike) are often loud noises such as combustion booms, helicopters, air planes etc. No heavy machinery is used in the garden because of this. Heavy

---

<sup>19</sup> Interview with, Mark Infosino, Occupational Therapy Assistant at the Veteran's Garden, Los Angeles, CA (April 20<sup>th</sup>, 2007).

<sup>20</sup> Interview with, Mark Infosino, Occupational Therapy Assistant at the Veteran's Garden, Los Angeles, CA (April 20<sup>th</sup>, 2007).

<sup>21</sup> Interview with, Mark Infosino, Occupational Therapy Assistant at the Veteran's Garden, Los Angeles, CA (April 20<sup>th</sup>, 2007).

machinery is also avoided because they do not promote a harmonious environment and they can be dangerous to everybody if a patient uses them destructively in rage.<sup>22</sup>

The examples above are focused on the veteran's situation but it is important to remember that there are many traumatic experiences that can cause PTSD; domestic violence, rape, severe disease and perhaps even homelessness to name a few. These traumas all have their unique and often personal triggers although the symptoms often are similar. The reduction of triggers can therefore take many forms. Rape victims may be triggered by the cologne the rapist wore, a victim of domestic violence may be triggered by rooms similar to that where the atrocity took place. In working with PTSD in a larger group where the traumas that caused the disorder are widely different one has to focus on finding common denominators. It is quite possible that both war veterans and victims of domestic violence may be triggered by shouts and loud voices and to work on creating a calm and quiet environment may be helpful for both groups. Mr. Schiraldi (2000) stresses in his book on PTSD the need for both reflection and relaxation in managing symptoms and treatment of the disease. For more specific advice on how to work with the different symptoms and treatment of PTSD I refer to his book.

### **Addiction disorder**

Major issues in substance abuse treatment has been recognized as;

- raising self-esteem
- helping the patient to act in a more responsible fashion
- establishing leisure time skills that can be used to fill the void left by not using drugs and alcohol. (Cornille et. al., 1987)

In a case study of a successful horticultural therapy program for substance abuse treatment the authors stressed the need for providing the recovering addict with

---

<sup>22</sup> Interview with, Mark Infosino, Occupational Therapy Assistant at the Veteran's Garden, Los Angeles, CA (April 20<sup>th</sup>, 2007).



pleasant sensations generated thru physical activities rather than by artificial means. Horticultural therapy has proven to make an impact on all of the above areas. (ibid.)

Alcohol and drug use often creates a platform for social interactions for the homeless (as well as the housed population). Studies show that homeless who are not drinking have a much smaller social network and less support than homeless who drink alcohol regularly. Severing the bonds with their friends who use alcohol or drugs may compound feelings of social isolation among people who are homeless. (Dennis et. al. 2000) Therefore working on developing and practicing social skills with a non drug using group is an important part of the recovery. It also provides opportunities to encounter non-drug using individuals.

Sadly both stress and lack of housing makes addiction recovery more difficult and these are of course, two of the major issues that face the homeless population (Sinah, 2001; National Coalition for the Homeless, 2006d). It seems probable that it is the stress relief from being housed that contributes to the increased success in addiction disorder treatment with housed patients. Thus, in practice it is stress relief that should be the focus and housing is one way of achieving that. Another way is of course the horticultural therapy methods described in this report (see the section on ‘Stress’ above).

## Discussion

My ambition, when I started to write this thesis, was to determine the needs and issues unique to the homeless population. I knew that the group was diverse but I was still surprised when I couldn't find any other common denominators between homeless people than that they were lacking stable housing. Many, but not all, are suffering from stress and depression. Many, but not all, have addiction disorders. Many, but not all, have low self esteem. The list goes on. This raises the question if it really is interesting to think of homeless people as a group when working with horticultural therapy and healing gardens. Would it be more convenient to look at other groups such as depressed people, people with addiction disorder and people with low self-esteem? I think that it would be a mistake to do so. Although there are many different paths to homelessness and many different barriers for people moving out of homelessness there is a shared experience of being in the exposed and vulnerable situation of lacking stable housing. This shared experience is at the center of the strong bonds that develop between the homeless people in a program such as the HGP. This same experience could very possibly be a barrier between participants in a program for, for example, depressed people where some are homeless and some not. Although there clearly is a shared issue within the group, the housed and homeless participants' life situations may be too different so that it could well act as a barrier for connecting and creating strong group bonds. The group support is a very central part of the healing process for many of the common issues of the homeless population and many of the HGP trainees felt it was one of the most important parts of the program. However, it might be a good idea to create programs that, for example focus on homeless people with addiction disorders, i.e. that single out sub groups within the homeless community.

It is questionable if the garden at HGP at all should be considered a healing garden. It does have some interesting qualities such as great biodiversity and an interesting blend of annual and perennial flowers with vegetables (which offers a lot of seasonal

variation). It has taken the user into account in the design with an easy to understand bed and path system and covered areas for lectures, meals and socializing. However, it is in many ways a very sterile environment: there is no vertical variation, there are no wind brakes, no truly secluded or sheltered areas in the garden (apart from the buildings). It also suffers from somewhat of a conflict between generating enough revenue to support the program and work on the healing and education of the trainees. These two goals are not always in conflict but can be at times. Still, there is horticultural therapy happening in this garden. People seem to benefit mentally and physically, but perhaps the healing springs more from the work in the garden than the environment itself. That would mean that it is a less successful healing garden but a successful horticultural therapy program.

The HGP garden is, in many ways, tailored to be an efficient production garden. I don't feel that breaking up the monotony of a level landscape, angular lay out and endless vistas with lack of definition, would necessarily lead to lowered production. Many of the missing elements such as areas of seclusion, focus points, definition and undulation are planned to be brought into the new location the garden will move to within a few years. I think that will be a major improvement. It still seems to me that much can be done at the present location despite the landlord's rules about not planting bushes or trees. Tall perennial grasses are an example of something that could create both visual seclusion and seclusion from sounds by the white noise created by the wind in the grass leaves. As it is now the HGP garden has a lot of unrealized potential of restorative qualities. The trainees employed in the garden have great variations in terms of what they need for healing. New trainees are likely to have higher levels of stress and lower self-esteem than people who have been in the program for several months. These people in particular would probably benefit from a less demanding environment than a garden in which the design chiefly is focused on effective production.

One of the questions that I kept asking myself while writing this thesis has been; could the HGP function if it was set in a shoe factory instead of a garden? My answer is that; yes, it probably could but it might not be as successful. There are other programs that cater to similar groups as the HGP does. Rubicon bakery in Richmond, CA is an example of that. At this bakery trainees are taught how to make cakes and bakery products at an assembly line. I imagine that the trainees there get a chance to feel pride and increased self-esteem as they learn new skills and successfully hold a paid job etc. But I doubt that they feel very connected with the larger community since there is no CSA program and a bakery is not as public as a garden and farm. However, it is possible that a program such as Rubicon bakery would be more accessible to very urban homeless people who perhaps have never set foot in a garden before. A farm or garden may be so foreign to them that it would be frightening, at least in the beginning. There are several studies, some presented in this thesis, that show that plants and gardening are particularly beneficial to relaxation and meditative contemplation which is an important part of the healing process for many common issues that the homeless community has to deal with. Some of the same positive effects that the HGP achieves may be reached at a shoe factory or at the Rubicon bakery but there is also much that is lost. The nurturing of living things such as plants can teach us to take care of ourselves and shows us the negative and positive consequences of our actions. Plants can also help us relax, and many of the garden tasks require us to draw upon our creative talents – these are some of the experiences that cannot be had at a shoe factory or bakery.

The importance of a holistic approach towards a homeless person's situation has become very evident to me during my work on this report. Many homeless people have several interconnected issues that they need to deal with to move out of homelessness. Some issues may have been a part of the reason they became homeless, others, brought on or enhanced by homelessness. Issues may be physical, mental or bureaucratic in nature and more often than not they are intermixed. The HGP approach of assigning a staff member to overlook a trainee's entire situation and

looking into what personal goals the trainee has for him or herself is a very effective strategy and, I think, the only one that will give long term and lasting effects.

I think many local authorities suffer from lack of imagination in dealing with homeless people in public spaces. Many western societies have outlawed poverty by not allowing homeless people to occupy our public spaces. It is in most cities forbidden to loiter in the streets, forbidden to loiter in the parks after sunset and forbidden to loiter in other public and private areas. What options are left for the homeless when not having enough money to pay for rent automatically makes you a criminal because you are forced to break the rules and laws concerning use of public spaces? The regulations do not help the homeless nor does it make them disappear. At best it makes them move to another public area, disrupting their rhythm and community ties, bringing them even further away from stability.

At the same time local authorities are facing raising costs for the maintenance of public spaces. In the green areas, this calls for so called “effective” and “rational” techniques such as herbicides, pesticides and chemical fertilizers (which in reality are only time and money saving techniques in a very short perspective (but much of the decision making is made in relationship to the mandate period). On the other hand there is an increasing public demand for more ecologically sensitive maintenance techniques that if implemented would require more manual labor. Many homeless people are looking for employment, wanting to be part of society and wanting to be helpful. Would it not be possible to employ homeless people to work in our parks and in exchange provide necessary facilities, salary and even shelter for them? A homeless person in an orange vest would probably seem less frightening to many of the housed users of our parks. Could there be a program where homeless people are educated to be park keepers? This would of course not be an option for all homeless people but it may be for many. It would be a crack in the wall that separates the housed and the homeless communities and it would give some hope to all homeless. It could be a stepping stone to move out of homelessness. There are many more institutions that

could benefit from similar help and that possibly could offer temporary shelter and salary. Community gardens and schoolyard gardens during the summer are two examples. There are many laws that are preventing this from happening but laws are already being broken by the necessity of the situation many homeless people are in. Obviously there needs to be changes in the laws. With this suggestion there are of course many problems and concerns to be addressed; public safety (fear of homeless people), homeless people becoming an exploited work force and union issues are but a few. However, it is better to address the problems and working toward a solution than ignoring them as seems to be the current plan of action in many cities.

If local authorities are concerned about an influx of homeless people from other areas if they provide more services for the homeless in their own area, then maybe we need to look at possible changes on a state or even federal level that demands a certain degree of services for the homeless in each local precinct. If society cannot find ways to help homeless people move out of homelessness than at the very least we should be able to make their situation legal. What is gained by arresting or harassing a homeless person for loitering?

It is clear to me that the HGP is affecting the participants in a positive way. This of course supports the whole notion of gardens and gardening having healing properties. If it is the garden itself or the activity within the garden that is the main source of the benefits I do not know. I have mentioned that I think the garden design at HGP has unrealized healing potential. Yet, the program is healing to its participants, which perhaps speaks for the benefit of the activities in the garden being the most beneficial aspect. However, it may well be that, when the program moves location and the garden is improved to be more of a healing environment, the program will be more effective. There is a golden opportunity here to measure the importance of the environment in the healing process!

It was never my ambition in this study to find support for or falsify any existing theories. However, my research does not exist in a vacuum and it touches on many theories about healing gardens and horticultural therapy. As mentioned in the early chapters of this thesis there are several schools of thought suggesting different mechanisms as being the most beneficial for healing a patient. I cannot say that my research supports any one in particular. However, it seems to me that the ongoing discussion on what the main health benefits of gardening spring from is an unfortunate focus of attention. It seeks to divide rather than unite our efforts. Instead I would like to see more of a holistic approach. What combinations of elements (design, activity, material etc.) create the most vital synergetic effects for the healing of the patient?

This report perhaps leaves the reader with more questions than answers. Future research may help answer some of those questions. To me it seems like the most pressing research is to; (1) measure the long term effects of a horticultural therapy program for homeless people to get a better idea of how effective such a program can be in the long run, (2) compare a work training program (such as the HGP) with a similar work training program (such as the Rubicon bakery) to study the differences in how the trainees are affected by the programs and (3) compare horticultural therapy for homeless people in gardens with different design elements. The first (1) study I think is necessary to raise the interest in local authorities for such programs and for effectively arguing for funding for more programs and research on such programs. There are many indicators that suggest that horticultural therapy for homeless people is successful in assisting them to move out of homelessness but there is nothing telling us how effective it is. Quantitative research is necessary because some people feel that if something cannot be expressed in numbers it is an opinion. The second (2) study would tell us something about what and how big of a part the outdoor garden setting plays in the healing process and how much should be attributed to the work aspect. It is important to study the different parts of the healing process to see where the emphasis in a program should be put. The third (3) study would tell us something

about what elements in a garden and in what configuration they would provide the most positive results. This would help us fine tune the thus far, rather rough ideas about what a healing garden for homeless people is.



## References

Applied Survey Research (2005). *The 2005 Santa Cruz County Homeless Census and Survey*. Available at: <http://www.appliedsurveyresearch.org/www/mainmenu.shtml> [June 2<sup>nd</sup> 2007]

Barber, A. L. & Stamm, I. (1999). The nature of change in horticultural therapy. *Journal of Therapeutic Horticulture*, Vol. X, p. 60.

Barker, R. (1976). On the nature of the environment. In Proshansky, H., Ittelson, W. & Rivlin (Eds.) *Environmental psychology: People and their physical settings*. Holt, Rinehart & Winston: New York.

Barnes, M. (1996). Designing for Emotional Restoration – understanding environmental cues. *Journal of Therapeutic Horticulture*, Vol. XIII, p.11-14.

Betrabet, G. (1996). The garden as a restorative environment. *Journal of Therapeutic Horticulture*, Vol. VIII, p. 15.

Chang, C. & Perng, J., (1998). Effects of landscape on psychological and physical responses. *Journal of Therapeutic Horticulture*, Vol. IX, p. 73.

Cornille, T., Rohrer, G., Phillips, G. & Mosier, J. (1987). Horticultural therapy in substance abuse treatment. *Journal of Therapeutic Horticulture*, Vol II.

Dahlberg, K. (1993). *Kvalitativa metoder för vårdvetare*. Lund, Sweden: Studentlitteratur.

DeMuth, S. (1993). *Community Supported Agriculture (CSA): An Annotated Bibliography and Resource Guide*. US Department of Agriculture. Available at: <http://www.nal.usda.gov/afsic/pubs/csa/csadef.shtml> [June 2<sup>nd</sup> 2007]

Dennis, D., Wells, S. & Williams, F. (2003). *Blueprint for Change - Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance use Disorders*. US Department of Health and Human Services. Available at: <http://www.nrchmi.samhsa.gov/Resource.aspx?id=30> [February 7<sup>th</sup> 2007]

Dimsdale, J. E., Mills, P., Patterson, T., Ziegler, M., Dillon, E. (1994). Effects of Chronic Stress on Beta-Adrenergic Receptors in the Homeless. *Psychosomatic Medicine* #56, pp. 290-295.

The Economic Policy Institute (2007). *Minimum wage: Frequently Asked Questions*. Available at: [http://www.epi.org/content.cfm/issueguides\\_minwage\\_minwagefaq](http://www.epi.org/content.cfm/issueguides_minwage_minwagefaq) [June 2<sup>nd</sup> 2007]

- Garr, R. (1998). Grass-roots.org web page. Available at: [www.grass-roots.org](http://www.grass-roots.org) [June 2<sup>nd</sup> 2007]
- Grahn, P. (2005). Om trädgårdsterapi och terapeutiska trädgårdar. In Johansson & Küller (red.). *Svensk miljöpsykologi*. Lund: Studentlitteratur. Pp. 245-262
- Gulliksen, J., Löfber, M. & Norlander, T. (2002). *Användare i Sytemutvecklingsprocessen – ett Fenomenologiskt Perspektiv*. Technical report, 2002-004. Department of Information Technology Uppsala University, pp. 25-26.
- Haas, K.L., & McCartney, R. (1996). The Therapeutic Qualities of Plants. *Journal of Therapeutic Horticulture*, Vol. VIII, p. 51.
- Hansagi, H. & Allebeck, P. (1994). *Enkät och intervju inom hälso- och sjukvård*. Lund: Studentlitteratur.
- Hassan, B. N. & Mattson, R. (1993). Family Income and Experience Influence Community Garden Success. *Journal of Therapeutic Horticulture*, Vol. VII.
- Homeless garden project (2007). HGP Web page. Available at: <http://www.homelessgardenproject.org/> [June 2<sup>nd</sup> 2007]
- Hombs, M. E. (2001). *American Homelessness – a Reference Handbook* (3<sup>rd</sup> edition). Santa Barbra, CA, USA: ABC-CLIO, Inc.
- Hwang, S. W. (2001). *Homelessness and Health*. Canadian Medical Association Journal #164 (1), pp.229-233.
- Kamp, D. (1996). Design Considerations for the Development of Therapeutic Gardens. *Journal of Therapeutic Horticulture*, Vol. VIII, pp. 6-9.
- Kim, E. & Mattson, R. (2002). Stress Recovery Effects from Viewing Red-Flowering Geraniums. *Journal of Therapeutic Horticulture*, Vol. XIII, p. 4-11.
- Keeley, J. & Starling, L.A. (1999). Design and Implementation of Horticultural Therapy with Children Affected by Homelessness and Domestic Violence. *Journal of Therapeutic Horticulture*, Vol. X.
- La Gory, M., Mullis, J. & Ritchey, F.J. (1990). Depression Among Homeless. *Journal of Health and Social Behavior*, Vol. 31 pp. 87-102.
- Liberzon, I., Taylor, S. F., Amdur, R., Jung, T. D., Chamberlain, K. R., Minoshima, S., Koeppe, R. A., Fig, L. M. (1999). Brain Activation in PTSD in Response to Trauma-Related Stimuli. *Society of Biological Psychiatry*, Vol. 45, #7, p. 817.

McGrath Salamy, V., (1996). Stress Management through Garden Design. *Journal of Therapeutic Horticulture*, Vol. VIII, p.32.

National Coalition for the Homeless (2006a). *NCH Fact sheet #1 – Why are People Homeless?* Available at: <http://www.nationalhomeless.org/> [June 2<sup>nd</sup> 2007]

National Coalition for the Homeless (2006b). *NCH Fact sheet #3 – Who is Homeless?* Available at: <http://www.nationalhomeless.org/> [June 2<sup>nd</sup> 2007]

National Coalition for the Homeless (2006c). *NCH Fact sheet #5 – Mental Illness and Homelessness.* Available at: <http://www.nationalhomeless.org/> [June 2<sup>nd</sup> 2007]

National Coalition for the Homeless (2006d). *NCH Fact sheet #6 – Addiction Disorder and Homelessness.* Available at: <http://www.nationalhomeless.org/> [June 2<sup>nd</sup> 2007]

National Coalition for the Homeless (2006e). *NCH Fact sheet #2 – How many People Experience Homelessness?* Available at: <http://www.nationalhomeless.org/> [June 2<sup>nd</sup> 2007]

Nickelson, I. (2004). *The District Should use its Upcoming TANF Bonus to Increase Cash Assistance and Remove Barriers to Work.* Fiscal policy institute. Available at: <http://www.dcfpi.org/9-29-04tanf.pdf> [June 2<sup>nd</sup> 2007]

North, C. S. & Smith, E. M., (1992). Posttraumatic Stress Disorder among Homeless Men and Women. *Hosp Community Psychiatry*, #43, p. 1010.

ProCon.Org Web page. Available at: <http://www.medicalmarijuanaprocon.org/> [June 2<sup>nd</sup> 2007]

Pub. L. 100-77, 1994. 42 USC; § 11301, § 11302, § 11435. Known as; the *McKinney-Vento Homeless Assistance Act*. US Department of Housing and Urban Development. Available from: [http://search.hud.gov/search?q=cache:MPp3gAaKkwJ:www.hud.gov/offices/cpd/homeless/rulesandregs/laws/index.cfm+mckinney+vento+act&access=p&output=xml\\_no\\_dtd&site=default\\_collection&ie=UTF-8&client=default\\_frontend&proxystylesheet=default\\_frontend&oe=ISO-8859-1](http://search.hud.gov/search?q=cache:MPp3gAaKkwJ:www.hud.gov/offices/cpd/homeless/rulesandregs/laws/index.cfm+mckinney+vento+act&access=p&output=xml_no_dtd&site=default_collection&ie=UTF-8&client=default_frontend&proxystylesheet=default_frontend&oe=ISO-8859-1) [June 2<sup>nd</sup> 2007]

Schiraldi, G. R. (2000). *The Post Traumatic Stress Disorder Sourcebook*. Lowell House, Lincolnwood, IL, USA. pp. 3-35, 36, 85-305.

Sellers, K. D. (2001). Effectiveness of Horticultural Therapy Activities in a Psychiatric Hospital. *Journal of Therapeutic Horticulture*, Vol. XII.

Sernoff, S., (2005). *The Homeless and Open Space – Introducing Day-Use Gardens for the Homeless*. Master thesis at the Department of Landscape Architecture, University of Oregon. pp. 25-40.

Shoemaker, C.A. 2002. The Profession of Horticultural Therapy Compared with Other Allied Therapies. *Journal of Therapeutic Horticulture*. Vol. XIII, pp 74-80.

Simson, S. P. & Straus, M. C. (2003). *Horticulture as Therapy – Principles and Practice*. Food products press, Binghamton, NY, USA. pp. 3-17, p. 160, pp. 257-277.

Sinha, R. (2001). How does Stress Increase Risk of Drug Abuse and Relapse? *Psychopharmacology*, Vol. 158, # 4 pp. 343-359.

Stigsdotter, U. & Grahn, P. (2002). What Makes a Garden a Healing Garden? *Journal of Therapeutic Horticulture*, Vol. XIII, pp. 61-63.

Stigsdotter, U. & Grahn, P. (2003). Experiencing a Garden: A Healing Garden for People Suffering from Burnout Disease. *Journal of Therapeutic Horticulture*, Vol. XIV, p. 41

US Conference of Mayors (2004). *A Status Report on Hunger and Homelessness in America's Cities*. Available from:  
<http://www.usmayors.org/uscm/hungersurvey/2004/onlinereport/HungerAndHomelessnessReport2004.pdf> [June 2<sup>nd</sup> 2007]

Rob Vallandigham (2007). As I see it. *Down on the Farm - HGP Newsletter*, Winter 2007.

Veteran's Gardens Home page. Available at:  
<http://www.gla.med.va.gov/vetsgarden/vetsgarden.cfm> [June 2<sup>nd</sup> 2007]

Yin, R. (1989). *Case study research – design and methods*. Newbury Park: Sage.

## **Appendix**

<b>Training Program Application .....</b>	<b>1</b>
<b>Homeless Garden Project Rules .....</b>	<b>5</b>
<b>Interview questionnaire .....</b>	<b>9</b>



# Homeless Garden Project

## ***Training Program Application***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Emergency contact, next of kin (name, address & phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is a program that provides training in two main areas, job skills (including organic farming, nursery operations, and sales) and life skills (for example communication skills, setting personal goals, etc.) Are you interested in this?

We offer a training program of up to three years. The minimum commitment is one growing year, which means April through November. Are you interested in a training program during this period of time?

Were you ever employed?

If yes, where, when, and what job(s) did you do?

What skills do you have?

Have you ever worked in any of the following areas? If yes, please describe:

Gardening/Farming

Nursery/Greenhouse

Sales

After completing the training program, how do you see yourself using the skills you learn in this program?

What do you see as your greatest strengths in the workplace?

What do you see as your greatest weaknesses in the workplace?

Why do you want to be in this training program?

Please number the following elements of our training program 1 through 6 according to how important they are to you (1 being the most important):

_____ Community	_____ Support toward personal goals
_____ Training Skills	_____ Safety
_____ Wages	_____ Lunch

Teamwork and cooperation while working in the garden is very important to us. Is there anything preventing you from working closely with others?

Do you prefer to work alone?

Do you currently have a place to live?

If yes, how long can you stay there?

If no, how long have you been without a place to live?

Is housing a priority for you?

What level of education did you complete?

Were you ever in the Armed Services?

If yes, which one and how long?

What was your specialty skill?

Have you ever been **convicted** of a felony or a misdemeanor that resulted in jail time? Please do not include (1) information about any convictions for minor traffic offenses, or (2) information about referral to and participation in any pre-trial or post-trial diversion program, or (3) information about any convictions for the marijuana-related offenses set forth in Labor Code Section 432.8, or (4) convictions which have been judicially sealed.

If yes, please explain. A conviction will not necessarily disqualify you. Each case is considered individually.

Our training program requires the ability to stand for long periods of time, stoop, squat, kneel, and/or bend frequently, and occasionally lift 30 lbs. Can you, with or without accommodation, perform these movements?

Thank you for filling out this application. If you match our criteria, we will contact you for an interview. If you pass the interview, you will be hired for a two-month paid introductory period where we get to know each other better. After the two months we'll let you know if we think you are a good match for our training program. If you are, and you are still interested in participating, then you will become part of the crew. Your continued participation in the program will be based in part on your making regular progress toward both job training and personal goals. Progress, and ways we can support you, will be assessed at check-ins with Project staff every six months. Do you understand this?

I certify that the information appearing on this application for the Homeless Garden Project Training Program is true and complete to the best of my knowledge. I agree that my failure to provide true and complete information here or elsewhere in the pre-hire process may be sufficient reason for denying me employment or dismissing me if I am employed.



All employment with the HGP is at-will meaning that your employment with HGP and your participation in the HGP Training Program can be terminated at any time for any reason, or no reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Homeless Garden Project Rules**

---

Project trainees and staff created the following rules. They define “what’s expected” and “how things work” at the Project. Your supervisor, with the support of co-workers, will carry out these rules because they help the Project run smoothly, are similar to rules in a typical workplace, and help us treat everyone as fairly as possible.

Our relationship with the community is of great importance in keeping the Project alive. Community concerns are: homeless people sleeping in the neighborhoods, undesirable behavior stereotyped to the homeless, such as threats to their safety and abusive language. These are stereotypes we are trying to rise above. Behavior as individuals who deserve respect will go a long way in changing people’s attitudes.

By following these rules you help yourself be successful, help make the work environment a pleasant place for everyone, and help us increase support from the community.

### **The “Givens”**

Anyone who fails to adhere to the following rules will be subject to demerit points. The point values listed in the rules below are for illustration purposes only. The actual number of points will be given at the discretion of the supervisor based on the circumstances of the infraction. Once someone accumulates 10 points they will be subject to dismissal from the Project. You have the option to erase up to a total of 10 points during your time of employment with the Project. You may begin erasing points anytime between receiving your first point and your ninth. The points may be erased by performing community service volunteer hours at other selected non-profit agencies. Each point is worth 2 volunteer hours. At the discretion of Project staff, points for some infractions may not be erasable and may result in immediate dismissal. If the behavior that caused you to get points has not been an issue for at least 6 months, you may approach your supervisor about removing the points. Removal of points other than by performing volunteer hours is at the discretion of Project staff.

**We encourage you to talk to your supervisor before a situation arises in which you may break these rules.** For example, let your supervisor know the day before you have a doctor’s appointment and will be late for work, or tell your supervisor if you are expecting an important phone call.

- 1. Respect and cooperation for and with others and yourself.** This single principle is the foundation for all our work at the Project. **Please respect all life while working at the Project** – that of yourself, of others working, volunteering or visiting the Project, and all plants and wildlife. *(1-10 points)*
- 2. Personal responsibility.** This involves reflecting on the highest good you can achieve in any given situation and taking responsibility for **your** part in making it happen. **Be aware of yourself** and your contribution to the Project. Take your time and do your job well. We hope everyone may find ways of enjoying productive work. *(1-10 points)*

3. **Don't come to work under the influence of drugs or alcohol, or hung over (2-4 points).** You will be asked to leave the site immediately. "Under the influence" means having consumed any amount of drugs or alcohol before work (example: one drink).
4. **Alcohol and any illegal drugs (including marijuana) are not allowed on the Project sites.** May result in immediate dismissal (*i.e. up to 10 points*). The Project is a drug free environment for legal reasons and to support trainees who are trying to maintain a clean and sober lifestyle.
5. **Medical marijuana and drugs used under medical supervision.** Those persons with a doctor's recommendation for the use of medical marijuana must show the recommendations to the staff upon hiring or upon receipt of a recommendation if already working. No marijuana or smoking of marijuana is allowed on the premises, and no one will be allowed to work while intoxicated. You should also report to your supervisor the use of any other drugs you are taking under medical supervision that may affect your ability to perform your job safely and appropriately. (*infractions incur same points as #'s 3 & 4 above*)
6. **No physical violence.** May result in immediate dismissal (*i.e. up to 10 points*).
7. **No "put-downs" or abusive language.** You may be asked to leave the site immediately. (*1-10 points*)
8. **The garden hours are from sunrise to sunset.** No one should be at the garden at other times for any reason. Use of the garden space after work hours is at your own risk, and you must be respectful of the space, clean up after yourself, and follow all other Project rules. (*2 points*)
9. **Camping at the Project sites or adjacent areas within sight of the Project is prohibited.** (*4 points*).
10. **Any fires or flames (including cooking) at the garden are allowed only when staff is present except for specifically authorized personnel.** This rule has come about as a result of a serious fire and repeated problems with people not cleaning up after themselves. (*4 points*)
11. **If you will be late or are unable to come to work you must call in before 9 am that day.** (*If you don't call, you will receive 1 point up to 30 minutes late, 2 points for anything later than 30, 4 points for no shows*) You will not be paid for any missed time. Talk to your supervisor before a problem arises if you need to reschedule or take a leave of absence, or you will face the possibility of dismissal.
  - a. **Jail papers** allow you back to work the next day but there will be no make-up hours for the day you missed while in jail unless you had called in before 9am on the day you missed.
  - b. **Rain days.** Rain cancels work at the farm for the day, but not at the workshop or store. Rain means actual drops of water falling out of the sky. If you aren't sure what the weather is like at the farm, call to find out.
  - c. **Make-up hours.** Make-up hours must be okay-ed and signed by your supervisor in the Time book. Make-up hours must be completed during the pay period when they were missed. **Making up missed hours is allowed only if:**
    - You called in before **9 am** the day you missed the hours, AND

- There is work to be done at the Project, and
- We did not have to replace you the day you missed.

### **Work Ethic/Quality of Life**

Anyone who fails to adhere to any of the following guidelines may receive verbal or written warnings, at the discretion of the supervisor. Anyone who disregards these issues will be subject to dismissal from the Project.

12. In keeping with the spirit and the mission of the Project, **as a condition of continued employment in the training program you are expected to demonstrate regular progress toward both job training and personal goals.** Your progress, and the ways the Project can support you, will be assessed at regular check-ins with Project staff.
13. In order to better assist you with meeting your goals, Project staff may share information about your goals. Please let staff know when you would like to keep specific information confidential.
14. **Excessive Absenteeism/Lateness.** The Project needs people who will work their full shifts each week. Employers in the real world expect their employees to show up as scheduled. Even if absences/lateness' are called in, if they are excessive, you will be subject to dismissal. (Examples of excessive absenteeism/lateness include missing one day every pay period, calling in late once or more every week, or being late or absent for a few days in a row every so often). If you have real health issues or other issues that will require regular absenteeism or lateness, talk with your supervisor and we will work with you so that you can stay in the Program. Although the Project needs reliable workers in order to succeed, we are happy to accommodate people in special situations regarding health issues and we expect that you make every attempt to schedule appointments during non-work hours.
15. **Telephone calls should be taken either before shift, at break, or after shift. Calls should be limited to a maximum of 5 minutes per day.** If you have special circumstances that require more time, talk to your supervisor to make arrangements. Visitors, unless they have come to volunteer, should only come before or after shift or during break.
16. **All Project participants are responsible for keeping the sites clean and in order.** Everyone washes his or her own dishes. Learn waste separation – compost, recycling, and garbage. We all need to keep the Project sites looking good and pleasant to work in and visit.
17. **Sign out in the Time Book each time you work.** At the beginning of each pay period, write your name and the pay period start and end dates. Each day you work record the date, the time you started and ended work that day, any unpaid break time, and the total hours worked. Your paycheck needs to be signed at the end of the pay period in order to receive your check. Payday is every two weeks on Thursdays. Correctness of your paycheck is your responsibility.
18. **Meeting & Classes:** WOFE and NBF each have weekly production meetings, and every Wednesday morning from April through November are formal lectures following the training curriculum. Circle meetings, where we share and discuss information related to

the Project, are once a week at the farm unless otherwise announced. All meetings are on paid time, and everyone's attendance is expected.

19. **Cigarette smoking** is restricted at the Farm to roads and to the picnic table area only, and at the workshop to the picnic tables outside at least 15 feet from any doorway. No smoking when handling produce or while working with plants. You must wash your hands after smoking, especially if you are working in the greenhouse to avoid tobacco mosaic disease being transmitted to plants. Dispose of cigarette butts properly into one of the butt cans.
20. **Tools must be cleaned and returned to the storage areas when work is finished.** Permission must be given by staff to sign out and remove tools from the Project site.
21. For safety reasons, **mechanical equipment is for use by authorized persons only.** Check with your supervisor for training and authorization.
22. **Stay on the paths.** Soil life needs air and space to bring the greatest fertility to it.
23. **Flags in the garden.** We use small yellow flags to mark the location of buried gopher traps. Please stay clear of the area directly around these flags to avoid injury from accidentally setting off the trap. Blue flags indicate leaks in the irrigation system.
24. **All materials (donations and purchases) brought to the Project sites must be cleared for California Certified Organic Farmers (CCOF) purposes.** This organization certifies our status as an organic grower. Check with your supervisor before accepting anything.
25. **Vacation scheduling.** Generally we ask that you request vacation time at least 30 days in advance. If you request vacation during a particularly busy time or when many others have also requested time off, you may be required to postpone your vacation. Vacation time is unpaid.
26. **Leaving.** If for some unforeseen circumstance you are not able to complete your year's commitment in the training program, it is appropriate to give two weeks notice.

(continued on next page)

I, \_\_\_\_\_ (name) have received a copy of, read, understand and agree to abide by the above rules during my time as a participant in the Homeless Garden Project training program (before, during and after paid hours).

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Interview questionnaire***

**Gender**

Man            Woman            Transgender

**What year were you born?**

---

**When did you start your employment with the SCHGP?**

---

**Were you employed elsewhere before starting working for SCHGP?**

Yes            No

**What type of job was it?**

---

**What do you think is the primary event or condition that led to your current homelessness?**

---

---

**What is preventing you from living in permanent housing?**

---

**Are you currently experiencing mental illness?**

Yes            No

**Are you currently experiencing depression?**

Yes            No

**How do you like the SCHGP program?**

---

**What do you like about it?**

---

**What don't you like about it?**

---

**What were your main reasons for first applying to the program?**

---

**What makes you stay on with the program?**

---

**Is there anything you would like to change with the program?**

---

**Why?**

---

**What tasks do you like the best in your work?**

---

**Has this changed from when you first started working here?**

---

**Why do you think it has changed?**

---

**How do you like working outdoors?**

---

**How do you feel after a day of work at the farm or garden?**

---

**Has this changed from when you first started working here?**

---

**Why do you think it has changed?**

---

**How do you like working indoors?**

---

**Has this changed from when you first started working here?**

---

**Why do you think it has changed?**

---

**How do you like working with others?**

---

**Has this changed from when you first started working here?**

---

**Why do you think it has changed?**

---

**Is there anything you would like to change in the layout of the garden?**

---

**What**

---

**Why?**

---



**What type of plants do you prefer to work with (vegetables, flowers, trees or bushes)?**

---

**Why?**

---

**Is there something you feel that this farm is lacking?**

---

**What would that be?**

---

**Do you have any preference on having volunteers in the garden?**

---

**Why?**

---

**How do you feel when working with plants?**

---

**Is there anything else you would like to add?**

---