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TOWARDS SELF-ACTUALISATION: A REHABILITATION PROGRAM MODEL FOR HOMELESSNESS IN KUALA LUMPUR

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Abstract

Homelessness in Kuala Lumpur remains visible despite numerous supports and initiatives from governments and NGOs. Current rehabilitation programs are providing short-term relief, but how can these models help the homeless achieve self-actualisation? The objectives are to explore how current rehabilitation programs address the various needs of the homeless and to identify the gap between the charity model and the co-production model in providing a long-term, integrated approach. Adopting Maslow's hierarchy of needs theory as a guide, this study examines the rehabilitation needs of homeless individuals in transit centres around Kuala Lumpur. Data were collected through semi-structured interviews, field observations and document analysis for a qualitative method. Results from this study indicated that to achieve self-actualisation, rehabilitation should reintegrate basic needs, psychological needs, self-fulfilment needs, and transition needs. The charity model, which emphasises short-term relief but offers limited long-term impact, and the co-production model, which promotes empowerment and long-term outcomes, are the two programs that support the homeless journey towards self-actualisation. This paper proposes a hybrid rehabilitation model that integrates two existing programs and additional structured pathways, aiming to provide continuous support in shaping a more inclusive policy and enhancing rehabilitation practices in reducing homelessness in Kuala Lumpur.

Keywords: homelessness, rehabilitation, temporary shelter, self-actualisation, charity model vs. co-production model, transition needs

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INTRODUCTION

Kuala Lumpur's rapid urbanisation and high numbers of low-income earners have led to significant issues, including homelessness (Badrudin et al., 2022). According to reports, there are estimated to be around 1,000 to 2,000 homeless people, and the numbers are increasing as a result of socio-economic pressures (Amir et al., 2024). These highlighted the urgency in addressing homelessness in Kuala Lumpur. The government and non-governmental organisations (NGO) have initiated programs to help the homeless population. These include essential necessities, soup kitchens and temporary shelters. However, these interventions often focus on providing short-term relief, which is ineffective (Hisham & Amin, 2023).

In Kuala Lumpur, food and well-being treatment were provided by non-governmental organisations (NGOs) such as Pertiwi and Kechara Soup Kitchen (Aizuddin et al., 2019). These NGOs focus on the Charity Model. However, it is just a short-term approach that does not reduce the problem of homelessness (Sprake et al., 2013). Meanwhile, the Co-Production Model promotes social participation and public management collaboration to enhance the service (Park, 2020). The current transit centres in Kuala Lumpur employ the co-production model by addressing various aspects of needs, including accommodation, medication, and job opportunities for the homeless (Aizuddin et al., 2019).

Nevertheless, the existing transit shelter services in Kuala Lumpur, which are offered for both programs and facilities, are insufficient (Aizuddin et al., 2019). Interventions that address the specific needs of homeless individuals have significantly improved the efforts to eradicate homelessness (Keenan et al., 2021). The main research question is: *How can rehabilitation models in Kuala Lumpur enable progression toward self-actualisation for homeless individuals?* Therefore, the main objective of this study is to investigate the approach implemented in the homeless transit centres in Kuala Lumpur using Maslow's theory as an indicator, to compare the charity and co-production models applied in the existing homeless transit centres in Kuala Lumpur and to find the appropriate of rehabilitation model that encourages the development of self-actualisation. Considering the lack of comparative research, a study that explores needs and challenges across different transit centres may help guide decision-making for intervention programs and facilities.

LITERATURE REVIEW

Deficit, Charity, and Co-production Model for Homelessness

The models of Deficit, Charity, and Co-Production (Fig. 1) offer a unique perspective on addressing homelessness in Kuala Lumpur. Each model also presents limitations and challenges, which make a more comprehensive hybrid rehabilitation model.



Figure 1: Different service models and approaches with varying levels of empowerment (Author, 2021).

The Deficit Model characterises homelessness as a failure that is frequently caused by personal failings such as addiction or lack of responsibility. This model somehow overlooks other factors, including systemic issues such as social exclusion, poverty, and housing market dynamics. These factors are particularly relevant in Kuala Lumpur, where homelessness is often viewed as a personal failure rather than a social problem (Lio et al., 2022).

The Charity Model focuses on providing immediate relief, including food, temporary shelters, medical, and hygiene facilities. This model is especially needed during crises and effectively meets the basic physiological and safety needs outlined in Maslow’s Hierarchy of Needs theory. This model inadvertently encourages homelessness and prevents individuals from achieving self-sufficiency (Mejía-Lancheros et al., 2020). While the Co-Production Model promotes teamwork and empowerment, it encourages homeless individuals to participate in the development and implementation of the rehabilitation program. Finland and the Netherlands have effectively adopted this model in homelessness interventions, which promotes community engagement, integration, and self-sufficiency (Cornes et al., 2021). However, these models require a more comprehensive policy, and existing initiatives in Malaysia lack these strategies. The integration of Charity and Co-Production models, with a transition need, will provide a more efficient hybrid rehabilitation model in Kuala Lumpur. This hybrid model will foster a long-term empowerment framework that considers both short-term and long-term relief. This has been proven in past studies that a combination of immediate and long-term goals may serve the homeless better (Gutman & Raphael-Greenfield, 2017).

Maslow’s Hierarchy of Needs

The hierarchy of needs, a theory of motivation in psychology, was constructed based on five conceptual categories (Fig. 2). According to Maslow (1970), the theory involves a five-level model of human needs, regularly portrayed as progressive levels inside a pyramid. Progressing from phase 1, which is the basic needs, to phase 3 of self-fulfilment needs, the needs stated are as such: physiological, safety, love, esteem, and self-actualisation. The basic needs should be fulfilled before attending to the needs that follow. Basic needs can be divided into two sub-categories, namely ‘physiological needs’ and ‘safety needs’. Physiological needs are the biological prerequisites for human survival, including

air, food, water, clothing, shelter, warmth, and sleep. Safety needs are individual and demand order, consistency, and control.

Psychological needs are divided into two classes. First, love and belonging needs include feelings of belongingness and the need for interpersonal connections. Examples include friendship, trust, acceptance, intimacy, receiving and giving love and affection. Second, esteem needs are divided into two classes: (i) esteem for oneself (pride, accomplishment, mastery, freedom) and (ii) the longing for reputation and respect from others (e.g., name, standing).

Self-fulfilment need is the highest stage in Maslow's hierarchy. It denotes the realisation of a person's potential, self-actualisation, pursuit of individual growth and top experiences. This stage was depicted by Maslow (1943) as the longing to achieve all that one can and to become the greatest that one can be.

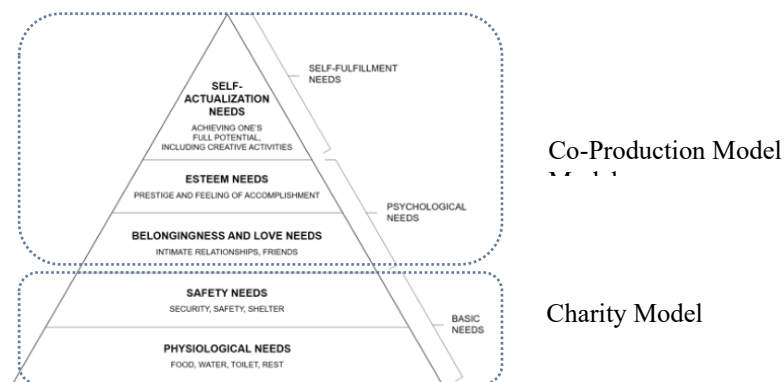


Figure 2: Maslow's hierarchy of needs (1943).

As shown in Figure 2, by offering immediate relief that includes food, shelter, and protection, the charity model aligns with Maslow's lower levels in the Hierarchy of Needs Theory. While the Co-Production Model emphasises empowerment, community participation and self-sufficiency, which is reflected in higher levels of the hierarchy. However, neither of the two models addresses the transition needs, which is the novel category in this study.

Beyond Maslow: Contemporary Frameworks in Homelessness Rehabilitation

Recent research indicates that a trauma-informed care strategy (Huber et al., 2020) is more successful in addressing psychological barriers to reintegration, even though Maslow's Hierarchy of Needs (1943) offers a helpful psychological

framework. A comprehensive support system that goes beyond basic necessities is necessary for homeless individuals who struggle with mental health and social isolation. According to the Housing First concept, permanent housing should be the top priority (Tsemberis, 2010), as stable housing enhances mental health and job retention. Both the Hierarchy of Needs and Housing First are the current frameworks for addressing homelessness issues that focus on survival and empowerment (Sundin et al., 2019). However, these frameworks do not capture the reintegration phase, where the homeless transition out of homelessness. The reintegration phase into society is often considered a secondary concern rather than an essential component in rehabilitation and post-rehabilitation efforts (Chasciar et al., 2025).

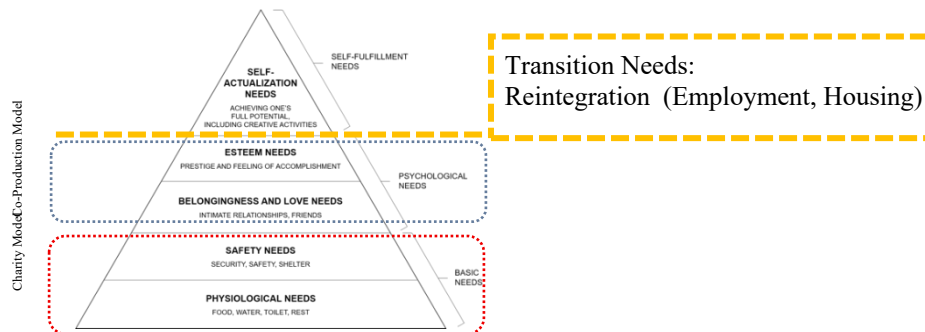


Figure 3: Transition Needs connect Charity and Co-Production Models

In Figure 3, the conceptualisation of transition needs to act as the connection after the combination of both the short-term Charity Model and the long-term Co-Production Model, before achieving self-actualisation and strengthening the development of the hybrid rehabilitation model. The hybrid rehabilitation model will address the issues and challenges in the reintegration of the homeless individuals (Chasciar et al., 2025).

RESEARCH METHOD

This study adopted a qualitative exploratory approach based on semi-structured interviews, field observation and document analysis to understand the rehabilitation process in homeless transit centres in Kuala Lumpur.

Case Study Selections

Two centres in Kuala Lumpur namely, Anjung Singgah (ASKL) and Pusat Transit Gelandangan (PTGKL), were chosen as they represent government-led rehabilitation initiatives with varying service delivery models (charity vs co-production approach). Their selection allows a comparative analysis of how

different rehabilitation models impact self-actualisation outcomes among the homeless population in Kuala Lumpur. Data collection was conducted in October 2020 during the COVID-19 Movement Control Order (MCO). MCO restricted researchers from having physical access and limited engagement and interactions with participants. Nevertheless, the MCO provide insights into how the centres operated during these crisis conditions, and highlights the resilience and limitations.

Data Collection and Analysis

Semi-structured Interview with the Selected Respondents

As above Anjung Singgah Kuala Lumpur (ASKL) and Pusat Transit Gelandangan Kuala Lumpur (PTGKL) were chosen as case studies. Almost 250 homeless people were transiting at both places at the time of the visit. Both transit centres are mid-term accommodation (usually 3 to 4 months). Interview participants included the centre's management staff (N=10 from each centre) and beneficiaries (the researchers used the term 'clients', N=20 from each centre). The interview session began with the centre management staff, followed by an interview with the centre's beneficiaries (clients). Clients were recruited by service staff according to the inclusion criteria, i.e., those aged 18 years or above, Malaysian, able to communicate with the interviewer, with current or previous experience of homelessness, and not aggressive. Participants were interviewed face-to-face using a semi-structured interview method. Ethical Approval for this study was obtained from the University of Malaya Research Ethics Committee (UMREC). All participants provided informed consent and were given the right to withdraw before the interviews

The questions for the semi-structured interviews with ASKL and PTGKL management staff and the clients of the centres included four open-ended questions on: 1) *What are the immediate needs provided at the transit centres?* 2) *What are the programs or activities at the centres that support clients' well-being, relationships or sense of belonging?* 3) *How do the programs and training provided at the centres help to prepare for independence and employment?* 4) *What are the challenges expected after leaving the centres, and the supports provided to help reintegration into society?*

Data analysis followed a five-step process: 1) Interviews were transcribed verbatim and coded using NVivo software. 2) The researcher independently re-read the transcript of the interviews, identified attributes, and interpreted based on the homeless needs adapted from Maslow's model as shown in Figure 4. 3) Data were tabulated into met/ unmet needs. 4) A comparative analysis was produced across the two transit centres' (ASKL and PTGKL). 5) Finally, the most important elements of met and unmet needs were described, and

suggestions were given to improve the quality of programs and facilities that should be provided at the homeless transit centre.

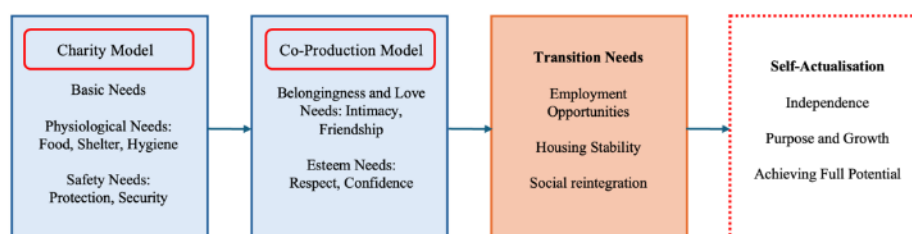


Figure 4: Attributes based on Maslow's Hierarchy of Needs (Authors, 2025)

RESULTS AND FINDINGS

The results are based on a comparative study between two case studies namely Anjung Singgah Kuala Lumpur (ASKL) and Pusat Transit Gelandangan Kuala Lumpur (PTGKL), on 1) the facilities and programs offered at (see Table 1); 2) rehabilitation needs of the clients based on Maslow's model (see Table 2) and models practiced in both centres (see Table 3).

Table 1: Facilities and Programs offered at ASKL and PTGKL

Feature	ASKL	PTGKL
Year Established	2011	2016
Location and Type	7 storey shop lot, Jalan Hang Lekiu	3-storey building with courtyard, Jalan Pahang
Capacity	2 dorms (Men/ Women) 38 beds each	4 dorms (Men only) 37 beds each for 150 clients
Food Services	Dining hall and Soup Kitchen led by NGO	Larger Dining Hall and soup kitchen led by NGO
Rehabilitation Focus	Tangible (Facilities) + Intangible (Programs, Counselling)	Long-term empowerment with wider outdoor and community space and activities
Special Facilities	Leisure rooms for indoor games, multipurpose hall	Garden (psychological therapy), courtyard for outdoor activities
Programs	Counselling, motivational talks, financial seminars, skills training (organised by Giat Mara)	Religious/motivational programs, community visits and skills training (Organised by Giat Mara)
Strengths	Privacy, indoor engagement, motivational and skills programs	Spacious dining and outdoor facilities, community activities and religious support
Weaknesses	Limited space (shop lot building) and reliance to NGO	Space constraints for training, limited post-training job support

Table 2: Rehabilitation Needs of Clients

Maslow's Hierarchy of Needs	ASKL Findings	PTGKL Findings	Observed Unmet Needs
Physiological Needs	Dorms with beds, lockers, bathrooms, food from NGO	Dorms with larger capacity, food from NGO	Overcrowding in dorms, reliance on food supply by NGO
Safety Needs	Dorm privacy between Men and Women, lockers for personal belongings	Dorm privacy, security within center	Limited long-term housing security after exit
Belonging and Psychological	Indoor games for bonding, peer sharing, community events	Garden therapy, social dining hall, community visits	Limited post-rehabilitation support networks
Esteem Needs	Motivational talks, financial management seminars	Community recognition through NGO / university visits	Confidence issues (especially finding jobs after training)
Self-Actualisation	Skills training via Giat Mara, guidance to enter workforce	Skills training via Giat Mara, some client intents for small businesses	Some training does not match with real job opportunities
Transition Needs (Gaps)	Not systematically addressed	Identified Gap: obtained skills, but no employment pathways and limited monitoring	Employment, housing and absence of reintegration support

Table 3: Models Practiced at ASKL and PTGKL

Model	Evidence in ASKL	Evidence in PTGKL	Observed Limitations
Charity Model	Food/clothing donations, soup kitchens and dorms	Soup Kitchen, large dining hall	Meets immediate needs, but raise dependency
Co-Production Model	Skills training, motivational seminars, peer counselling	Skills training, community engagement, NGO collaborations	Limited scale, dependent on NGOs and external partners
Transition Needs (Gaps)	Not systematically included	Clients express need of employment and reintegration pathways	No structured monitoring after exit

DISCUSSION

Comparing Rehabilitation Models: Charity vs. Co-Production

The findings indicate that ASKL and PTGKL follow a traditional charity-based model, focusing on short-term relief (food, shelter, and hygiene services), and a Co-Production model, emphasising long-term empowerment (skills training, psychological support, and integration programs). Services provided by charities, such as food and shelter, help meet basic survival needs. This model somehow fails to promote self-sufficiency, which often leads to cycles of dependency and a high likelihood of the homeless remaining homeless (Thamrin et al., 2025). International studies also support that the Charity Model is insufficient for a long-term solution (Chan et al., 2022). Research by Omérov et al. (2019) highlights that shelters focusing solely on basic needs often create dependency rather than

fostering self-sufficiency. For an effective rehabilitation model, it is essential to adopt the Co-Production Model. These programs help improve their self-esteem and social connections. Although it is evident that these programs aid in skill development, they rarely lead to secure employment opportunities (Lam et al., 2024). Evidence from the case studies highlights a lack of support after exit from the centres. Thus, the effectiveness of the rehabilitation model may decrease without follow-up support strategies (Chan et al, 2021).

The Need for a Hybrid Model

The analysis reveals that the needs of the homeless are not adequately met by either the Charity Model or Co-Production alone. Charity may offer short-term relief, but it often lacks the long-term empowerment that is truly needed (Castaldelli-Maia et al., 2022). In contrast, Co-Production aims to improve individual self-sufficiency, but lacks a formalised process that connects to the survival basics of an individual. As a result, there is strong evidence for the development of a hybrid rehabilitation model that combines the strengths of both Charity and Co-Production Models. This model will provide immediate relief while also ensuring long-term empowerment through community engagement, employment opportunities, housing, and ongoing support (Lam et al., 2024). Integrating continuous transitional support will ensure the reintegration of homeless individuals into society and promote sustainable self-sufficiency (Castaldelli-Maia et al., 2022).

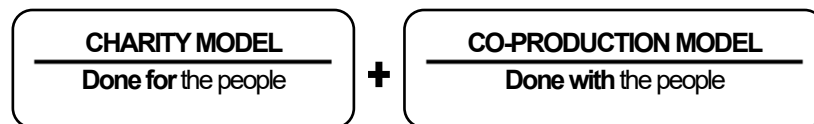


Figure 5: Integrating Charity and Co-Production Approaches in Developing a Comprehensive Rehabilitation Model for Self-Actualisation in Homelessness (Author, 2021)

Rehabilitation Needs

The rehabilitation needs are explained in 4 categories: i) Basic needs, ii) Psychological needs, iii) Self-fulfilment needs, and iv) Transition needs.

i) Basic Needs. Both case studies, ASKL and PTGKL, offer programs and facilities that cater to the empowerment needs of their clients, aligning with the Co-Production model. Food provided through soup kitchen activities will be distributed to all homeless individuals, regardless of whether they participate in the program at the transit centre. This is identified as the Charity model. Other

basic needs, such as temporary shelter, toilets, and medical care, are prioritised for clients who participate in the program at the transit centre.

ii) Psychological Needs. Both case studies provided programs and facilities that meet the clients' psychological needs for safety and a sense of belonging. Clients at the transit centres have been provided with individual beds and lockers. Both case studies use the concept of a large dormitory and shared toilets for temporary accommodation. Research by Dunbar (1992) has emphasized the importance of social networks, indicating that smaller living units foster interactions among residents (see Figure 6 and Figure 7).

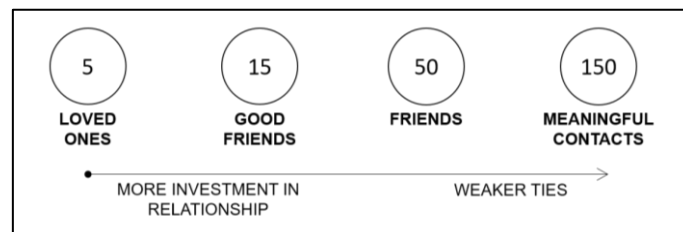


Figure 6: Dunbar's theory of the limits of human relations (Dunbar, 1992)

Dunbar suggested placing individuals in a smaller group to get to know each other. Therefore, it will foster friendships in which to fulfil the needs for belonging and love. Instead of a dorm with shared toilets and bathrooms, a smaller unit with only 3 to 5 occupants in each room might be more valuable. This approach is known as *Adlerian Therapy*, focuses on fostering a sense of belonging within the context of one's community and society (Erbaş, 2023).

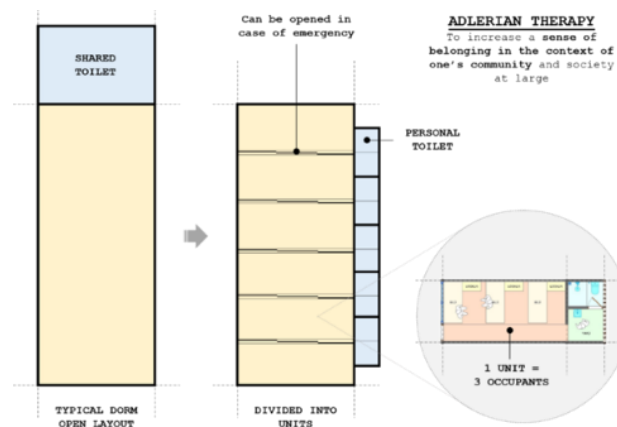


Figure 7: The suggestion for using the small unit approach instead of the dormitory system for the future Homeless Transit Centre (Dunbar, 1992).

iii) Self-Fulfillment Needs. The programs provided at ASKL and PTGKL have a maximum duration of 6 months. During their stay, they will undergo a process of self-recovery and self-development, both psychologically and physically. However, due to space constraints, neither centre provided facilities for skills development. Due to this, both homeless transit centres have collaborated with Giat Mara Malaysia to provide skill development programs to their clients. Only PTGKL provides programs and facilities related to gardening. Gardening has been shown to enhance self-esteem and promote a sense of self and independence, which are vital in mental health treatment (Scott et al., 2020), as they contribute to fulfilling self-actualisation needs (Canadian Mental Health Association, 2012).

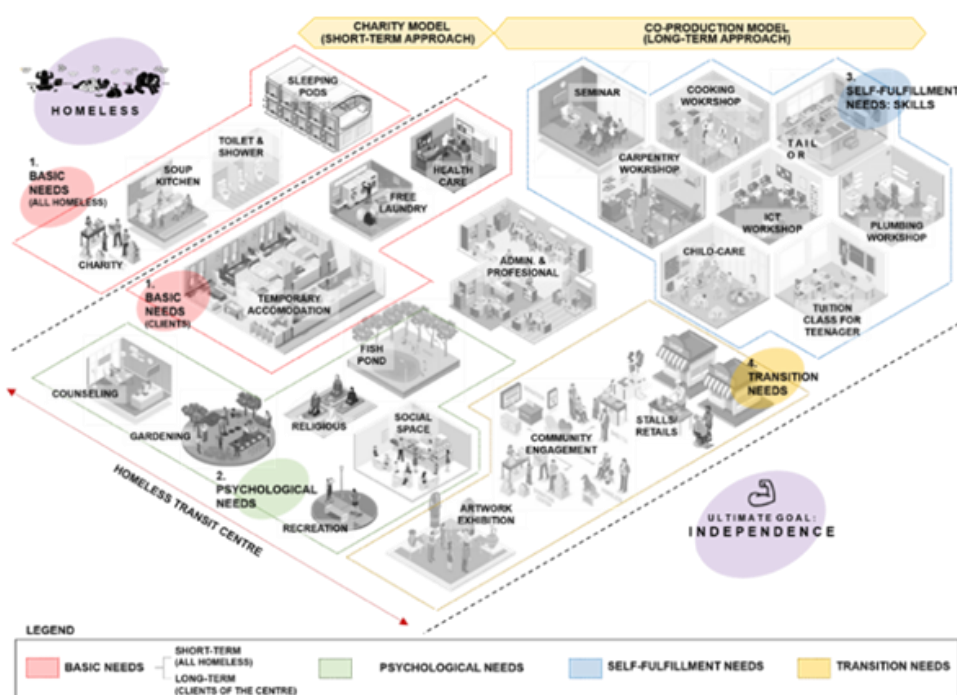


Figure 8: Illustration of the proposed design for the Homeless Transit Centre based on the Hybrid Rehabilitation Model combining both the Charity and Co-Production Model. (Authors, 2025).

iv) Transition Needs. The findings show that the clients from both centres expressed their worries about their post-rehabilitation futures, highlighting issues such as employability, despite being equipped with skills, as well as finding a place to stay and reintegration into society. This highlights the importance of

Transition Needs, which encompass the requirements for ongoing support, assistance, and social participation (see Figure 8). Social participation is defined as ‘involvement in activities that provide social interaction with others in society or the community’ (Levasseur et al., 2022). This means that homeless individuals should have opportunities to interact with others and build new relationships, for example, through participation in activities, which can serve as a starting point for social engagement. The transition needs not only to benefit the clients' economies and foster interaction between clients and society, but also to help clients gain self-confidence, thus regain the trust and support of society. Huber et al. (2020) state that individual empowerment is possible only in a social environment by offering supportive social relations and opportunities for development.

CONCLUSION

This study addresses the question: *How can rehabilitation models in Kuala Lumpur enable progression toward self-actualisation for homeless individuals?* Findings show that transit centres in particular, ASKL and PTGKL, are using both Charity and Co-Production Models by providing short-term relief and long-term empowerment. Although both models have advantages, neither alone may effectively help homelessness sustainably. Improving an individual's ability to reintegrate into the community could have a significant impact on their quality of life. The Hierarchy of Needs remains the fundamental framework for addressing homelessness, but it is essential to recognise the significance of transition needs as an additional component that binds all needs, enabling the homeless not only to survive but also to achieve self-actualisation. Skill trainings and empowerment programs will not be effective in producing a long-term solution if the transition needs are not addressed. For this reason, this study proposes a hybrid rehabilitation model that ensures short-term survival through the Charity Model, fosters self-sufficiency through integration with the Co-Production Model, and provides structured pathways to support continuous reintegration into society. Overall, this study contributes valuable insights that can inform evidence-based decision-making in the development of targeted intervention programs and the design of more responsive transit facilities for the homeless.

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