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A Diagnostic Study to Understand Homelessness in South Africa

Detailed Analysis Report

June 2022

Strategic Analytics & Management

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ACRONYMS

AA	Alcoholics Anonymous
COJ	City of Johannesburg
COGTA	Cooperative Governance and Traditional Affairs
Covid-19	Coronavirus Disease
DoH	Department of Health
DSD	Department of Social Development
GHF	Global Homelessness Framework
HSO	Homeless Serving Organization
HSRC	Human Sciences Research Council
NDSD	National Department of Social Development
NGO	Non-Governmental Organization
NPO	Non-Profit Organisation
RA	Research Assistant
SALGA	South African Local Government Association
SANCA	South African National Council on Alcoholism and Drug Dependence
SASSA	South African Social Security Agency
STI	Sexually Transmitted Infections
SAM	Strategic Analytics and Management
SAPS	South African Police Service
SOP	Standard Operating Procedure
UDHR	Universal Declaration of Human Rights
UN	United Nations

1 Introduction

1.1 Project Overview and Background

Homelessness, in its varied forms is a global challenge that exists in all countries and manifests differently in most communities. According to (Alowaimer 2018), it is arguably the biggest social problem facing the world in the 21st century. Homelessness is broadly defined as a state in which one has no home or permanent place of residence or abode ("Homeless" n.d.). (Salcedo 2019) defines it and further characterizes homelessness as, "the inability of people to enjoy a permanent accommodation and as one of the most acute forms of material deprivation". To date, research shows no universally accepted definition of homelessness. However, many definitions, from across the world encapsulate all or some factors enshrined in Article 25 of the Universal Declaration of Human Rights (UDHR) and Article 11 of the International Covenant on Economic Social and Cultural Rights for the Right to Adequate housing (Salcedo 2019; Speak 2019; UN Habitat 2014).

Considering that there is no national census on homeless people in South Africa, researchers instead rely on individual studies of homeless people in particular cities. Cross et al (2010) estimated the homeless population in South Africa to be in the range of 100 000 to 200 000 people, while a recent estimate by the Human Sciences Research Council (HSRC) estimates that South Africa is home to approximately 200,000 street homeless people. This represents a sizeable proportion of the national population of 57.8 million people (Rule-Groenewald et al. 2015). The largest homeless population is in Gauteng Province and is found in Johannesburg and Tshwane Metros, with an estimated 15 000 and 7 000 homeless people respectively. The COVID-19 pandemic has revealed many inadequacies in how government has previously responded to the challenges of homelessness. Local Government and Municipalities in particular, have carried the responsibility of managing the problem of homelessness.

1.2 Research Aim, Key Questions and Scope

1.2.1 Study Aim

The purpose of this study is to determine the immediate interventions required by homeless people as well as to provide a diagnostic analysis of the socio-economic conditions and service delivery needs as well as the root causes of homelessness in South Africa.

In addition, the study will provide empirical evidence on appropriate interventions, policies and guidelines to manage homelessness.

1.2.2 Key Evaluation Questions

The following key questions were specified in the TOR and were used to frame the research undertaking:

1. The RFP provided the following key evaluation questions which will be used to frame the study.
2. What are the immediate interventions required by the homeless and destitute families?
3. What are the root causes of homelessness in South Africa?

4. What is the prevalence of homelessness in South Africa?
    a. What is the demographic character of homelessness?
5. Are there any government policies and legislation/guidelines on homelessness? Is there alignment between these policies and legislation?
6. What are the existing government services provided to the homeless aligned to the various life cycle stages?
    a. What are the institutional arrangements in place for planning and management of these services?
    b. What are the roles and responsibilities of different stakeholders?
7. What are the current funding models to address homelessness?
    a. What are the current public and private partnership models?
8. What evidence from other countries exists on solutions that are working? Are there lessons that can be learned from these countries to develop workable solutions?

1.2.3 Scope of the Assignment

This study was undertaken at a national level and covers all eight metropolitan municipalities in South Africa, namely: i) Buffalo City Metropolitan Municipality, ii) City of Cape Town, iii) City of eThekwini, iv) City of Johannesburg, v) City of Tshwane, vi) Ekurhuleni Metropolitan Municipality, vii) Mangaung Metropolitan Municipality and viii) Nelson Mandela Metropolitan Municipality.

The study was also conducted in major towns, cities and other urban areas where homelessness may be prevalent. This includes all areas identified as "hot spots"—areas with multiple vulnerabilities, especially during COVID-19 pandemic.

The study includes:

- A rapid assessment in HSOs and other places where services are rendered to homeless people;
- A review of documents including but not limited to any existing policies, legislation, monitoring and evaluation reports, financial reports, and any other documents pertaining to services to the homeless;
- Collection of primary data through interviews with key informants in the departments of Social Development, Human Settlement, Cooperative Governance and Traditional Affairs, civil society organisations, municipal and city councils within Metropolitan Municipalities and Cities, as well as any known NPOs providing services to the homeless;
- Extensive analysis of services/programmes provided to the homeless and institutional arrangements in managing these interventions;
- Using available data, determine prevalence of homelessness in South Africa, with disaggregation along relative criteria.

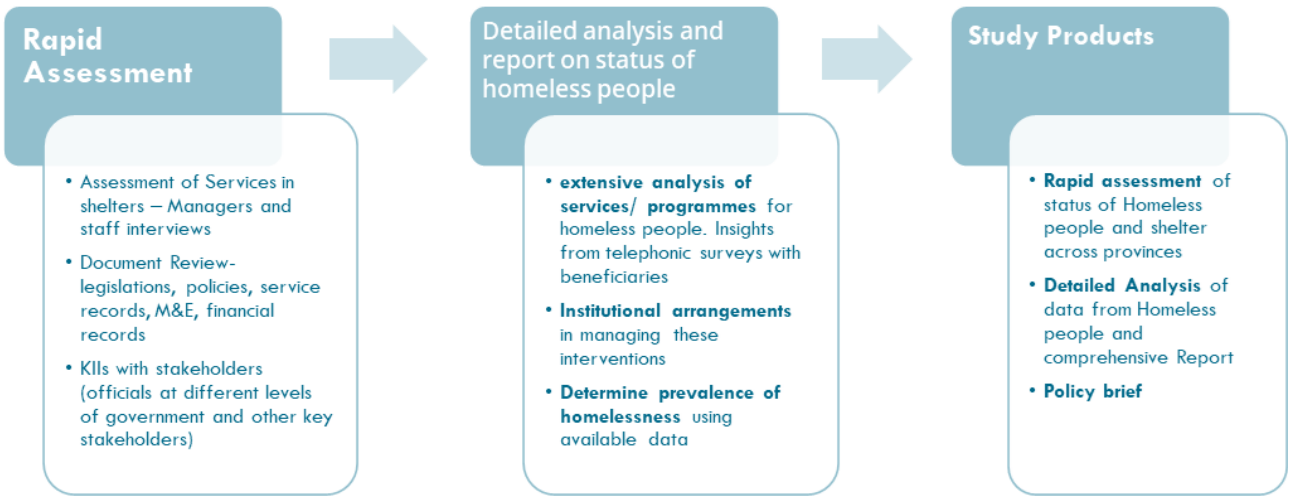

Figure 1: Study Components and Products

2 Literature Review

2.1 Introduction

As Homelessness continues to be a concern across South Africa, there has been an emerging need to understand a broad range of issues relating to this problem (Daya & Wilkins, 2013). In small towns, rural areas and major cities, people struggle with the experience of homelessness. There is consequently a need to work towards both short-term immediate solutions to alleviate the impact of homelessness on their lives, and long-term solutions to end homelessness (Zibagwe, 2016).

(Weimann & Oni, 2019). This literature review is an attempt to synthesize contemporary research on homelessness that is relevant to the South African context. This review will include an exploration of the definitions of homelessness, the causes, and prevalence homelessness in South Africa. This literature review will also explore the immediate interventions required by homeless people. Evidence of government policies and legislation/guidelines on homelessness as well as solutions that exist and have worked in other countries will also be presented.

2.2 Definition of Homelessness

Homelessness has long been recognized as a global phenomenon, affecting poorer populations in both the developed and developing worlds (Busch-Geertsema et al., 2016). There is no one satisfactory definition of homelessness because of the fluidity and relativity of the experience. Homelessness, by default therefore refers to people who need a 'home' but cannot afford, secure rights to, negotiate for, nor take possession of a home (Gaetz & Dej, 2017). A broad-based Global Homelessness Framework (GHF) has been proposed to enable the use of a relatively narrow definition of homelessness encompassing people without any form of accommodation, those living in temporary or crisis accommodation, and those living in severely inadequate and/or insecure accommodation with sub-categories of homelessness in each of these three main categories (Busch-Geertsema, Culhane, and Fitzpatrick 2016). A fundamental argument with the GHF is that while there may be a clear distinction between inadequate housing and homelessness due to differences in severity of deprivation, to some extent it becomes a political decision, embedded in varying economic, cultural and institutional contexts. So, each country and region may adapt different definitions based on the various policy conversations, service planning efforts and burden of homelessness. However, the GHF authors argue that forms of 'literal homelessness', like street homelessness and people relying on HSOs of various kinds, reflect a high level of commonality across the globe. In 2004, the United Nations (UN) sector of Economic and Social Affairs (United Nations Statistics Division 2004) defined a homeless household "those households without a shelter that would fall within the scope of living quarters. They carry their few possessions with them, sleeping in the streets, in doorways or on piers, or in any other space, on a more or less random basis."

Definitions of homelessness, as well as the ways countries quantify homelessness depend on national interests such as their participation international human rights agreemnts, domestic and foreign policy agendas, as well as local cultural contexts (Chamie 2017). For instance, according to Jamie Chamie, official national statistics report that the Russian homeless population is below 10, 000 people. However, most non-government organizations (NGOs) working in Russia argue that the number is closer to 100 000 people living on the streets (Chamie 2017).

The United Nations recognizes that homelessness is variably and ambiguously defined according to individual nation states' cultural contexts in defining a home as a "place of belonging, identity and family" (Parant 1990). Some researchers argue that the cultural complexity in defining homelessness is embedded in what a society recognizes and considers as adequate housing, minimum community housing standards or security of tenure (Somerville 2013). Homelessness, in the form of rough sleeping, pavement dwelling and squatting can be temporary and cyclical as in the case of rural households from the Alto Plano in Bolivia who travel to the cities every summer to trade and live on the streets, before returning to their rural homes (Speak 2019). It can also be a longer term, even permanent, state, as in Indian cities where families live and raise children on the streets (Worcester Polytechnic Institute 2015; UN Habitat 2014). The positioning of nation states with respect to these two phenomena (vested national interests and cultural context), in-turn determine the measurement tools, quantification methodologies and strategies used in counting homeless people (Seager and Tamasane 2010; Mabhala et al. 2016; Baker, Cook, and Norris 2003).

Defining homelessness in terms of 'appropriate housing' and 'accommodation that is below minimum standard' is not as useful in developing countries like South Africa and others in Sub-Saharan Africa as it is un developed countries (Amore et al., 2011). In developing country contexts such as South Africa, a person is defined as homeless if they do not have a permanent primary residence, they live in an HSO that they have no right over, living on the streets, occupying a room in a motel, sleeping in a vehicle, or living in any other unstable or non-permanent situation (Obioha 2019). In this region of the world, having a roof over one's head and right to such an abode is sufficient to exclude one from homelessness irrespective of quality and standard in most cases.

2.3 Prevalence and Drivers of Homelessness in South Africa

South Africa is home to approximately 200,000 street homeless people, according to a recent estimate by the Human Sciences Research Council, which is a significant portion of the nation's population of 53.5 million (Rule-Groenewald et al. 2015). Most people acknowledge that the problem of homelessness has increased quite dramatically over the past few decades (Mago et al., 2013). It is hard not to notice the growing presence of homeless people on the streets of South Africa, not only in the CBD area, but also in the suburbs (SAM, 2021). While it is difficult to determine the exact number of homeless people in South Africa at any one time given that there exists no reliable census data on homelessness in South Africa, there are some important estimations (Obioha, 2019).

Cross et al., (2010) estimate the homeless population in South Africa to be in the range of 100 000 to 200 000 people who live on the streets. Across South Africa, the number of people who are homeless has continued to increase (Kok et al., 2010). According to Black (n.d.) comprehensive surveys taken in Limpopo, Gauteng and Mpumalanga revealed an increase from 0.02% to 0.22% in the proportion of homeless people strictly living on the street between 1996 and 2001 (Kok et al., 2010). As of 2015, 0.2% of the City of Cape Town population were conservatively estimated to be homeless (Bernardo, 2015). However, such figures do not account for those who avoid HSOs and live "on the streets", those staying with friends or those at risk of losing their housing. In addition, these estimates have not been updated to reflect more recent trends.

South African cities are among the most unequal and segregated in the world, with an estimated 20% of urban households residing in informal settlements (Venter et al., 2020). South Africa continues to face serious challenges with adequate and affordable housing for much of the low-income population, despite decades of comprehensive government subsidised housing delivery (Centre for Affordable Housing Finance Africa, 2021).

Street homelessness occurs in both rural and urban districts (Cross et al., 2010) and is experienced by all races (Roets et al., 2016). A growing number of white and coloured individuals are sleeping

rough, although the majority remain black (Cross et al., 2010; Seager & Tamasane, 2010). A study by SAM (2019) found the racial dis-aggregation of homeless people indicates that the majority (79%) are black, 10% are white, 7% are coloured and 1% are Indian. Analysis by place of residence (either on the street or in HSOs) indicates that among those residing on the street, 87% were black while 7% were coloured. There were no white people among those residing on the street. All white respondents were residents in the different HSOs where the surveys were conducted. 93% of the survey participants are South African (based on country of birth data). This finding is contrary to the widely held notion that many homeless people may be of foreign origin.

Quantitative evidence indicates that more men end up on the streets than women and the homeless population is largely comprised of adults (Olufemi, 2000)(Seager and Tamasane 2010). In a recent survey in Gauteng (Sonko-Najjemba et al. 2021), it was found that 85% of homeless people were male, while 15% were female. The proportions of male to female are quite similar irrespective of whether respondents were residing in HSOs or on the street. Most respondents in HSOs were adults between the ages of 35 and 64 years, while most of the street-based respondents were between the ages 25 and 34 years. All elderly (65 years and older) respondents were residents in HSOs.

Roets et al. (2016) confirmed that, an average of 54% of the evidence used in their critical appraisal showed that the homeless population was made up of unemployed adult men and street dwellers. A survey by SAM (2019) found that the level of education among HSO residents is higher than that among those residing on streets. 59% of HSO residents are high school graduates or have tertiary level education compared to only 24% of the street residents. A significant proportion of street residents reported not having completed high school (60% have partial high school education). Tertiary education includes qualifications from TVET colleges or other similar institutions that award certificates or diplomas. Based on observations by SAM (2019), there seem to be large numbers of people residing on the street in Gauteng and based on the feedback obtained from homeless people, that the numbers are increasing rapidly.

However, there is ample documentation in literature about the lack of comprehensive data on street homelessness which creates a challenge for policy makers and legislators in their attempts to form policy frameworks that address the underlying issues and needs (Seager and Tamasane 2010). Furthermore, Tenai and Mbewu caution that conclusions from research conducted on street homelessness are often based on assumptions because of the constant mobility of people living on the street (Tenai and Mbewu 2020).

2.4 Drivers of Homelessness in South Africa

Several theories exist that seek to explain the causes or origins of homelessness. Literature on homelessness acknowledges two types of causes of homelessness: structural and individual causes. Examples of structural causes include trends in unemployment and poverty, the housing market, the structure of the economy generally, and large-scale social policies. Examples of individual causes include mental illness, alcoholism and substance abuse. Virtually all researchers pick either structural or individual factors as the “primary” cause of homelessness (Main 1998). Findings from the HSRC homelessness survey (Naidoo 2010) note that the physical condition of being homeless is driven or influenced by a variety of dynamic latent social and economic factors. Several studies indicate that homelessness (especially street homelessness) in South Africa is mainly due to unemployment and imperfect welfare delivery combined with inappropriate spatial planning (Huchzermeyer 2004; Huchzermeyer and Karam 2006). Based on a survey by (SAM, 2021), the top causes of homelessness reported were job loss, family /partner conflict or complicated relations and addiction or substance use. Inability to pay rent/bond, domestic violence and medical conditions were the other reasons given.

Below is a breakdown of the causes and issues surrounding homelessness according to the extensive review of Obioha (Obioha 2019, 2–4) alongside other references:

Historical Disadvantage: Homelessness in South Africa cannot also be discussed without mentioning the colonial period when black individuals were forcefully removed from their lands to live in designated 'black' areas in remote parts of the country (Kok, Cross, & Roux, 2010). This stripped black families of their homes, livelihoods and social networks. Many became 'squatters' or moved to clustered shack settlements, this segregation law created the avenue for street homelessness to expand (Kok et al., 2010). The impact of apartheid legislation on households led to the emergence of a section of South Africa's population, mainly of African origin, being referred to as previously disadvantaged persons. This category of people was at various points in time driven to homelessness through apartheid government mechanisms such as forced removals, uprooting, legislated landlessness, denial of documentation etc. The consequence of this was homelessness and landlessness for the affected Black population. The Black population were also denied vital documentation, such as the South African identity document which was the primary instrument in accessing government-created benefits and social protection services like social grants and housing. Much of these culminated in the high rate of homelessness at the dawn of democracy in 1994 and to the present state of homelessness in South Africa.

Migration: Migration in South Africa has been a potent factor that drives homelessness. When a household leaves its usual place of residence under a desperate situation and relocates to somewhere else, such a household runs the risk of being homeless either temporarily or for a long time. Internal migration, mainly rural to urban migration, accounts for much of homelessness in South African cities. The phenomenon of urban homelessness witnessed a spike in 1994 (new democratic dispensation) and has continued until the present time. There is a continuous influx of people from previously poor provinces to major economically advantaged provinces in the country (Gauteng and Western Cape), in search of better service delivery and living conditions, including jobs. Besides the internal migration, immigration of people from other countries into South African cities also adds to the burden of already overstretched cities, leading to housing shortages and poor living conditions. Irrespective of whether they have houses in rural areas in the case of internal migration or in their countries of origin in terms of external immigrants, their current context in the cities defines them as homeless households or individuals.

Unemployment and Low Wages: It is important that homelessness is analysed within a socio-economic context because homelessness is the most visible manifestation of increasing poverty and socio-economic challenges. People who are poor are oftenunable to pay for basic needs such as food, education, housing, and healthcare. Being unable to pay for these basic needs can often lead to a life on the streets (Cross et al., 2010; Kok et al., 2010). Lack of affordable housing in the cities is one of the biggest challenges especially for those coming in from far afield, in search of work opportunities (SAM, 2021).

In the present democratic dispensation, unemployment has remained high at about 27.1% in January 2019, especially among youth, the black population, and women when compared to other social categories. Even where a greater number of South African labour force is employed, low wages have been a major problem that leads to unsustainable family and household livelihoods. Each of the above scenarios create unsustainable living conditions where households or individuals are unable to afford 'proper' living places. In situations where the government agency conducts a means test to determine households that qualify for 'public houses' some of the low earning families commonly referred to as "the missing middle" are usually left out of the distribution benefits. With a national unemployment rate of 34.9 percent in 2021, an increase of 8.2 percent from 2017, it comes as no surprise that many South Africans find themselves homeless (Statistics South Africa, 2021). Unemployed individuals are especially vulnerable as they are incapable of keeping up with the increasing housing costs (Okumu, 2006). The public housing

backlog in South Africa is aggravating this condition, as individuals remain without a stable alternative to state-funded housing or alternative forms of accommodation (Moyo, Patel, & Ross, 2015).**Social Exclusion and Cultural Rights:** South Africa, like some other countries in the continent and globally, is challenged with the problem of social exclusion. This is a condition where a society is not mutually and equally accommodating to all people that belong to it. Many South Africans are socially excluded from certain benefits. For example, people with mental health conditions are to a large extent excluded from public house distributions. This places them at greater risk of homelessness. In some communities, cultural rights to inherit houses and land exclude certain sections of the society, mainly women, widows and the culturally defined 'unfit' individuals like adopted children. In this regard, the vulnerability to homelessness among these social groups is far greater than in the groups that have rights to inherit property.

Home Desertion and Family Conflict: An estimate of home desertion, or the proportion of homeless people who willingly deserted their homes, either globally or in South Africa is not known. In South Africa, there are both adults and children who have deserted their homes and thereafter remain homeless. Cross and Seager (2010) found that many young adults become homeless when they are unable to attain financial independence and find it difficult to go back home because they don't want to become a financial burden to their families. Furthermore, the research by the HSRC indicates that in South Africa, most adult street homeless people came from rural townships and that most street-connected children are from urban townships, largely because of household response to unemployment and breaking up of families. This is also in accordance with a recent study that found that 90% of the homeless people surveyed reported job loss as the cause of their homelessness (SAM, 2021). Findings further indicate that work-seeking is one of the main reasons people end up in Gauteng HSOs or on the street. The HSO managers' feedback was very similar, indicating that seeking employment in cities was the most common factor, followed by job losses, substance abuse and family conflicts (SAM 2021).

Even before the COVID-19 pandemic began, homelessness was increasing across South Africa (Rule-Groenewald et al. 2015). The the most vulnerable populations in South Africa experience pressure as they earn minimal or no income and are at risk of being evicted even from their temporary homes (Nnoko-Mewanu 2020). Haralambos et al argue that the problem of homelessness is interconnected with other social ills as the homeless sometimes engage in behaviours such as heavy drinking, which make escaping from homelessness more difficult (Holborn et al. 2009). Family / partner conflicts was reported by 70% of respondents as one of the problems that drives people out of their homes and into HSOs or onto the street (SAM, 2021). Obioha (Obioha 2019, 2) notes that consequences of homelessness as observed by sociologists include, but are not limited to, social, economic, political, cultural, educational, psychological spheres, and the deepening of poverty in the society.

Lack of Proper Identification Documents: Possession of proper identification is a necessary step in securing access to state benefits. In a modern state like South Africa, the inability to produce an identity document as and when needed or requested leaves one out of all benefits that are due to every citizen. South Africa has a standard bar-coded identity document that is issued to all citizens and permanent residents in the country. This document is required in almost every transaction with the state, its agencies and other non-state agencies like financial institutions, private schools, private hospitals etc. During the apartheid regime, African population groups were denied this document. The after effect of this practice created a substantial backlog of people born in South Africa who do not have identity cards immediately at the dawn of democracy in 1994 and up till the present, to some extent. As in most other transactions, a household may not be able to access private housing if it wants to purchase or benefit from the government housing schemes for the purpose of having a 'home.'

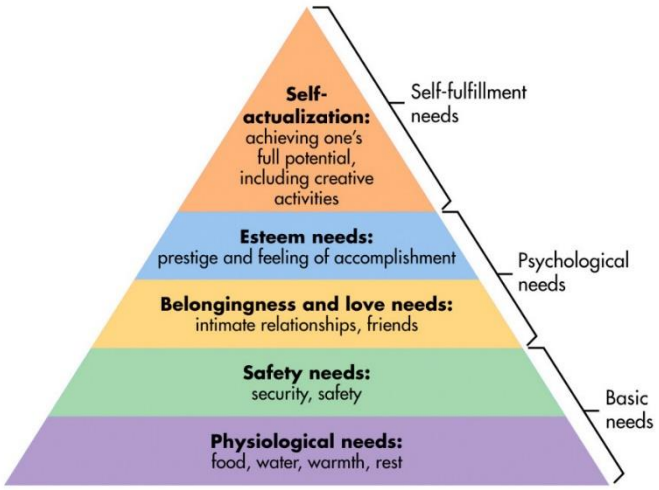

Figure 2: Maslow's Hierarchy of Needs

2.5 Needs of the Homeless

The psychological theory of Maslow's hierarchy of needs (Maslow 1943), posits that having one's basic needs met is a prerequisite to pursuing a fulfilling life (Mcleod 2020). In this hierarchy, there are five stages, and the lower-level basic needs must be achieved before progressing to the next level as shown in Figure 2.

By this measure, most homeless people are still seeking to achieve their physiological needs, such as food, water, shelter, warmth and sleep. When these needs are not met, the health of homeless people can be impacted as they are likely to prioritize finding employment and the search for food before seeking health care. Another contributing factor to poor health outcomes for homeless people is the delay in accessing health services for fear of judgment at health facilities. It is, therefore, important that when planning for improving services for homeless people, a health audit be done to identify the "silent" physical ailments that affect them. Common physical complaints among the homeless include joint and muscular pains, skin, chest, dental, eye, stomach, heart, and urinary problems. Other ailments include mental ill health in the form of anxiety, depression, and mental distress as well as more sever psychiatric conditions. The problem of homelessness is interconnected with other social ills such as engaging in heavy drinking, a behaviour that makes escaping from homelessness more difficult (Holborn et al. 2009). Homeless people have been found to suffer higher rates of alcohol abuse, substance abuse and self-harm including suicide. HIV/TB and Hepatitis C infections have also been found as common infections among homeless people. The consequences of homelessness, as observed by sociologists include, but are not limited to, impacts on the social, economic, political, cultural, educational, and psychological spheres.

Many researchers have equated the heterogeneity of demographic characteristics in the homeless population and the different pathways into homelessness with different risk factors and argued that each sub-group of the population therefore has unique social service needs. For example, women that report different causes for homelessness, will need a different socio-physiological care approach (Tessler, Rosenheck, and Gamache 2001). Similarly, shelter options, and services need to be developed to meet the distinctive needs of older and younger homeless adults (Keigher and Greenblatt 1992; Shinn et al. 2007).

2.6 Responses to Homelessness

A range of factors have led to a housing shortage of approximately 3.7 million houses, which is estimated to be growing at 178 000 annually (CAHF, 2021). To a large extent housing affordability is affected by social and economic factors such as high poverty and unemployment levels. South Africa's unemployment rate has reached 34.4%, translating to approximately 7.8 million people without jobs (Wicht, 2014). Two thirds of South Africa's population reside in urban centres, and a quarter live in informal settlements (Wicht, 2014). The main challenge for addressing housing in South Africa is attracting investors to scale affordable housing delivery, and policy gaps. The policy gaps are not just about housing, but also relate to strategies for curbing causes of homelessness, how to respond effectively to the growing problem especially in the metros, who is responsible for this, how funding should be provided.

The widespread homelessness experienced in South Africa reveals deep structural inequities in the country's economy (Statistics South Africa 2019). It may also point to inadequate responses to the structural and individual causes of homelessness in and across government, civil society, the private sector, and communities. Being a systemic and complex problem, homelessness requires an integrated, systematic response in policy, programs and governance (Nichols and Doberstein 2016). A key challenge is that the responses are often incremental and parallel to each other. For example, a common scenario is that social service interventions are separate from health services, which are separate from housing, which are separate from economic strengthening interventions. From a complexity systems perspective, there has to be a coordinated and collaborative response to homelessness (Fowler et al. 2019). However, the intersectoral collaboration can present challenges due to the the diversity of interests and policy legacies that have to be reconciled (Concodora 2008). For example, the civil society organizations in South Africa have played a significant role in responding to homelessness with their approach often relying on volunteers and donations, but performing tasks that the government may struggle to achieve (Sanchez 2010).

2.6.1 Government Responses to Homelessness

South Africa's legislation and policy responses to homelessness have been mainly formed by the fact that a large population lives in informal housing, characterised by social instability and economic poverty. With the majority of the homeless also sharing these informal settings, South Africa's response has resulted in an intersectoral legislative and policy framework that involves social welfare and housing sectors. The strategy has been such that preventive measures to reduce the structural, social and economic risks and vulnerability of becoming homeless on the street have been prioritized, with the assumption that effective collaboration and coordination between government departments will happen (Naidoo 2010).

Obioha's paper (Obioha 2019, 8–9) lists a number of laws and policies that have been developed by the South African government. These include:

- **The Republic of South Africa Constitution 1996:** Section 26 stipulates that "(1) Everyone has the right to have access to adequate housing. (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right." ("The SA Constitution" n.d.)
- **Prevention of Illegal Eviction (PIE) Act (1998):** and Unlawful Occupation of Land Act (PIE) is an act of the Parliament of South Africa which came into effect on 5 June 1998, and aims at preventing arbitrary evictions.
- **The Social Housing Act (2008):** This Act was meant to establish and promote a sustainable social housing environment; to define the functions of national, provincial and local

governments in respect to social housing; to provide for the establishment of the Social Housing Regulatory Authority in order to regulate all social housing institutions obtaining, or having obtained, public funds; to allow for the undertaking of approved projects by other delivery agents with the benefit of public money; to give statutory recognition to social housing institutions; and to provide for matters connected therewith.

- **The National Norms and Standards:** This policy covers the minimum standard for a 'proper' house in South Africa. It stipulates that each house must have at least 40m² of floor space, two bedrooms, a separate bathroom with a toilet, a shower and hand basin, and a combined living area and kitchen.
- **The White Paper on Families** views the family as a key development imperative and seeks to mainstream family issues into government-wide, policy-making initiatives in order to foster positive family well-being and overall socio-economic development in the country
- **The White Paper for Social Welfare** reaffirms Government's commitment to securing basic welfare and human rights and active citizen participation in promoting human well-being. Section 1 in Chapter 8 focuses on the family and the life cycle: families, children, youth and ageing, and outlines strategies to promote family life, as well as to strengthen families.
- **Special Needs Housing (SNH) Policy -** Special Needs Housing can be described as any form of state assisted or state funded housing for persons who are in special need (CSO National SNH submission, 2013). SNH is provided by registered and well capacitated non-profit organizations to those people that require special care, resources and expertise. Individuals that require this kind of assistance are not registered on the national housing database. Through transitional subsidies, allocations are given per bed and not per beneficiary; this is done because of the transitional nature of the accommodation (CSO National SNH submission, 2013).
- **Reconstruction and Development Initiative:** To address chronic housing shortages as one of the causes of homelessness, the government under the Reconstruction and Development (RDP, 1994) and Breaking New Ground (2004) programmes provided more than 3.5 million houses for poor black households in 1994. While the programme has been successful, it has also perpetuated spatial divisions because of the peripheral location of most projects. Some beneficiaries sold their houses and decided to rent closer to central cities, even if it meant living in poorer quality, unsanitary buildings or "backyard shacks". Moreover, despite this massive construction of public housing, supply has fallen far short of demand. Thus, in large metro areas such as Johannesburg, Cape Town, and Ekurhuleni, one out of five inhabitants live in precarious accommodation (SCHEBA et al., 2021). Another shortfall of the RDP is that it responds to housing shortages and informal housing, but it doesn't respond to street homelessness in urban areas, which we have established is a major problem in South Africa due t unaffordable housing stock in urban ares. It was found in a study that people said they ended up on streets or in HSOs because rent was too high (SAM, 2021)
- Across South Africa, the government has instituted a few changes (and cutbacks) in welfare, disability benefits, labour laws, education, health services, social services, and workers compensation, for instance, that have reduced and restricted income, opportunities and access to services and supports for vulnerable populations (Maputi Sibongile, 2021). Accounting for 3.3% of GDP and 15.4% of total government spending, the cost of South Africa's social assistance system is relatively high compared to the average of other upper middle-income countries (UMICs). However, the rates of welfare have reduced with a budget deficit of 14% in the last fiscal year, which has had an impact at a time when demand for such services has grown (Sguazzin & Wilson, 2021).

2.6.2 Non-Government Responses to Homelessness

Faced with a growing homelessness crisis in South Africa, many individuals, non-profit agencies and indeed, government services have had to respond in creative ways. Social service agencies have continued to develop innovative programs that seek to respond to the wide-ranging challenges that homeless people face. At a time of cutbacks and massive restructuring, the government continues to put in efforts to make alleviating homelessness a priority through its services, its program funding, and grants. Funding limitations make it difficult for HSOs to provide more comprehensive services that address identified needs of beneficiaries. Limitations in skilled human resources make it difficult to provide more specialised services and support (SAM, 2021).

The Tshwane Homelessness Forum established in 2013 in a joint effort with non-profit, faith-based, and community-based organisations and individuals, with the National Homeless Network has addressed a number of issues related to homelessness. The organisation facilitated the process for the City of Tshwane to develop their homelessness policy. It is the first South African city to develop such a policy and was formally adopted in 2013. However, it did not have a budget or strategy attached to it, there was no clarity as to which Department in the City of Tshwane was supposed to be its champion, and it was not sufficiently collaborative in terms of the supposed implementation. The network is also responsible for an overnight HSO at 1 Struben Street and in May of 2014 the City gave a letter of notice to residents of the HSO, requesting that they vacate the facility within one day as the City was set to renovate the property. It would have been impossible for 600 people to find alternative accommodation overnight. Many of them were frail, elderly people living with chronic illness, or mothers with small babies. It was also a particularly cold time of year. Through a public outcry this order was reversed, and the renovations took place without vacating the property.

Established in 2017, The National Homeless Network is a movement that brings together over a dozen organisations in eight cities across South Africa. It is made up of practitioners, NGOs, FBOs, CBOs, local homeless forums, activists, academics, and most importantly, current and former homeless individuals. The network also partners with various government institutions and departments. The network seeks collectively across South Africa to help prevent homelessness, to improve the conditions of people who are homeless, and to find pathways out of homelessness.

Religious organisations have also played a vital role in addressing homelessness in the country. A good example is U-turn, a registered Christian NGO with headquarters in Cape Town. They have employed innovative skills-based programmes, with long term results for rehabilitation and reintegration. Six months after graduating from the U-turn programme, more than 80% of participants remain employed and sober. The skills development model offers work-placement at their charity shops and laundry centre. The shops are managed from the top down by formerly homeless individuals, providing on-the-job learning on merchandising, stock taking, customer service and other skills. Participants also access weekly occupational therapy, relapse prevention and formal training in English, literacy, IT, as well as accredited business management for selected participants. Participants graduate into the open labour market, and they have reported positive and long-term benefits from their beneficiaries (U-Turn, 2021).

Another overlooked institution that has been vital in addressing homelessness are tertiary education institutions. These tertiary institutions are involved with the organisations in providing resources and services. Tertiary institutions can be of great help when it comes to skills training as they have more manpower than general organisations. Universities can also assist in doing research, especially when it comes to the needs of the homeless people. Organisations interviewed in this study noted that apart from social work departments, other faculties such as education can assist by giving their time and talents in skills development for the homeless people (Tshwane Homeless Forum, 2015). Support groups conducted by university students help in restoring hope

amongst the homeless population. Participants indicated that universities are in the best position to provide organisations with research which can draw from an international as well as a local perspective (THF, 2015). Participants also expressed that universities could assist with enhancing income generation activities by providing skills training programmes and projects to the homeless population (THF, 2015).

2.6.3 Evidence and Lessons from other Countries

There has been a general trend across some OECD and EU countries towards a 'housing first' approach to support individuals with complex needs. The housing first model aims to provide tailored, intensive support for homeless people with complex needs by placing them in permanent, immediate housing and enabling them to exercise control over their support services (Pleace et al., 2019). Housing First is distinct from previous models that made access to accommodation contingent on the completion of counselling or treatment programmes. A series of random control trials have shown that housing first can produce greater housing retention among the chronically homelessness compared to treatment-as-usual groups; there is less agreement about the implications of such approaches on health outcomes (O'Flaherty, 2019). A study by Goering et al shows that 80% of people who received housing first services remained housed after the first year (Goering et al., 2011). Thirteen OECD countries report housing first strategies at the national level: Canada, Chile, the Czech Republic, Denmark, Finland, France, Ireland, Japan, Luxembourg, New Zealand, Norway, Portugal, and the United States. In other countries, in the absence of a formal housing first strategy at national level, such approaches have been adopted in some regions and/or municipalities. This is the case in Australia, Austria, Germany, Iceland, the Netherlands, Poland, Sweden and the United Kingdom (England). A housing first strategy is currently under consideration in Israel. Nevertheless, there is wide variation in the implementation of housing first models (Pleace et al., 2019).

National homelessness strategies have been adopted in several European countries over the last decade. National strategies to tackle homelessness have primarily been adopted in the northern and western European countries. The more holistic approaches embedded in these strategies replace a range of narrower projects, programmes, and initiatives such as the Rough Sleepers Initiative in England and Scotland (Fitzpatrick et al., 2005; Anderson, 2007), the Homeless Initiative in Ireland (O'Sullivan, 2008), the City Programme in Denmark (Benjaminsen et al., 2007) and Project Homeless in Norway (Dyb, 2005). A holistic approach means that the strategy targets all identified features and problems regarding homelessness, and it also involves a more integrated government effort.

Between 2018 and 2020, The Japanese government took specific steps because of the global emergency of homelessness, which were added to other enforcement and assistance measures implemented previously to eliminate the problem of homelessness, resulting in the number of homeless people in the country dropping by 12%, going from 4,555 to 3,992 people, with a population of over 125 million (Eduardo, 2021). The initiatives they implemented included training courses for these citizens, many of whom were around fifty years of age, incentives to encourage businesses to hire these employees and subsidized rent options for housing, together with direct food aid for the most deprived people (Yi, 2020). However, many of the associations designed to combat poverty have criticized the Japanese Government's regarding homeless people. Among other aspects, they argue that these measures to get people off the streets are insufficient and, sometimes even inhumane as is the case with the hostile urban architecture, designed to prevent homeless people from sitting or sleeping on the street (Thompson, 2021).

Governments often address the problem of homelessness with band-aid solutions like placing the unhoused in HSOs, only to have them back on the streets after a short while. However, a newly

developed project in Rajasthan, India, is striving to change these temporary fixes with a more holistic approach. The new four-month program accommodates 100 homeless men with dependents with an interest in developing their skills. It was introduced by the Rajasthan Skill and Livelihood Development Corporation (RSLDC), and partners with employers who provide guaranteed jobs for the participants. As part of the scheme, participants are provided with food and a room that is shared with only one other person, as well as 230 rupees (approximately $3.10) which is just a bit more than India's minimum wage. These small earnings help the participants replace their financial insecurity with a sense of self-respect. The Ministry for Social Justice and Empowerment hopes to launch pilot projects in ten cities but is still unsure whether these projects will be able to guarantee jobs (Raj, 2021).

Nigeria currently has one of the largest homeless populations in the entire world. The reasons for this are numerous and complex. However, there are no known government efforts in addressing these problems (Obasi & Anierobi, 2021). Regardless, there are a few Nigerians who are working to help homeless youth, such as James Okina. Okina is a former street child who founded the program Street Priests when he was just 15 years old, which is an organization to rehabilitate homeless children. Seyi Oluyole is a choreographer with the organization who is attempting to heal street youth by teaching dance. Okina reached approximately 3,330 through his practice of social and emotional learning. Other organizations like Street Child seek to place displaced children back in school and assist with social and psychological problems (Obasi & Anierobi, 2021).

2.7 Effect of COVID-19 on Homeless Needs and Related Mitigation

While the harms of homelessness are recognised the world over, most governments have still struggled to adequately implement policies that mitigate the challenges of homelessness. The adequacy of such responses for the homeless has become more relevant since the start of the COVID-19 pandemic. Infectious disease pandemics have a disproportionate impact on people experiencing marginalization and poverty (Madhav et al. 2017). Due to COVID-19 homeless populations are therefore at risk of being disproportionately affected by the infection. This is especially so in HSOs, which are an ideal environment for transmission of COVID-19 because of shared living spaces, the difficulty of achieving physical distancing and the frequent change in HSO residents (Tsai and Wilson 2020). Moreover, the homeless population is at a higher risk of severe COVID-19 due to the high prevalence of medical co-morbidities, including high rates of smoking (Tibbetts, Ottoson, and Tsukayama 2020; Alcorn 2020).

Alongside the health and economic consequences of COVID-19, the pandemic has had a profound impact on responses to homelessness with governments spending large amounts of additional funds for homelessness interventions. In South Africa, as part of the COVID-19 lock-down, the Gauteng provincial government established new HSOs and strengthened existing municipality-run HSOs ("Gauteng City-Region Comprehensive Intervention Plan on Homelessness" 2020).

One of the biggest challenges for governments in responding to the needs of the homeless during the pandemic is having to act amidst already constrained homelessness policies and interventions. Prior to COVID-19, responses to homelessness were already considered unambitious and with many governments unmoved by evidence demonstrating the health consequences of homelessness and the suitability of interventions (Parsell 2020; 2017). This situation can be a challenge if there is inadequate collaboration and understanding of the need for accountability of government.

In South Africa, the COVID-19 pandemic highlighted the inadequate consensus of the key national structures, namely the South African Local Government Association (SALGA), Department of

Cooperative Governance and Traditional Affairs (COGTA) and National Department of Social Development (NDSD) on how and who should lead the programme on homelessness and HSOs. This predicament is worsened by the fact that there is no specific national policy nor legislation on homelessness, which could have provided clear guidelines to parties involved in this matter. A synthesis report on the understanding and "conflict" of sectoral roles of SALGA, COGTA and NDSD shows how the different sectors view their roles (Department of Social Development 2020). For example, SALGA concluded that "… it will be communicating that municipalities must therefore leave the operations and management of the facilities (homeless HSOs) to Provincial DSD once the facilities have been identified and accordingly approved as suitable for the purpose. However the NDSD concluded that "…whilst there is no legislation that outlines the roles and responsibilities of each government sphere … the Department's mandate is to provide psychosocial services … which include therapeutic and counselling services to already established HSOs"; and finally COGTA leadership concluded that…"… should the DSD require a municipality to perform a function that is not listed in the schedule, … the department considers the provisions of Section 9 of the Local Government: Municipal Systems Act, 2000… should in no way be construed to suggest that the social welfare function has been re-assigned to local government as such a process is very clearly governed by legislation". These sectoral conclusions actually guided the province to develop a comprehensive plan (with a role matrix) for the homeless in Gauteng province that focuses on three strategic areas of early intervention and preventing crisis, providing effective support and responses, and creating an integrated, person-centred service (Department of Social Development 2020).

3 Study Design and Methods

3.1 Study Design

A cross-sectional mixed method study design was used to gather data from sampled sites in the different metropolitan areas and towns across the country. This approach included both qualitative and quantitative research methods (Rindfleisch et al., 2008).

The qualitative and quantitative research will both use a descriptive study design. The purpose of descriptive research is to observe, describe and document aspects of a situation as it naturally occurs (Polit & Beck, 2004). For this evaluation, the descriptive methods will focus on the key research questions outlined in the study design matrix below.

3.2 Outcomes and Variables of Interest

A. **Homeless people:** anonymized socio-demographic characteristics; physical and mental health; life histories and homelessness histories; access to services including health, social, legal, economic strengthening and more.

B. **Homeless Serving Organisations (HSOs):** characteristics of HSOs, types of services they provide, funding sources, clientele, managers perspectives on issues pertaining to homelessness including policy, services, coordination of the response, role of different stakeholders etc.

C. **Stakeholders** (including frontline Departments of Social Development, Health, SAPS, municipal services, etc) outcomes, perspectives on issues related to homelessness including policy, services, coordination of the response, role of different stakeholders etc.

3.3 Study Design Matrix

The table below provides details regarding the areas of the study that were undertaken, the key evaluation questions, variables of interest, data sources, and methods for data collection. These key elements of the evaluation design were used to guide and focus the evaluation.

Table 1: Evaluation Design Matrix

Key Areas of Study	Key Evaluation Questions	Key variables of interest	Data Sources	Methods of data collection
Needs of Homelessness people	What are the immediate interventions required by the homeless people?	• Social Demographic • Socio-economic needs • Health care needs • Survival strategies • Access to services • Services available at HSOs or through referrals and linkages • Coordination and integration of services among key players • Perception of quality of services at HSOs by beneficiaries	• People affected by Homelessness • HSO managers and workers • Municipal workers and managers • Other key stakeholders	• Telephonic survey with Homeless people in sampled HSOs • Online Survey with HSO managers • Key Informant interviews • Document reviews

Key Areas of Study	Key Evaluation Questions	Key variables of interest	Data Sources	Methods of data collection
Causes of Homelessness	What are the root causes of homelessness in South Africa?	• Socio demographic variables • Physical and mental health • Life histories • Homelessness history • Access to services	• People affected by Homelessness in sampled HSOs • HSO managers and workers • Other key stakeholders including social service professionals and health care workers)	• Homeless people's survey • Key Informant interviews • Online survey with managers at HSOs. • Document reviews
Prevalence of homelessness	What is the prevalence of homelessness in South Africa? What is the demographic character of homelessness (statistics)?	• Socio demographic variable of homeless people • Geographic distribution of homeless people	• Published and unpublished literature including Reports and Service Records • Municipal and district and provincial managers • HSO managers	• Review of records-published and grey literature • Service records from sampled HSOs • Online Survey with managers
Government Policies and legislation	Are there any government policies and legislation/ guidelines on homelessness? Is there alignment between these policies and legislation?	• Types of policies and legislation • Level of policy implementation	• Municipal/district, provincial and national managers and policy makers • Published and unpublished literature including Policy documents and reports	• Key Informant interviews • Review of records
Available Services	What are the existing government services provided to the homeless aligned to the various life cycle stages? What are the institutional arrangements in place for planning and management of these services? What are the roles and responsibilities of different stakeholders?	• Types of services • Demographic variables of users • Demographics of providers • Locations of services	• Municipal/district, provincial and national managers • HSO managers and workers • People affected by homelessness in sampled HSOs • Other key stakeholders including social service professionals and health care workers • Published and unpublished literature including Policy documents and reports	• Review of records-published and grey literature • Service records from sampled HSOs • Online Survey with managers • Homeless people's survey • Key informant interviews
Funding models and partnerships	What are the current funding models to address homelessness? What are the current public and private partnership models?	• Funding models • Levels of funding • Frequency of funding • Partnership types • Modalities of partnerships • Stakeholder types	• Municipal/district, provincial and national managers • HSO managers and workers • Other key stakeholders including social service professionals and health care workers • Published and unpublished literature including Policy documents and program reports	• Review of records-published and grey literature • Service records from sampled HSOs • Online survey with managers • Key informant interviews – program managers and stakeholders

Key Areas of Study	Key Evaluation Questions	Key variables of interest	Data Sources	Methods of data collection
Evidence and lessons from other countries	What evidence from other countries exists on solutions that are working? Are there lessons that can be learned from these countries to develop workable solutions?	• Types of programs and policies • Funding modalities • Implementation arrangements	• Published and unpublished literature including policy documents and program reports from different countries	• Review of records-published and grey literature

3.4 Target Population and Sampling Strategy

3.4.1 Study Population

The study primarily targeted managers and clients of sampled Homeless Serving organisations (HSOs) in the 8 metros and selected towns. Furthermore, the managers, policy makers from relevant districts, provincial and national departments as well as other stakeholders including academic institutions, parastatals and non-government organisations were targeted to respond to questions related to prevalence, policies and programs and institutional arrangements. The sample was drawn from the 8 metros and several selected towns which were identified as hotspots for homelessness.

3.4.2 Sampling Approach

Sampling for Quantitative Research: First, we gathered information on available HSOs in all the targeted metros and towns to develop a full list of all stakeholders that could be approached to participate in the study. These lists were developed firstly by engaging the department of social development to obtain available information and then by engaging different organised groups such as homelessness forums or associations as well as some of the larger independent organisations who contributed more information to that gathered from the DSD. Using the snow-ball technique, we were able to develop comprehensive listings of all available organisations across the different sites.

Using the comprehensive lists of HSOs, we then contacted each organisation we could reach telephonically to recruit managers into the study. As the data collection was via telephonic or online surveys, we aimed to reach as many respondents as we could get from the listed organisations. In the case of Western Cape, the department of social development provided a pre-selected list of organisations that should be included in the study and which we were required to follow. Elsewhere, our team worked with the full list of available organisations and recruited as many managers as possible to participate in the study.

For the homeless people's survey, the sample was generated from identified HSOs where any available and willing participants that were able to participate in telephonic interviews were recruited. Here the aim was to get as many beneficiaries as possible to respond to the survey based on those available and willing to participate on the day and time when the study team contacts the organisation.

The overall approach used was to utilise a multi-stage cluster sampling approach whereby at the first level of sampling, HSOs were clustered by Metro/ town. This ensured that HSOs from each metro/town were included in the sample. From the identified HSO, beneficiaries were identified and recruited into the study. Attempts were made to recruit participants representing different

gender and age-groups. The final sample size of HSO beneficiaries was determined based on data obtained through the managers' survey. The total estimated population of beneficiaries across sampled HSO was taken as 10% of the average beneficiaries seen per day. The actual beneficiaries that constituted the 10% were randomly selected from those that were available at the time of the survey which ensured that the sample was manageable. Using this approach ensured that this was practical, cost-effective, and convenient.

3.4.3 Sampling for Qualitative Research

Participants were purposively recruited from the different program stakeholders identified in the different metros, towns, districts, provinces and at national level. We ensured that we included a variety of people representing different stakeholder groups to guarantee inclusion of different perspectives and experiences. Stakeholders included in the study were identified during the inception meetings as well as during some of the initial Key informant interviews undertaken with managers of DSD as well as other stakeholders. Snow-ball sampling was used to identify more and more respondents as the study progressed.

3.4.4 Eligibility

To be eligible, participants had to be familiar with the homelessness programs and related interventions, either as beneficiaries, implementers, policy makers or key stakeholders. Program beneficiaries selected for the survey and qualitative research included current users of services at any of the HSOs identified in the study from the 8 metros and selected towns. HSO clients were included even in cases where managers may not have been available or able to participate in the HSO managers' survey.

3.5 Data Acquisition Plan

3.5.1 Quantitative Data Collection

Preparation for and execution of data collection included the following:

- **Designing electronic applications for the surveys.** We developed two surveys with one focusing on managers of HSOs and another for clients/beneficiaries. The surveys enabled the gathering of information based on the key questions outlined in the study design matrix.

- **The electronic surveys were piloted with a sample of HSO managers and clients,** a few amendments were made before the final versions were launched for the full-scale survey. Data collection was undertaken via online dissemination of the managers surveys as well as through telephonic interviews with some managers and HSO clients.

- **The evaluation team worked closely with the DSD manager to coordinate** and schedule field work which was undertaken primary through virtual means. Coordination efforts included ensuring that all relevant stakeholders are informed ahead of time and approvals to proceed with data collection were secured in every site/province. Communication with all relevant program stakeholders was spearheaded by DSD

- **Training of data collectors was conducted ahead of commencement of the field work.** This included training the team on use of the survey apps for the beneficiary surveys as well as the online survey for HSO managers and staff.

3.5.2 Qualitative Data Collection

Key informant interviews were conducted with selected stakeholders as identified during the inception meeting. These may include in-person and telephonic interviews as well as virtual interviews using MS teams or other software. This approach enabled us to engage a large number of respondents from different parts of the country. In some cases, particularly for HSO staff, interviews were done in small groups of 2 or 3 people together. Key informants that participated in interviews included government officials including DSD, SAPs, DOH, municipal services; HSO managers, social workers, advocacy organisations, homelessness forums and academic institutions.

Table 2: Breakdown of Stakeholders who Participated in the study

	GP	LP	MPU	WC	EC	KZN	NC	FS	NW	Total
Homeless people surveyed (in shelters and street-based)	579	8	27	52	15	22	14	15	4	736
Homelessness Serving Organizations (HSO)	60	9	18	49	14	29	9	13	9	210
HSOs where managers were surveyed	28	6	5	11	6	9	6	5	1	77
HSOs where beneficiaries were surveyed	18	2	5	8	4	5	4	4	1	51
Key informant interviews	6	1	1	13	2	3	1	1	1	29

3.5.3 Study Locations

The study locations included multiple sites in all 8 metros as well as in selected towns including Secunda, Emerlo, Standerton, Middleburg, Rustenburg, Polokwane, Musina, Tzaneen, Richards Bay, Pietermaritzburg, Kimberly, Krugersdorp, Randfontein, Vereeniging, Benoni, Carletonville, Kemptoon Park, Heidelburg, Boksburg, Stellenbosch, Fishhoek, District Six, Kalk Bay, Claremont and Paarl.

The map below shows the study locations across the country.

Figure 3: Study locations across the country

3.6 Quality Assurance and Control Plan

Quality assurance was an integral component of the entire study and involved the following broad strategies:

We made use of standardized Data collection tools

- A dedicated team collected data throughout all provinces
- Used tools that generated data consistent with selected measures
- Used structured and semi-structured interview questionnaires with clear standard operating procedures (SOPs)

We ensured data accuracy, consistency and integrity

- Data collection was undertaken using computer assisted tools to reduce transcription errors
- We used GPS coordinates and time stamps for each structured interview where data was collected physically
- We trained field teams on data collection SOPs prior to commencement of fieldwork
- We double-recorded all key informant interviews (audio recording and hand-written notes). This was done in a manner that ensured anonymity of the respondents.
- Survey data cleaning was done daily to ensure consistency and accuracy and to correct any errors identified while the team was still in the field.

We developed a clear analysis plan that is consistent with the study objectives.

- Agreed on measures for each of the study objectives and related questions.
- Prior agreement of inclusion and exclusion criteria of datasets
- Agreed on qualitative and quantitative data analysis tools for use in the study

3.7 Ethical Considerations

Ethics approval for the study was obtained from Pharma-Ethics, an independent ethics review board, with full approval secured on 27th November 2020 (ethics reference no: 201023665) additionally, ethical approval was obtained from the Western Cape DSD research unit on 28th February 2022. In Western Cape, data was collected physically from beneficiaries in compliance with the conditions set out in the ethical clearance approval. In compliance with good research practices, all participants were adequately informed of the purpose, methods,, risks, and benefits of the assessment. Researchers adhered to the principal of voluntary participation and where individuals declined to participate, this was accepted and respected without prejudice. Voluntary participation in the survey was only allowed and accepted after every participant had signed the informed consent forms or verbally consented in the event of a recorded telephonic interview. Where children were involved, parental/guardian consent was secured first, followed by assent from minors before they participated in the assessment.

3.8 Quantitative Data Analysis

Descriptive analysis of demographic and other characteristics was performed to provide insights on the counts, variances, frequencies and percent distribution of the participants and events. Analysis included descriptions of HSOs and the services they provide.

Summary descriptions were provided by type, region, age groups, gender, and other characteristics of homeless people. Descriptive measures such as mean (standard deviations), and medians (interquartile ranges) will be calculated for all continuous measures. Categorical variables are presented as frequencies and percentages. The number of homeless people is presented using visualizations that were stratified by variables such as region, age groups, gender, disability, and other characteristics of the homeless people. This allowed for a clearer visualization of their distribution across different levels and participant characteristics. Graphs and tables illustrating the proportion of homeless in the various categories were used.

All statistical analysis was conducted using STATA (“StataCorp.” 2015).

3.9 Qualitative Data Analysis

The qualitative data was transcribed verbatim and summarized using a framework analysis approach where similar and interrelated codes (short descriptions of findings) were grouped together to form themes and sub-themes in a data matrix. Core codes were independently developed and agreed upon in collaboration by the team. A codebook (including all codes identified during qualitative data analysis) was developed once a few transcripts had been completed and their consistency assessed. Additional codes were included as new ones emerged. The analysis involved the key processes of, repeated reading, familiarisation, indexing, charting, mapping and interpretation.

The open-ended responses (where participants provided a detailed response to a question or sub-question) were read repeatedly for familiarisation by the lead consultants and a co-investigator. This facilitated identification of key ideas and patterns from the data. The coding process continued to a point of data saturation. Indexing and charting of the data involved merging of the codes into patterns of similarities and differences and aligning them to themes and sub-themes.

3.10 Study Limitations

The following are the main limitations with the study:

- We conducted mostly online/telephonic data collection versus physical data collection. This limited access especially to street-based respondents.
- Lower numbers of Street-based homeless people were included in the study and the majority of these were from Gauteng and Western Cape where most of the physical data collection could be done.
- We had limited access to HSOs in some sites due to unavailability of managers. Some HSOs are informal, not registered and not known to us.
- This national study included fewer numbers of homeless people living on the streets, however Gauteng data collected in 2021 was used to augment the this national study
- Data for beneficiaries of HSOs is mostly from shelters with limited contributions by HSOs not providing residential services

4 Key Findings

4.1 Demographics of Homeless People

Data presented here is based on a total of 718 surveys with homeless people including 592 (82%) people found in shelters and 126 (18%) street-based respondents.

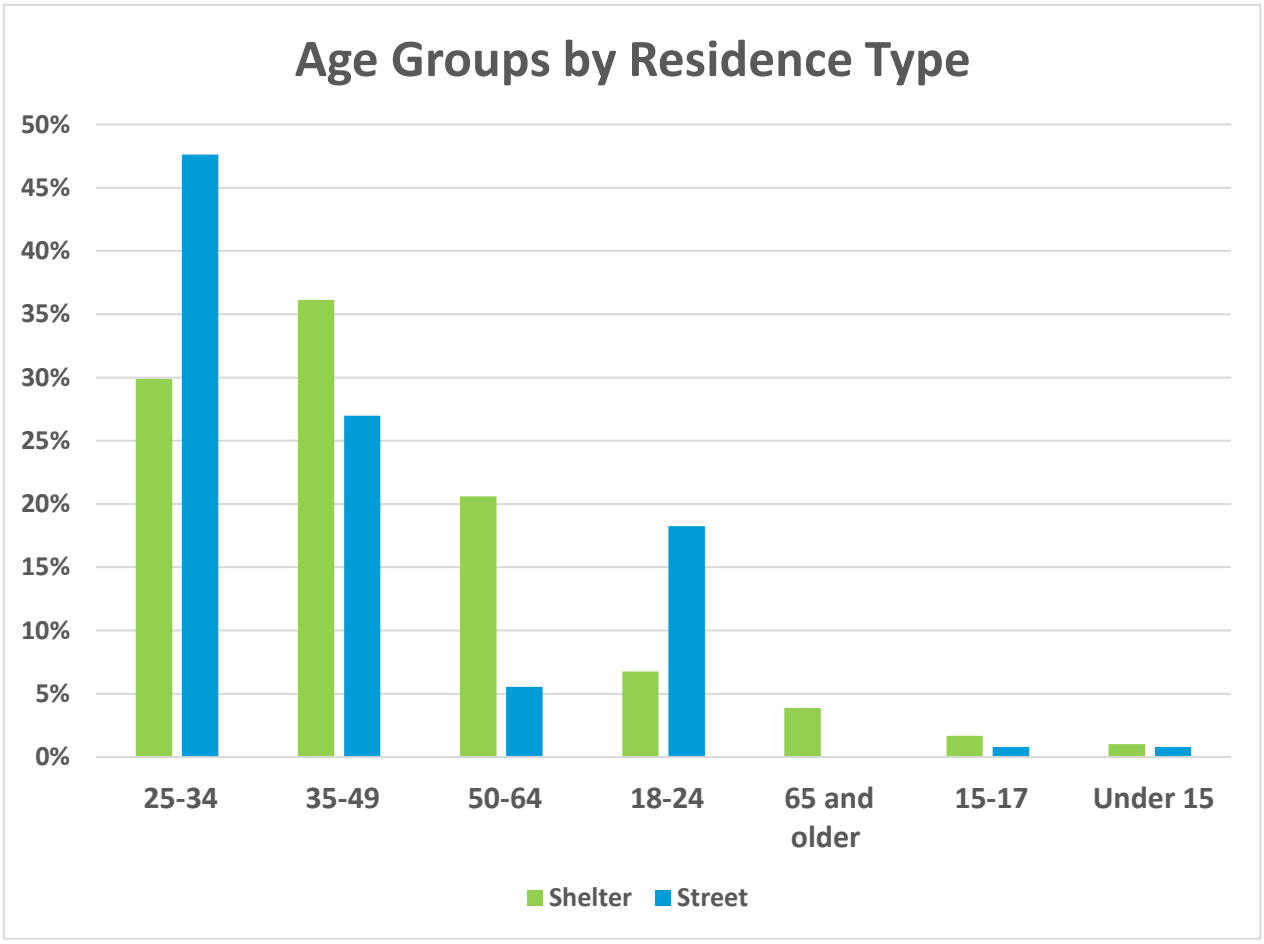

Figure 4: Demographics of Homeless People: Age Group

Survey data reveals a substantial difference in the demographics of street-based homeless people versus people housed in shelters. Nearly 50% of street-based homeless people are between the ages 25 and 34 years, compared to 30% among those in shelters. The age-group 35-49 years represents the largest proportion of shelter-based people at 36% compared to 27% among those on the streets. There are also notable differences in the 18-24 age group, with 18% of those living on the street compared to only 7% of those in shelters. Overall, findings show that street-based people are generally younger than those in shelters.

71% of all homeless people are black Africans, with whites being 17% and coloured people being 11%. Other notable findings are that 90% of street homeless people are black while 100% of all white and Indian homeless people are in shelters. 15% of street homeless people are female. 93% of homeless people are South Africans by birth.

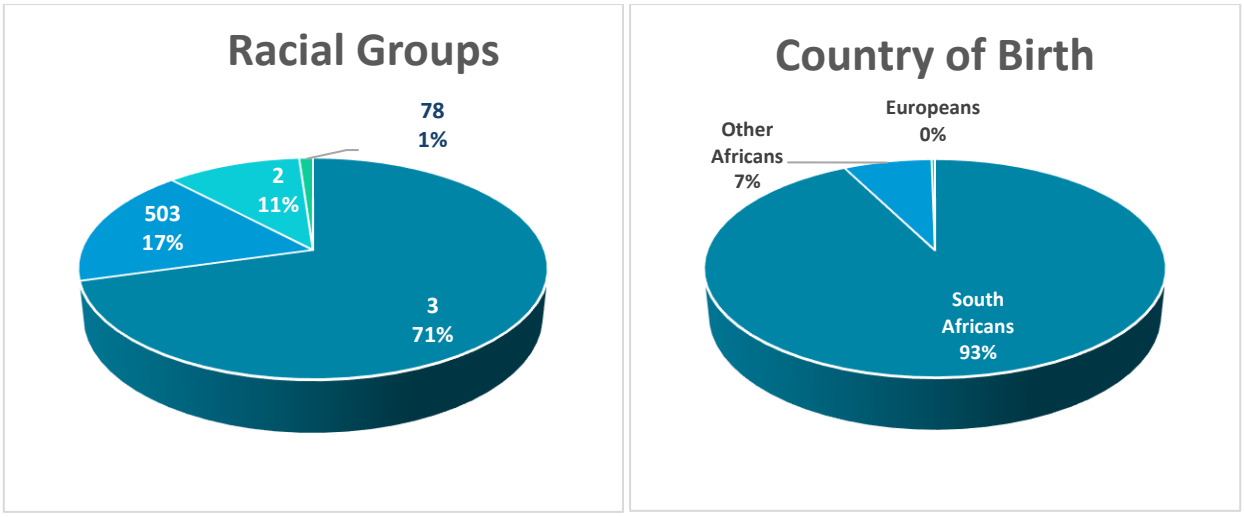

Figure 5: Demographics of Homeless People: Racial Group and Country of Birth

Findings also reveal that the majority (nearly 80%) of street-based people did not complete high school, compared to 44% of those in shelters. The highest level of education attained among shelter residents is higher than those on streets as reflected in the graph below.

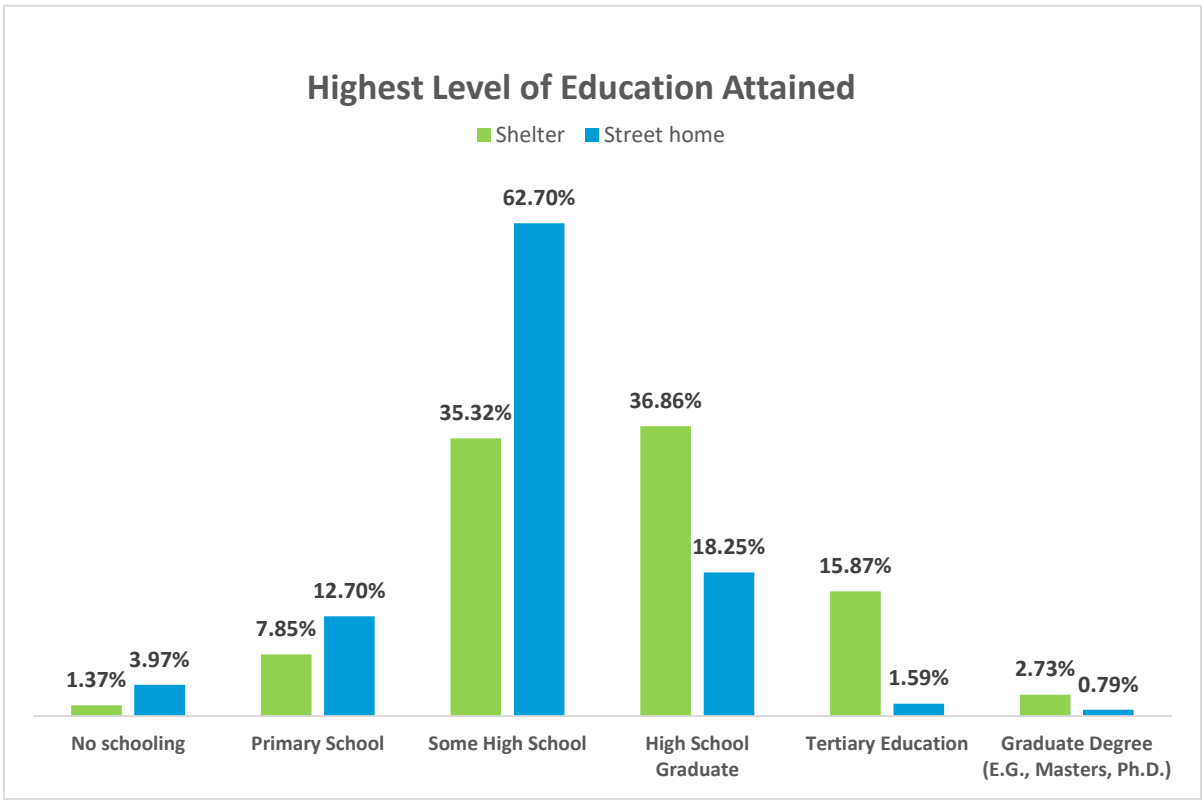

Figure 6: Demographics of Homeless People: Highest Level of Education

The majority (73%) of street-based people reported that they had been homeless for several years, compared to 56% of those in shelters.

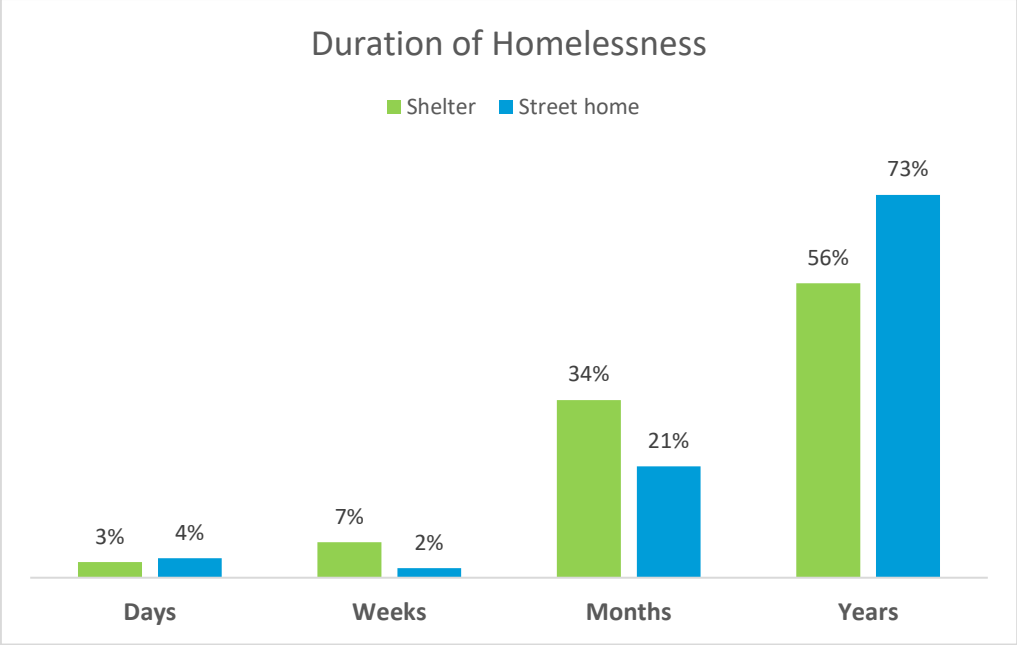

Figure 7: Demographics of Homeless People: Duration of Homelessness

Just under 60 % of homeless people reported having some income for their livelihood. 28% reported having employment, even though many said they didn't earn enough to afford housing. This is explored further in the next section of the report. A further 17% reported having part time jobs or informal /self-employment. A total of 16% reported receiving grants from government.

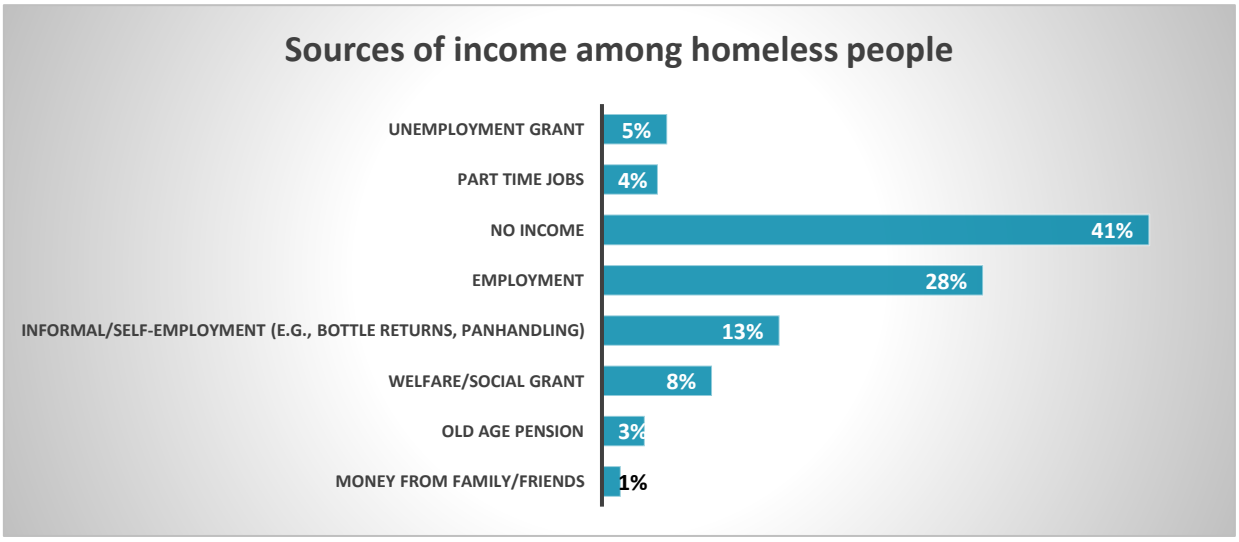

Figure 8: Demographics of Homeless People: Source of Income

4.2 Causes of Homelessness

Based on the survey with homeless people, the most frequently reported cause of homelessness was job loss (35%), followed by family/partner conflict (21%) and inability to pay rent/mortgage (18%). Substance abuse and domestic violence also feature among the top five causes.

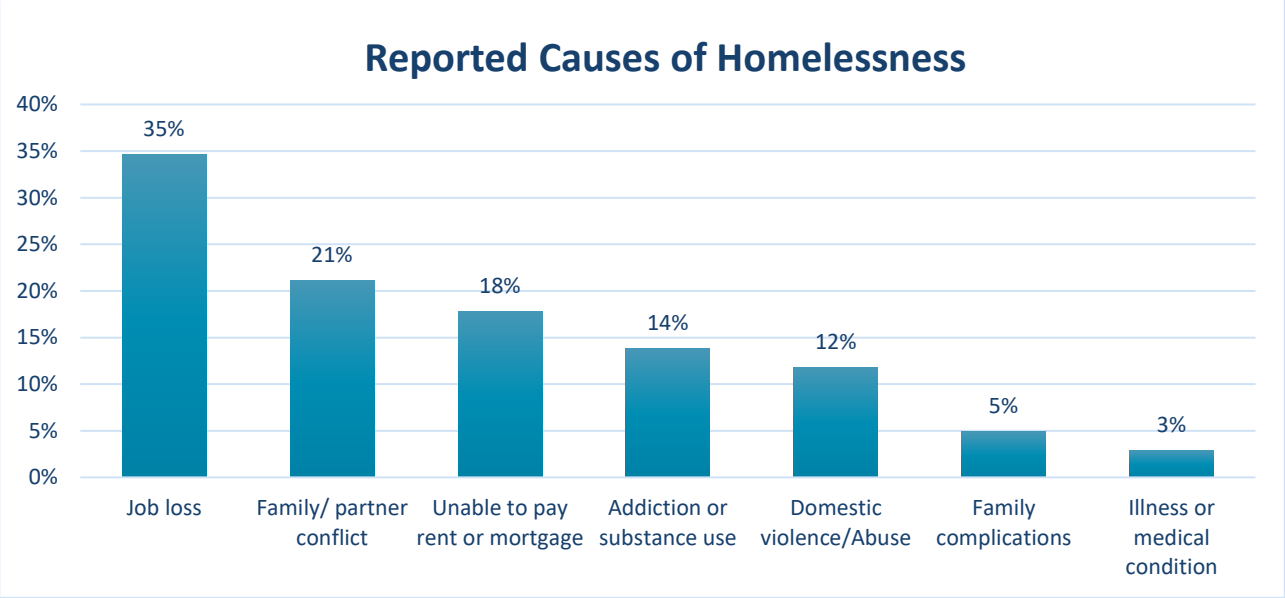

Figure 9: Reported Causes of Homelessness

Economic Factors:

About half of the respondents in the qualitative study identified economic factors as being a root cause of homelessness. These economic factors can be split into short- and long-term factors. Short term factors are those such as unemployment, job losses, and loss of income due to the COVID pandemic. Long-term factors include lack of skills amongst the youth and general poverty, especially the stress that poverty puts on people and families.

> *"I think the biggest challenge is poverty and unemployment … Others come to the cities to come and find employment but when they do not get it, then they find themselves staying in the streets." Government official, NC*
>
> *"The biggest challenge was getting a job because after intervention they were seeking jobs" Government official, LP*

Based on survey findings from homeless people, the most frequently reported cause of homelessness was searching for employment. This accounted for about 30% of responses.

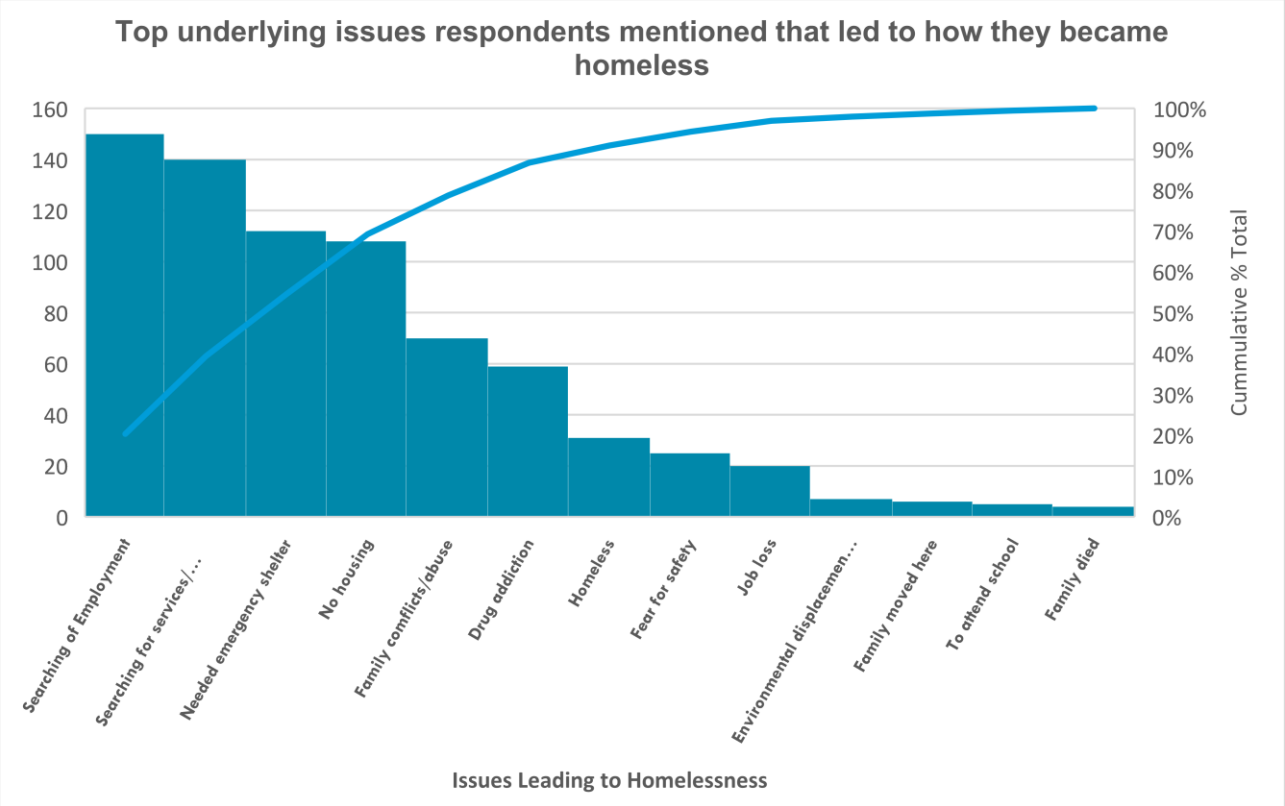

Figure 10: Reported Underlying Issues Leading to Homelessness

Spatial Factors:

Spatial inequality was identified by a number of key informants as a cause of homelessness. They report that people are not able to access jobs and other economic opportunities in the poorer, peripheral parts of many South African cities and are therefore forced to move to the inner-city where there are more opportunities, but limited access to affordable housing. Because transport to and from the inner cities to townships and other areas with more affordable housing is often too expensive these people end up living on the street. One important note here is that these people are on the street for very different reasons to those described in the other four themes in this section as they often have a house and a social support network but live on the street because of the opportunities it offers.

Another spatial factor is rural-urban migration. Many people who end up living on the street move to cities from rural areas looking for work and leave their support networks behind. This makes them more vulnerable to shocks.

> *"So other people are on the streets because they came closer to town to get job opportunities, there's nothing bad at home except mentioning that there was poverty so he didn't leave home in terms of abandoning or running away from home, he was attracted to an urban area because of thinking that he will be closer to work opportunities and they come to the streets thinking tomorrow they might get a job and then they never get a job and then issues like shame and all that makes them not to go back home and that perpetual hope to say I might get something" Government official, MP*

> *"Some of them are actually working, they have permanent jobs but because of travelling purposes, unreliable transport, they find themselves living in a tent in Sea point or in green point in Cape town or in a broken building." NGO, WC*

> *"We are here at the shelter because it is cheaper than flats and most of the time we are not working, or we have piece jobs. We are not all homeless, during December we went home, but came back here because we cannot afford to pay rent. Some of us move from*

shelter to shelter because shelters are cheaper than paying R3500." Shelter Beneficiary, GP

Lack of social support structures

From qualitative research, the most consistently reported cause of homelessness across the sectors was a disruption to the social support structures in a person's life. Families are the most commonly identified support structure. People may end up homeless after getting into conflict with their families, being rejected by families because of mental health issues, substance abuse problems, involvement in gangs, their sexual orientation or gender identity, or because of marital problems. Disruptions in families such as deaths can also cause the loss of family support. Children and women were also reported as leaving their homes because of abuse.

> *"Relationship breakdowns, misunderstandings, family background, whereby you are not accepted and are treated unfairly or abused also lack of love in the family. They do not have a place to stay; they are unemployed, being rejected by family members and the community as well". Social Worker, JHB*
>
> *"Most beneficiaries left their homes years ago, to locate their families might be difficult because some might not be willing to share their contact information due to family issues that occurred in the past" NGO, JHB*
>
> *"For an example, there are people who are homeless because they were rejected before from their families. So then, they run away from homes, and they come here looking for a job. If they do not find anything, they are exposed to drugs. They tend to forget why they are there and then end-up on the street. We have different reasons for people being on the streets".*
>
> *"It's the broken families, 95% it's because of broken families.... So, the issues of violence, abuse and neglect, those are all the symptoms of brokenness within families. Sometimes it is the issue of fatherless homes, because poverty is the result of a father who left the family, who the provider and now that he has left, it doesn't sit well with the children, and they leave and experiment with a whole lot of other things". "... and they are in the streets for different reasons, like they were abandoned, or their parents passed away". Social Worker, Correctional services.*

Communities are another key support structure. Individuals can be rejected by their communities for similar reasons to those listed above for families. One key consideration with communities is that a community can only act as a protective factor if it has the strength, coherence and social capital to support its members. Poverty and the disruption of communities due to processes such as relocations and gentrification erode the social capital of communities and their ability to support their members.

> *"Most beneficiaries left their homes years ago, to locate their families might be difficult because some might not be willing to share their contact information due to family issues that occurred in the past" HSO Manager, JHB*

Significantly, several respondents highlighted how strong family ties are a protective factor against homelessness and that interventions engaging with homeless people need to focus more on strengthening families before conflict or disruption occurs rather than simply reunifying homeless people with their families. This also has implications for shelter norms and standards as there is a need for shelters that can host whole families as splitting families up makes their members more vulnerable.

Substance abuse

Substance abuse, primarily drugs but also alcohol, was reported as the second most significant cause of homelessness. Respondents highlighted that there was a link between drug use and

trauma, with people using drugs to cope with trauma. There was also a reported link between drug use and the development of psychiatric conditions that could lead to homelessness.

One common point shared by several shelter managers was the fact that drug use is more of a problem with younger people and that an increase in drug use in recent years has led to the population of homeless people becoming younger.

> *"Right now, it is substance abuse, I think they contribute highly to homelessness especially amongst the youth because when they are home, they steal and then end up in the streets because they want to hustle to feed their drug habits." Government official, GP*

> *"The homeless population have a substance abuse problem which we have to understand as a way of dealing with trauma and disconnect and homelessness, but once you begin that cycle of using substances then you are really in a very dark space" Academic, KZN*

> *"I wouldn't know because majority of the people aren't homeless, it's just that they have other issues. I think our main issue is drugs because we have shelters but most of them don't like the structure, they just want to go back to the streets to beg for food and money. I think there are 2 guys that I see every day that were in our shelter, they were clean for a few weeks but choose to go back to the streets. These 2 guys I am talking about are not homeless, they have homes and parents. It is quite sad. It is hurtful, because you have seen them clean before, they have the potential to be clean but now you see them in the streets again." Social Worker, GP*

> *"I am an accountant by profession, I used to earn a lot of money then I started using drugs, most of my money went to drugs, I started missing work and being very irresponsible. I lost my job, then started stealing from my family to feed my addiction then my family kicked me out" Beneficiary, GP*

4.3 Needs of Homeless People

Based on survey findings, the top expressed needs of homeless people are, finding a job, getting accommodation and medical treatment. 41% of respondents listed securing a job as their top priority followed by getting accommodation (37%) and accessing medical treatment (22%). Support to deal with addiction to substances and alcohol was mentioned by 16% of respondents, highlighting another important need among homeless people.

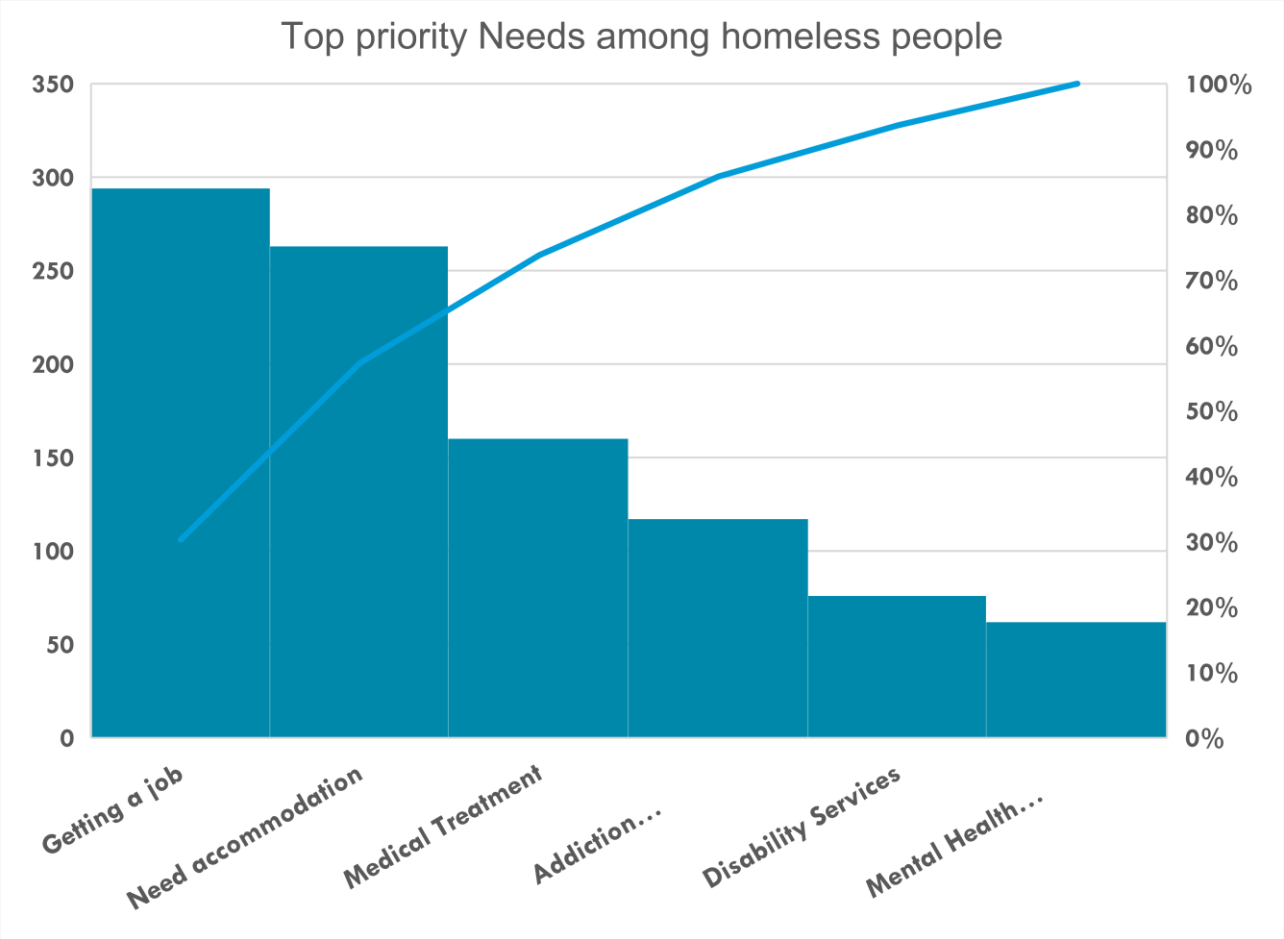

Figure 11: Top Priority Needs Among Homeless People

Support to access skills development and employment: The current shelter-based intervention model has limited capacity for skills development among homeless people. As part of the rehabilitation process several beneficiaries described a need for skills development and the provision of employment opportunities. This could take the form of work-based rehabilitation, job readiness training, EPWP placement, or partnering with local businesses to find employment opportunities. Most HSO don't have any means to assist homeless people with addressing skills development or supporting access to employment. Job applications and job-placement support is rarely offered by HSOs.

> *"Sometimes you would find that they lack skills and have criminal records and most companies don't hire people with criminal records. Sometimes, like I mentioned the job issue, even though you can help them find a job but it doesn't always work." Shelter Manager, JHB*

> *"A shelter should be a place that they stay and embark on skills developments programs that enable people to become economically active or to create their own jobs etcetera before they move to transitional housing." Homeless Network stakeholder, GP*

Support to access housing: Although the needs of many homeless people go beyond simple access to housing, it is nonetheless important to facilitate access to housing for homeless people. As described in the policy and legislation section below, there are several distinct groups of homelessness with different needs. Housing provision needs to take cognisance of these differences.

First there is a need for affordable low-cost housing in well located parts of cities. This will address the spatial causes of homelessness and give people working in the city a place to stay that is closer

to economic opportunities. Second, for chronically homeless people there is a need for a supported transition into formal housing—this could either be gradual through a 'ladder' approach or through a 'housing first' model. To support this need, more housing facilities need to be developed that cover a wider range of possible models. Third, several respondents reported that in order to facilitate rehabilitation of people who have been living on the street for extended periods they need a stable, safe space to live. These respondents highlighted the value of a 'housing first' model where homeless people are provided with housing in parallel with therapeutic and social work services.

> *"We realised that there was a huge gap in the housing model, form your shelters, your safe places etc all the way through to ownership even how you find land space to do buildings in the inner city and in allocated areas that can maybe accommodate people not just people who were relocated but also even homeless folks that can begin to phase into these different types of housing" NGO Manager, WC*

Access to healthcare: Findings revealed unmet needs with regards to medical services as shown in the graph below. Street-based people have more unmet needs compared to those in shelters. Living life on the street exposes one to a variety of dangers including poor health.

The most common health care concerns reported by respondents (in decreasing order of frequency) were substance abuse issues, HIV, TB, dental issues, diabetes, respiratory issues, nutrition issues, blood pressure problems, and women's reproductive health. The key concern around health issues is that there is limited access to care at shelters and homeless people also struggle to get adequate care at government health centres because of the stigma they face. As a result of this lack of care health issues often compound and get worse over time

> *."Most of them have mental health issues, due to substance abuse, due to depression and other issues they deal with being in the streets or due to issues with families" NGO Manager, GP.*

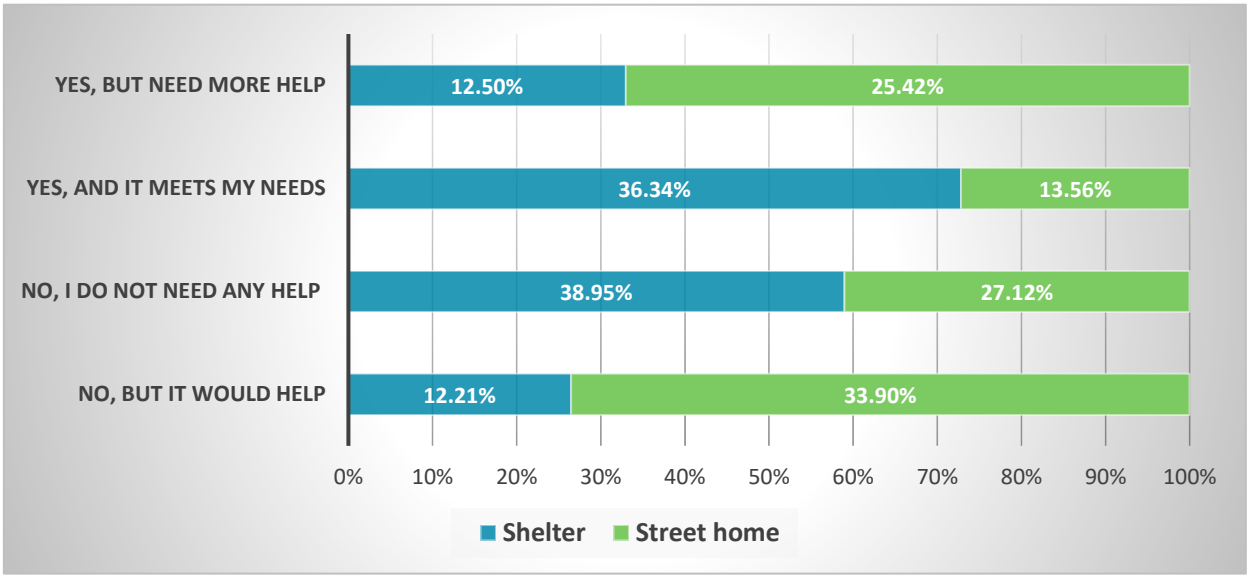

Figure 12: Access to Health Services for Medical Conditions

> *"A lot of our homeless people have TB and many have MDRTB because they default from their medication. So for us, one of the biggest problems is not so much HIV as it is TB and MDRTB. There are other basic medical problems like wound care which has just been left untreated and I'm not sure where you guys could be but in Durban there are an enormous amount of homeless people that have had amputations and often those amputations are the result of uncared for wounds that have become very septic." Academic, KZN*

"Sometimes the shelter realises that the homeless person is taking chronic medication, but we have no nurse at the facility." DSD manager, MP

Mental health issues are a major cause of homelessness. The key concern here is that there is a lack of capacity in shelters to deal with these issues or with psychiatric conditions. People with psychiatric conditions need specialised care that shelters are not equipped to provide.

"My two biggest problems are those with mental health issues and the elderly. So for the mentally challenged and the elderly in the streets they face a challenge of having to find a place where they can deal with their issues. We have insufficient old age homes and insufficient facilities that can cater for those suffering from mental health issues." Shelter manager, WC

Psychosocial Support: Because one of the causes of homelessness is a lack of a social support structure, it is important for rehabilitation processes to prioritise building relationships and supporting connection with others. To facilitate this, homeless people need to be provided with safe spaces where they can regain a sense of stability in their lives, where they feel calm and comfortable enough to engage in a positive life transition. Providing such support gives hope and encourages people affected by homelessness to make strides towards getting out of those situations.

"So, what's important is getting the client stable and empowered so they can make informed choices about their life" Shelter manager, WC

"I have seen and experienced it. We have people that are working and managing our programs that were homeless before. They just need someone who believes in them and does not judge them because they are rejected from their families, we do not need to reject them as well. We do have to find out why they are behaving that way". Social Worker, GP

"It is not just giving them a place to sleep because they are homeless, you must walk through the journey, and you don't want to move them from shelter to shelter after the designated time frame is over. If they move to another shelter, the connection that you had with him is now broken as they must get used to a new manager and the new environment as well." NGO CEO, WC

Several respondents highlighted the central importance of developing personal relationships with homeless people in order to build a trusting relationship that can facilitate the rehabilitation process. Because of this it is important for service providers to engage in outreach to people still living on the street and support homeless people through a slow transition off the street. It takes time to build trusting relationships and so this outreach should happen consistently and engage with recently homeless people as early as possible.

"They would meet with them on the streets, after that it takes a while to build a relationship of trust before the person can start a meaningful conversation but very frequently the people in need would enquire how they can reach the field worker immediately because we have offices in the CBD, but the field workers work directly on the streets." Private partner, WC

Need for long-term engagement: Because of the psychosocial and structural causes of homelessness, interventions with homeless people need to be designed for long term engagement. Not all homeless people are on the streets for the same reason and some people may only need a few months of support to get back on their feet. Those with more complex problems need significantly more support. This does not have to be intensive engagement in a shelter, but could take the form of long-term case management to support people to stay off the streets. Drug rehabilitation, for example, can take a long time. Beneficiaries need to be supported after they leave shelters and to receive continued counselling and access to services. This will help to limit the possibility of chronically homeless people cycling in and out of shelters over many years.

"I don't think we can fix a 10-year homelessness issue within 3 months" Activist, WC

"According to norms and standard, the people are supposed to stay for 3 months then be reunified with their families and reintegrated to the community but then it doesn't usually work like that. It all depends on the case at hand, and you need to walk a path with these people. Some of the people are still in the system even after a year." Shelter manager, WC

Support independence of homeless people: The dominant shelter model aims to reunify homeless people with their families or communities. This is not always possible nor is it always advisable as conflict with families may be the very cause of homelessness. Rather, homeless people need to be provided with a stable environment where they can be supported to prepare for an independent life.

"Some individuals still stay for more than a year in the shelter, because they have nowhere to go and can't find their families and sometimes we don't take them home because the environment at home might make them relapse to their old habits." Shelter manager, WC

"There is a fine line there, you want them to leave but you also want them to leave only when they are ready to leave. Especially with the youngsters, it is usually difficult for them to move back home, they find it much easier to move and become independent and rent a place together." Shelter manager, WC

Need for safe spaces not necessarily shelters: Many respondents reported that homeless people struggle to adapt to shelter life and that in many cases the structures imposed by shelters are not suitable for homeless people. Instead, about half the respondents suggested that homeless people just need safe spaces where they can access basic necessities such as food, ablutions and storage spaces and basic services as and when needed.

"I just felt there needs to be a space where individuals can go during the day, which isn't a shelter where they can access resources, which in the long run will help transition them off the street" Shelter manager, WC

"Look overcrowding in shelters when you do not have enough shelters you will have the maximum number or the homeless won't just go there because they've got too many rules and regulations and they don't really service a person, you don't need an overnight shelter, that needs to be the safe space." Homeless Network stakeholder, GP

4.4 Characteristics of Homeless Serving Organisations (HSOs)

We conducted surveys with 81 representatives of HSOs from a total of 72 unique HSOs out of 210 that we found. This accounts for 37% of the total number of HSOs that we found across targeted sites (metros and towns).

92% of the HSO are non-profit organisations, with 40% being Faith-based. Government HSOs only accounted for 4% of HSOs in the survey

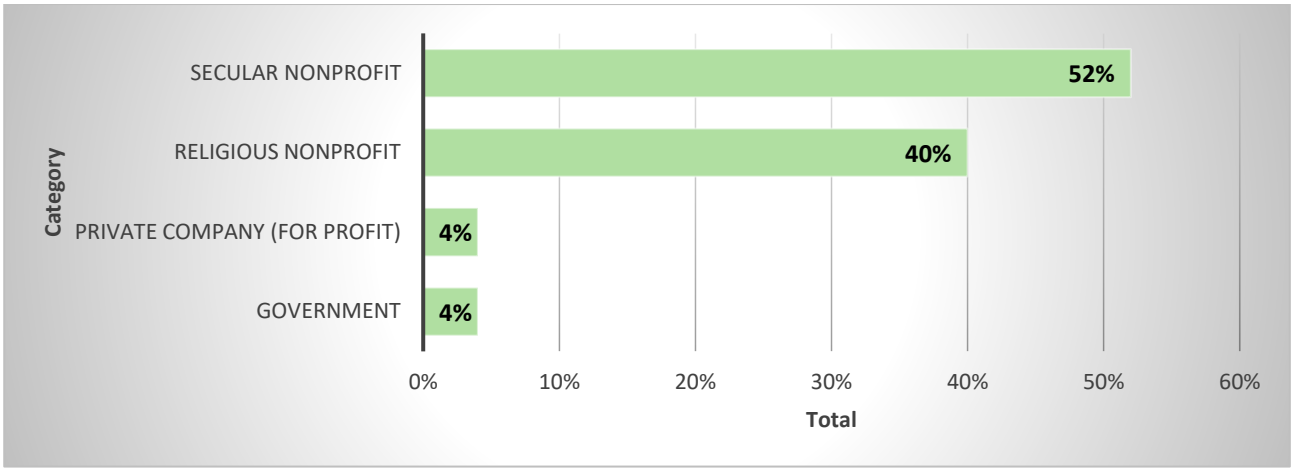

Figure 13: Categories of Homeless Serving Organisations (HSOs)

The province with the highest number of HSOs is Gauteng, perhaps due to having three large metropolitan cities with a large population of homeless people. Nearly 70% of all HSOs we surveyed are in three provinces: Gauteng, Western Cape and KwaZulu-Natal.

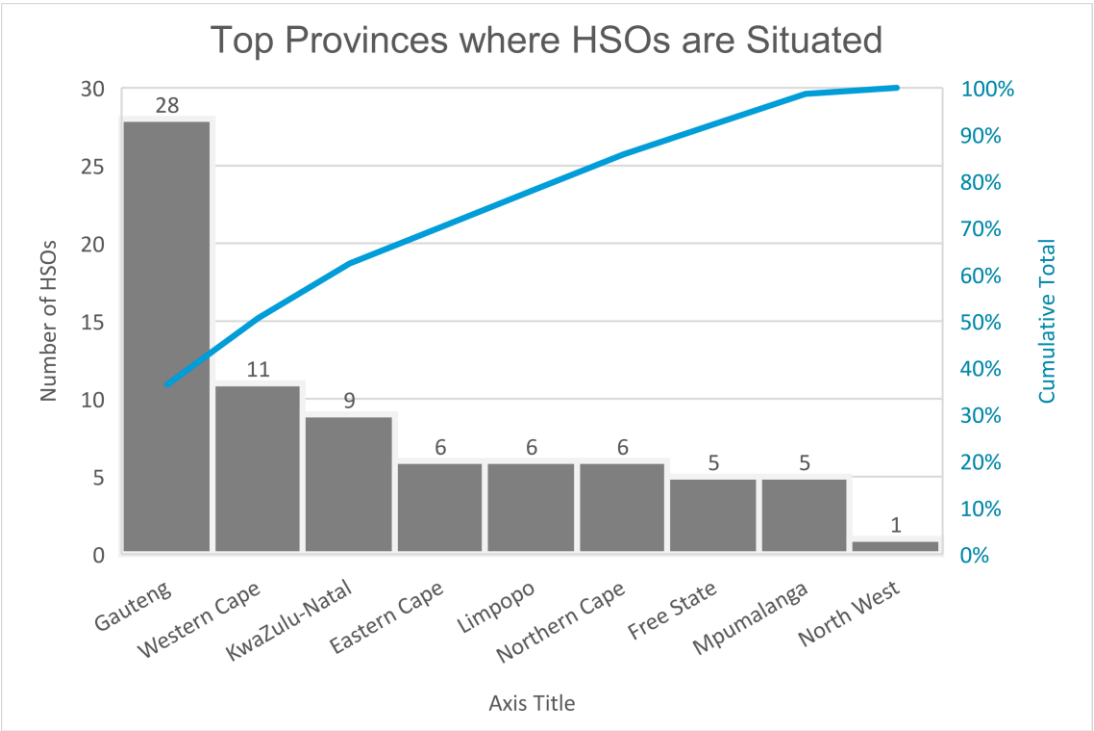

Figure 14: Distribution of HSOs: Top Provinces where HSOs are Situated

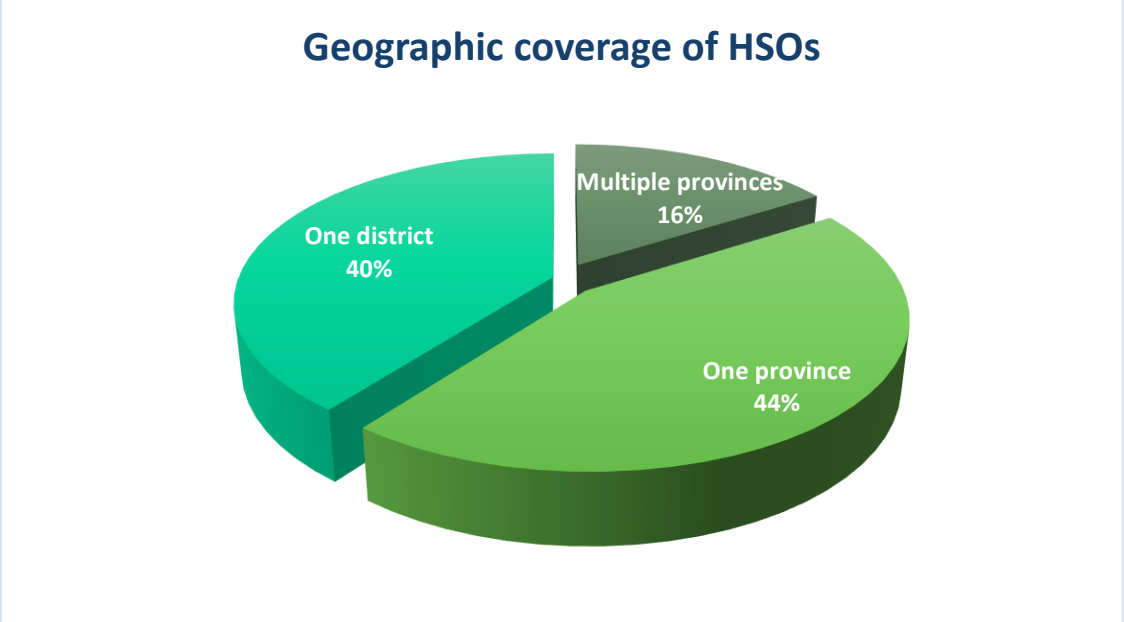

Figure 15: Geographic Coverage of HSOs surveyed

Some HSOs were established during lockdown in March 2020, most of these were later integrated into bigger, more established HSOs when people started drifting aback to the streets.

The majority of HSOs surveyed offer residential services, with 55% operating in multiple locations.

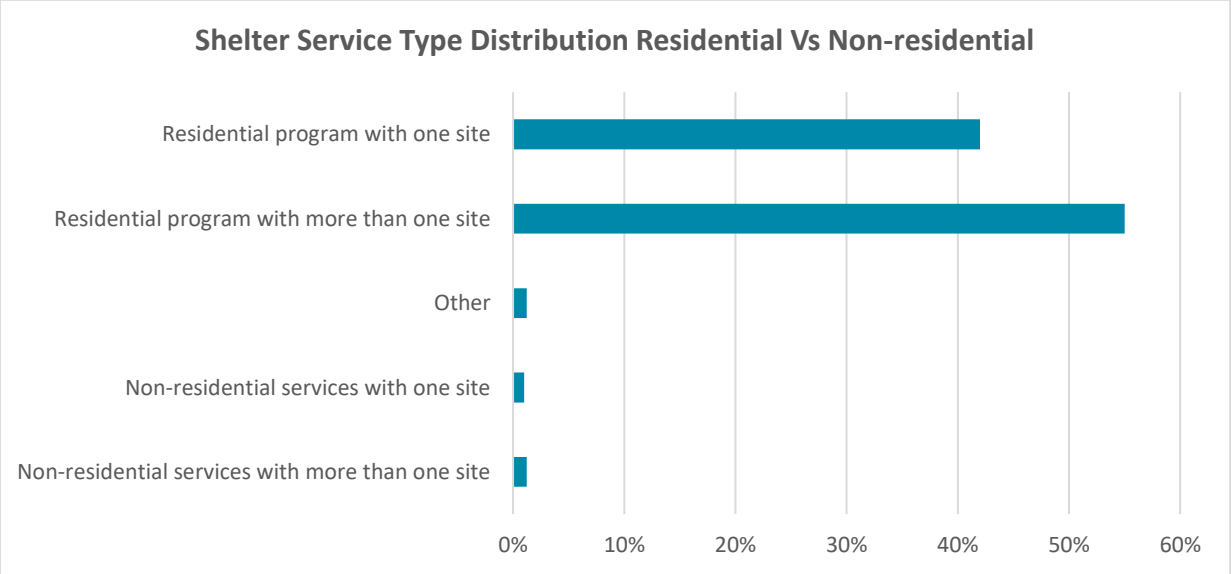

Figure 16: Residential vs. Non-Residential Services at HSOs

Most HSOs have been operating for many years with a median of 14 years in business across all surveyed organisations.

There is a wide variation in the tenancy status of HSOs with about one third renting space, close to one third owning their premises and about 40% using either free/donated spaces or community spaces.

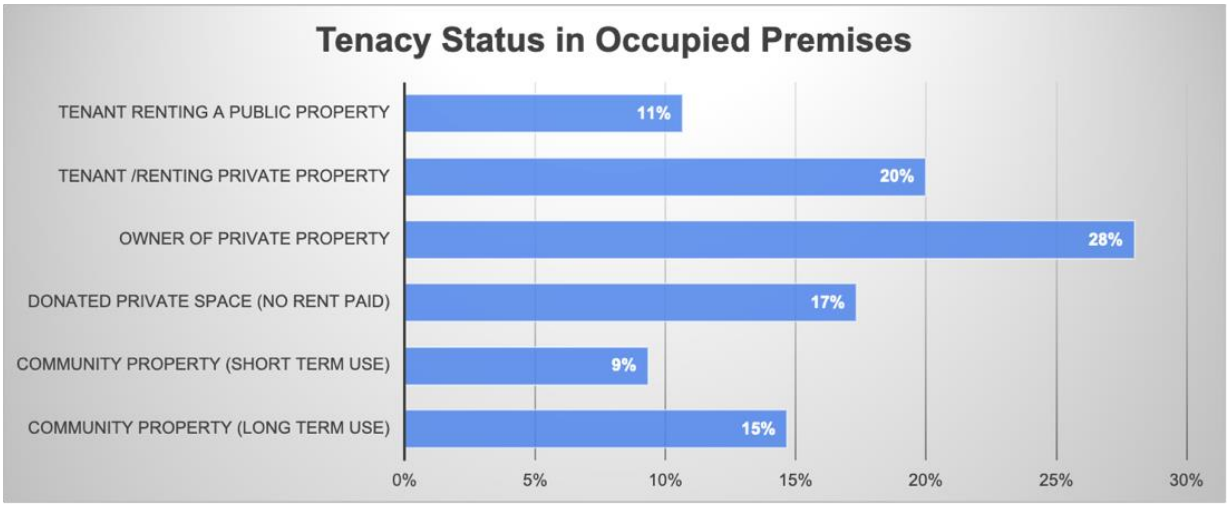

Figure 17: HSO Tenancy Status in Premises they Occupy

4.5 Types of Services Offered by HSOs and What's Missing

HSOs understand their role primarily as being service centres that offer a stable environment for homeless people to access a range of services. Some of these services are offered in-house but for specialist services such as drug rehabilitation, psychiatric care, or old age care they do not have the expertise in house and so partner with external organisations who can offer a higher quality service. Many managers highlighted the lack of access to old age homes as an issue, because the population that the shelters serve is older (often 50 and above) and they cannot re-home their elderly clients in appropriate facilities. The range of services offered includes skills development, counselling, life skills, therapeutic family conferencing, trauma counselling, financial management training, personal development, meals, accommodation, receiving mail, counselling and therapeutic services, childcare etc. Refer to Figure 18 for more detail.

> *"The services that we render there are the provision of nutritious meals, skills development, reunification services and after-care". Shelter Manager, Mpumalanga.*
>
> *"Before an offender is released, we have to evaluate their support system and that's where we pick up that they don't have anywhere to go. During that process, some of them will then explain that they got arrested while they were on the streets, we link with shelters on our database and put in an application for that ex-offender to be accommodated". Social Worker, Correctional services, Gauteng.*
>
> *"It's quite interesting because the HIV prevalence amongst our clients is around 17% which is lower than the average rate of about 33%. I am not sure why that is the case. The more serious cases are of TB and we do regular testing of that. The most common issues would be wound care or lack thereof that leads to amputation." Shelter Manager, Durban*

Health Services

> *"March is the TB month and at the moment we are dealing with TB testing. With women that are homeless we deal a lot with STDs because there is a strong correlation between sex work and homelessness and they do not have access to health care." Shelter Manager, KZN.*
>
> *"We provide medical and psychosocial services to this group of homeless individuals, and we also provide a home space where homeless people can come and get a meal and engage with medical staff in a way that's not stigmatized and be able to access psychosocial services but that's only for homeless people who have a drug use disorder, it's not for the entire homeless population" Shelter Manager, KZN.*

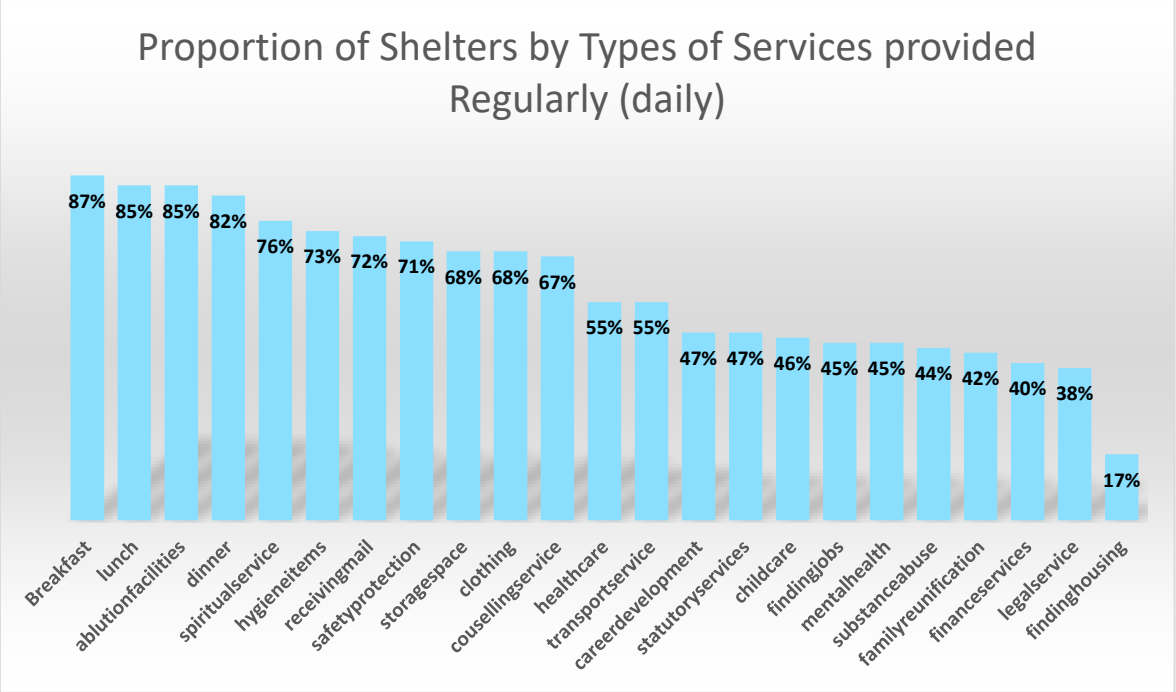

Figure 18: Proportion of HSOs by the Types of Services they Provide

While HSOs offer a variety of services for the most part the lives of homeless people – as reported by the managers – are characterised by severely limited access to services. HSOs are one of the few access points available to them.

> *"South African housing does not include the homeless population. They require IDs which they do not have and they are left out." Shelter Manager, KZN*
>
> *"The issuing of IDs [is a problem]. If you don't have an ID then you can't go to SASSA, you can't go looking for a job because nowadays everyone prefers to pay money to a bank account so without and ID card, you can't even open a bank account." Shelter Manager, WC.*
>
> *"The government always has a list for people that are entitled to receive RDPs. If you are homeless, you are actually excluded from that." Social Worker, KZN*

A key daily issue facing homeless people living on the street is access to ablution facilities, taps for drinking water and places to store their belongings. Interestingly hunger and access to food were not mentioned as significant issues, with one manager commenting that there are so many places for homeless people to access food in metropolitan Cape Town that her offer to exchange food for participation in programming was not always effective.

> *"So, some of the challenges are toilets, access to services for example if they go the police station after not having showered for days, they get treated differently and the hospitals also. I know it's a challenge for the police or doctors to work with someone who hasn't showered but they are also human beings, and they need your services. I don't want to throw any accusations around but there are times where police officers don't want to accept the cases of homeless people." Shelter Manager, WC*

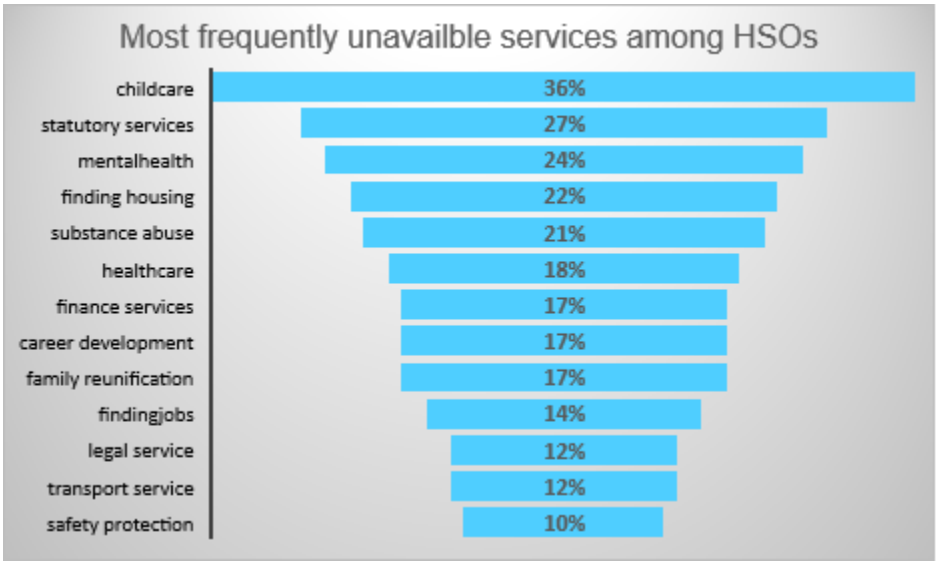

Figure 19: Proportion of Services most Frequently Unavailable at HSOs

55 % of HSO reported implementing intake-criteria for accepting new clients. The top reasons why clients were not accepted by HSO related to age, gender, mental health status and disability status. These 4 reasons account for about for 70% of all clients not accepted by HSOs.

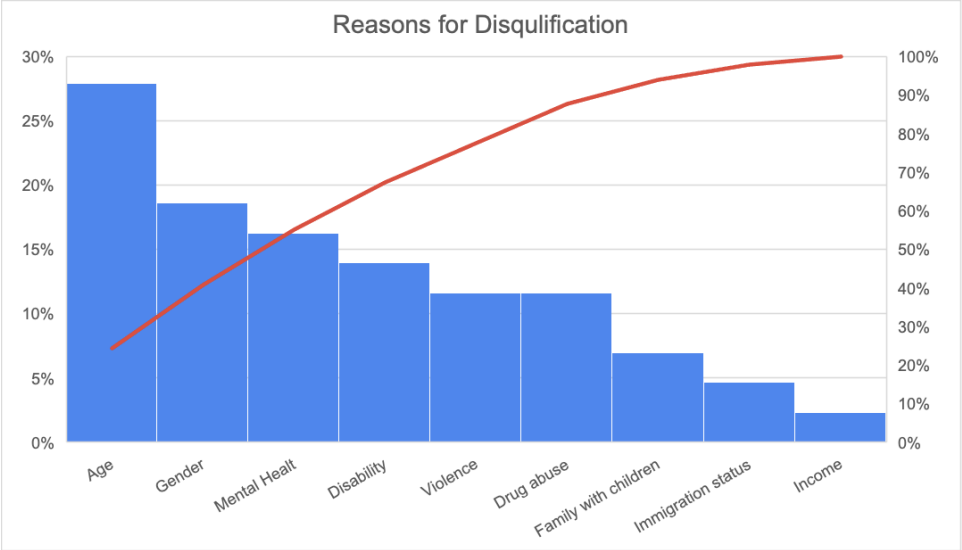

Figure 20: Reasons Beneficiaries are Disqualified to Receive Services at HSOs

Limitations in Available Services: The primary factor reported to limit access of homeless people to government services is the lack of identity documents. Many homeless people either did not have their ID when they left their home or lost it while living on the street and are therefore not able to access government services, social benefits, housing, open bank accounts and so on.

Homeless people also experience significant stigma because of their situation. Several respondents reported that this affects their access to services as healthcare practitioners will refuse treatment because they are seen to be dirty or are harassed by police officers. One of the key factors here is the lack of access to public ablution facilities where homeless people can wash—shelters do not have the capacity to provide these facilities to all homeless people. As a result of this shelters are the primary access point to services for many homeless people. Despite this some homeless people are turned away from shelters because of their drug use. Others are turned away from shelters because each shelter often has a very narrowly defined target group. This means that families cannot be accommodated together, parents cannot be accommodated with their

children and so on. A further limitation to services even within shelters is the lack of available social workers to manage the case loads of shelters and the fact that state services do not always have the capacity to manage the volume of referrals from shelters.

> *"It is difficult to say that because some do not have their ID books and they cannot access SASSA grants and they cannot even access health care services. In terms of social work services there is a challenge because social workers want to take them to their families but they do not want to." Government official, KZN*

> *"Well the major challenges are stereotypes we are having, remember here we are dealing with the excluded people, they are judged on how they look and their hygiene, so when they want to access these services they are not taken serious, some are chased away and some are not given quality services they deserve as SA citizens" Government official, GP*

Lack of old-age services: A surprisingly common theme that emerged from almost a third of the respondents was the lack of capacity of old age homes to absorb the number of elderly people who end up on the street and in shelters. Shelters are not equipped to care for elderly beneficiaries and there are many older beneficiaries living in shelters. Many of these elderly people receive pensions but these are not enough to support themselves

> *"We do have individuals who are above 60 years old, and we have a difficulty with putting them in old age homes, so we end up being stuck with them for a longer period." Shelter manager, WC*

> *"Well, it really is a problem now because, like you say you, the older they get then they need [more care] and we try him out with the local old age homes, but they've got a long waiting list so, it is a problem we deal with in here and we really try our best but yes, you can only do so much so." Shelter manager, WC*

Role of Shelters: Shelter managers understand the shelters primarily as service centres that also offer accommodation rather than primarily as an accommodation service. As mentioned above, shelters are often homeless people's only point of access to services. Shelters either offer in-house services or refer beneficiaries to partners who can offer specialised support—often of higher quality than can be offered in-house.

> *"South Africans are more likely to consider the [shelter] as a place for housing. This is the first issue we need to resolve. Firstly, we are not in a housing business. We are in the integration business even though the most visible part of the [shelter] is a place that has beds, clothing etc." NGO CEO, WC*

4.6 Characteristics of Homeless People Served by HSOs

The Majority (92%) of the homeless people in the HSOs where surveys were undertaken are South African, with 8% coming from other African countries. 52% of all survey participants were female and about half of all responds are black.

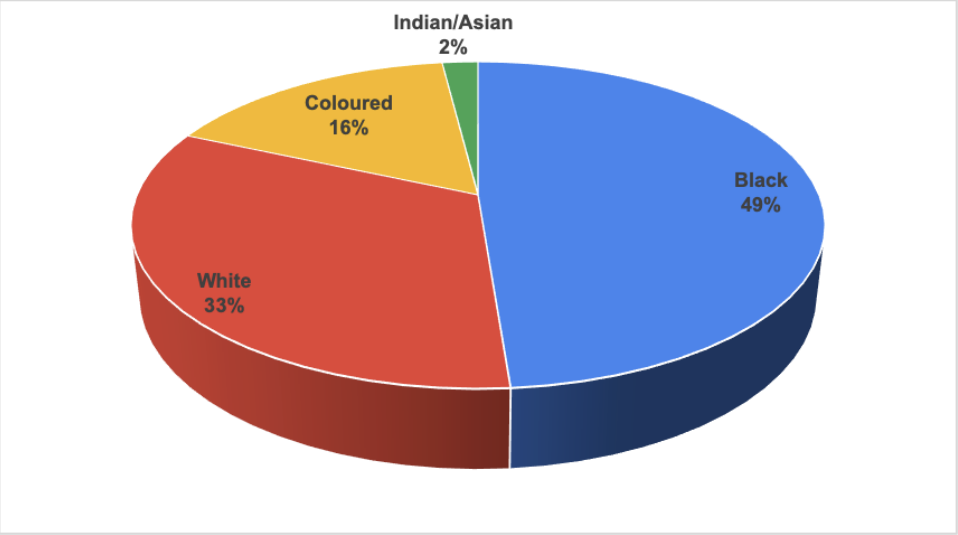

Figure 21: Racial Grouping of Homeless People in HSOs we Surveyed

Age-group distribution of HSO clients is provided below and shows that more than half (56%) of clients, are between the ages 25 and 49 years.

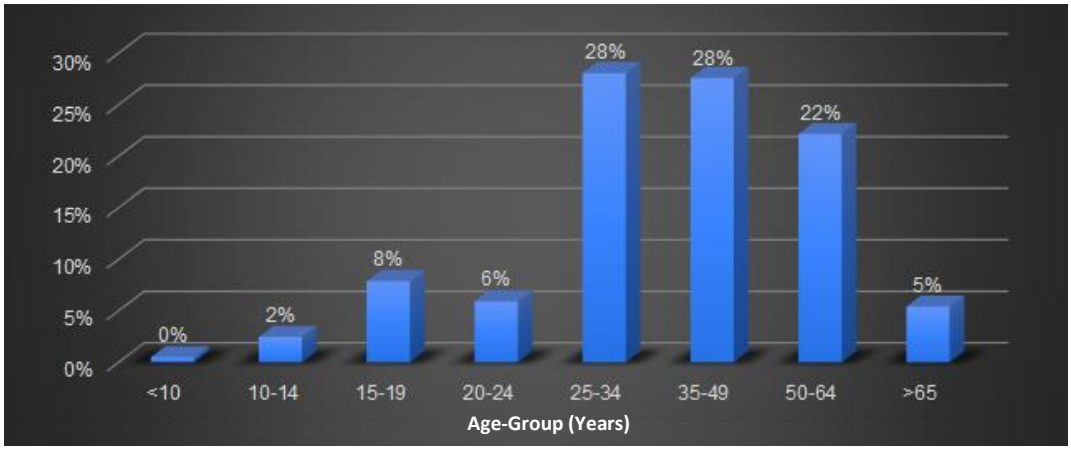

Figure 22: Age-Group Distribution of HSO Clients

While it's not surprising that that largest proportion of homeless people are unaccompanied men or adult couples, the proportions of unaccompanied children supported by HSO is unexpectedly high at more than ¼ of the clients reported by managers.

> *"Probably in the early 20s, it would probably be the medium age because a lot of homeless people are very young and as young as nine, but it goes up to the people who are in their 60s, so I'd say roughly between 23 to 26 with where I would say most of the homeless people are" HSO Manager KZN,*
>
> *"The average age is about 28 years old, so most of them have been on the streets already for 10 years, 10 to 15 years" HSO manager, GP.*

Based on statistics provided by HSO managers, unaccompanied men account for about 1/3 of people served by HSOs. The second highest category is adult couples with no children. It's interesting to note that HSO managers' data indicates that about a quarter of their clients are unaccompanied children. The data from homeless people's surveys included much smaller proportions of children though. This may be in part due to children not being available to participate in surveys due to timing (surveys conducted during school hours). Furthermore, observations by researchers indicate that there are more children on the street during the day but who are not necessarily homeless. Such children may be making use of HSO services during the

daytime but would not be included among typical homeless people that reside in shelters or on the street.

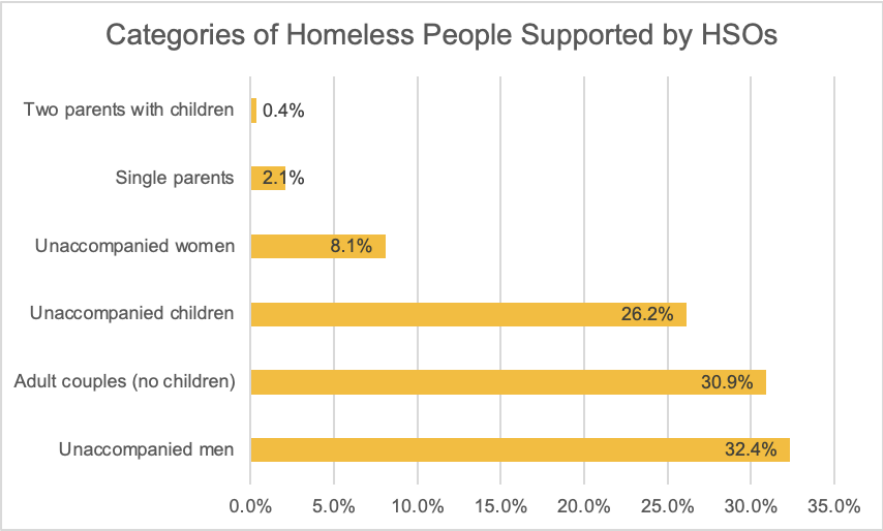

Figure 23: Categories of Homeless People Supported by HSOs

"In this instance, we are providing shelter for homeless adults, 18 and above and we are also providing shelter to our child and youth care centre … It starts from kids as young as 10, so I think the average age would be 22, but that might not be accurate because there are instances where you'd find an old person on the streets who is above the age of 60. So, I would then say the average age is 25 or 26." Shelter Manager, Mpumalanga

Domestic violence survivors and addicts (alcohol and other substances) are among the top client group served by HSOs as shown below.

Figure 24: Client Group Served by HSOs

Duration of homelessness, we found that 31% of respondents had become homeless only recently and within the past 4 months. Yet for those that had been homeless for more than a year, the median period of homelessness was 6 years. These findings seem to indicate that there is an increase in the number of people becoming homeless over the past few months. Furthermore,

people who are homeless stay in that situation for many years as demonstrated by the median of 6 years.

4.7 Resources and Capacity of HSOs

Daily Clientele Served by HSOs

Most (79%) HSOs run small operations where they serve less than 100 clients daily.

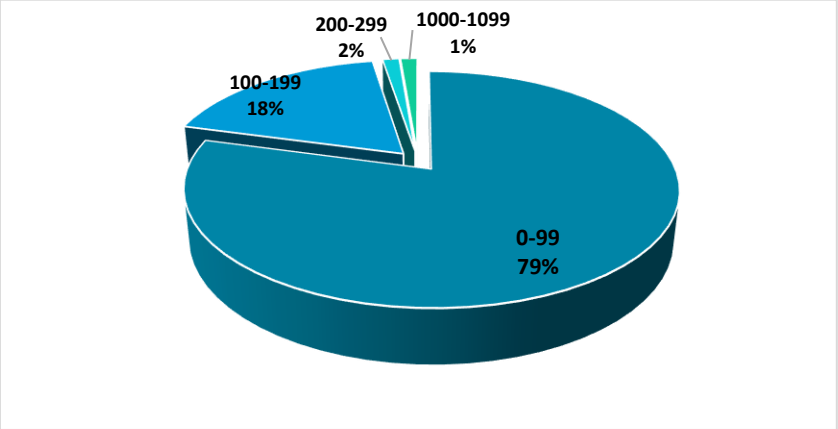

Figure 25: Daily Client Served by HSOs

Bed capacity of residential facilities: We found 62 of the 77 HSOs have residential facilities. The total number of beds across all 62 HSOs was 4 634, with the median bed capacity being 30.

The capacity of HSO's varied across all provinces from smallest ones that accommodate 8-10 people to bigger ones that accommodate more than 500. This capacity depends on available space and funding.

> *"We can accommodate 70 persons in the shelter, so we've got 6 rooms for women and six room for men. There is still a lot of people outside in the streets, we are busy trying to see how we can bring them in." HSO Manager, WC*

Facilities for homeless families: findings indicate that few HSOs cater for families with children and that out of the 77 HSOs we surveyed, only 30 had accommodation for families. There were, on average, only 3 family rooms in residential facilities and a total of only 165 family rooms across all organisations.

Staffing: The median number of staff working at the HSOs is 6 full-time staff, 0 for part-time staff and 4 Volunteers. Most HSOs depend on volunteer staff to support activities and services offered to their clients.

While homeless people enjoy the benefits of being in the HSO, there is a high exit rate. Many clients leave the comfort and safety of the HSO because they prefer the freedom that the streets bring. During level 5 lockdown in 2020 most homeless people stayed in the HSOs for as long as the level 5 lasted and as soon as the restrictions were relaxed people quickly left the HSOs to resume their lives in the streets.

> *"They started living there when Covid started so it was a way or means to put them somewhere so they don't sleep in the streets only 8 people remained behind and the rest race out because, they don't want to adhere to rules of the shelter, they want to do what they like, come in at whatever time they want to and it can't happen like that" HSO Manager, WC.*

4.8 Funding Models and Partnerships

Sources for funding among HSOs are reflected in the chart below. The top sources of funding are donations (in-kind, cash and donations by private individuals or groups), with government funding reported by 43% of HSOs. See Figure 26 below.

> *"And yes, DSD is giving us money but like only money for 44 beds. So, we receive money for 44 beds and so the other money we must go out and see where we can find it maybe through donations" Shelter Manager, WC.*

Limited funding limits the capacity of shelters to provide services to more people. Some managers mentioned that if they had more funds, they would serve more people.

> *"Well in our case we do have space, but we don't have enough beds so, that is one of our main challenges like I said we can accommodate 70 people here, although social development only funded 44 beds. So, there is space for more, but we don't have enough beds." Shelter Manager, WC*

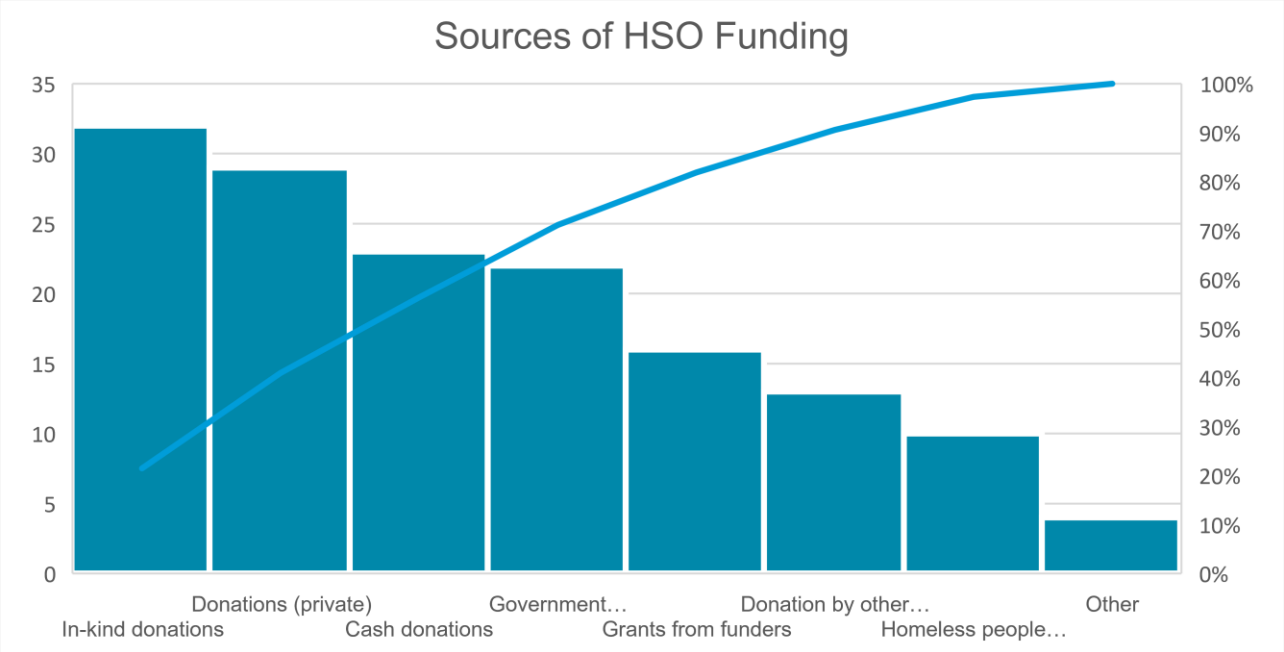

Figure 26: Most Common Sources of Funding for HSOs

Levels of funding vary substantially among HSOs as demonstrated in the graph below

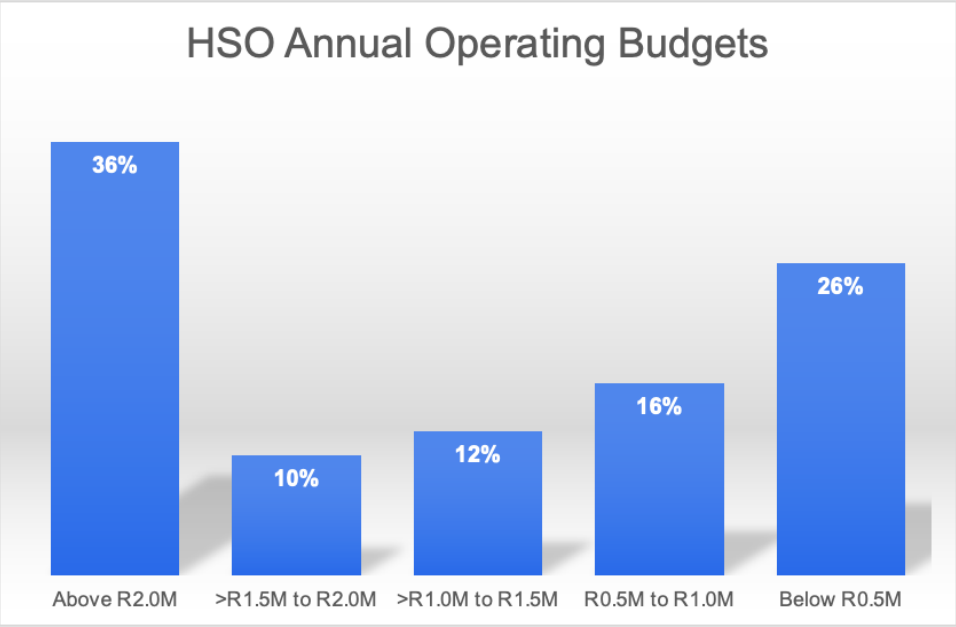

Figure 27: HSO Annual Operating Budget Range

However, most managers (74%) reported that the funding is insufficient for their operational expenses and only 16% indicated that they had sufficient funding.

26% of HSOs require their clients to pay a nominal fee to access services. The amounts range from less than R20 to over R100. Where fee payments are required, this is payable weekly or monthly in 77% of HSOs and daily in 15% of organisations.

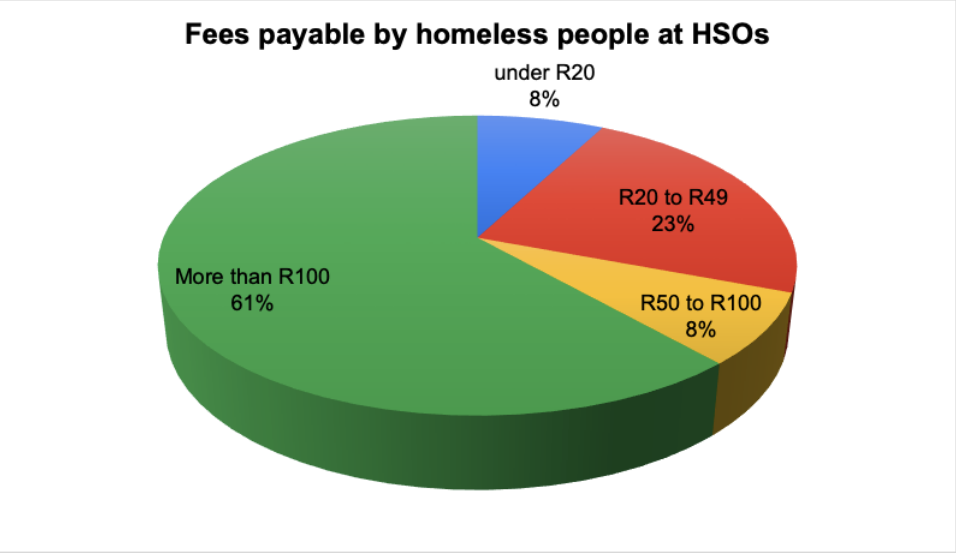

Figure 28: Fees Payable by Homeless People at HSOs

Funding Constraints: Several respondents reported that there was limited funding available from government to support homelessness interventions. Some shelters reported receiving partial funding from the DSD but that they had to raise the rest of their funding independently.

HSO managers, NGOs and activist respondents all reported that there was insufficient funding for the homelessness sector as a whole and that government underestimates the scale of homelessness. This lack of funding contributes to inefficiencies such as municipalities paying shelters to take on beneficiaries rather than having an integrated funding stream to support shelters within the municipality.

"There is no funding, we have to take funds from another program and it's not enough, if you are going to deal with issues of homelessness, you must have a multidimensional approach, multisectoral interventions and a hybrid approach because people from the streets are not the same, some will just need shelter for the night and during the day they need to go and hustle for themselves and there are those who are broken to a point where they need to be there until you build them up again so you can't be using a one [size fits all] approach. I always say it's very difficult to meet social needs to a 100% but the budget can stretch the impact of our intervention." Government official, MP

Role of communities: About a third of respondents (from key informant interviews) highlighted the importance of communities and community structures in both preventing homelessness and facilitating rehabilitation of homeless people. The communities where homeless people live can act as an important therapeutic mechanism for homeless people. Homeless people often rely on community members for support and involvement of these stakeholders may facilitate efforts to reintegrate homeless people into society. This requires relationship building between homeless people and the communities and building the faith of community members in the homeless people.

As discussed in the 'causes of homelessness' section, communities also act as an important protective factor that can help prevent homelessness in the first place. For this to be effective, communities need to be strengthened and supported to develop their own social capital that can be used to support individual community members. Finally, several respondents highlighted the possibility for community-based interventions in addressing homelessness. Some already existing structures within communities can be supported to engage more effectively with the issues that cause homelessness and with homeless people themselves. Some of the structures mentioned by respondents include policing forums, CBOs and neighbourhood watches. Respondents that mentioned these also indicated that local responses have the potential to be effective if properly supported.

"I think what we can do as social development is to have integrated interventions because as social development alone we cannot This person comes from the community. If there are support systems within the community, it would help" Government official, LP

Silo approach in delivery of services: Over a third of qualitative research respondents reported that there was a lack of integration and coordination both between government departments and between government and non-state actors in the sector. This lack of coordination creates several inefficiencies and gaps in the social service net that homeless people consistently fall through.

Some examples of gaps: shelters are reluctant to take in released prisoners but not having an address to go to disqualifies prisoners from receiving parole; shelter beneficiaries who receive SASSA grants frequently use most of their grants to pay shelter fees, leaving them very little money to save or to support themselves with.

One issue which was particularly siloed is child protection. Children are, justifiably, a very carefully protected mandate, but there is limited coordination between child protection services and homeless shelters. This makes it very difficult for parents to visit children in foster care or for families to stay together while in shelters. As pointed out by some respondents, splitting up a homeless family and sending the children to foster homes may not be in the best interests of the child or the family.

"The problem with homelessness is that it falls very neatly between the cracks. If you look at the 30 government departments, homelessness should probably be a part of about 18 of them. We talk about DSD, but what about housing, health, public works, finance and so forth. With homelessness there is trauma, addiction, abuse and over population to name a few and all these fall under the various government frameworks but it is not a part of those." NGO, WC

Role of Municipal governments: Several respondents reported that a good relationship with municipal government is essential for effectively engaging with homelessness but that this positive working relationship is often absent. Several shelter managers reported tensions or conflict with municipalities and do not feel supported by municipalities who benefit from the services that shelters offer. One key area of contention is the need for housing infrastructure to house homeless people. One key consideration is that due to the complexity of homelessness any municipal intervention or policy needs to take a whole-city perspective.

> *"Fortunately for us we have the City of Cape Town very much involved in this process because without them, then it is absolutely pointless. We need the right people in the space that can assist the drive and influence the political side of things." NGO, WC*

> *"We've tried for seven years to get spaces that are owned by the city of Joburg to create safe spaces and drop-in centres and shelters and skills development centres but to date we haven't had much luck." Network, GP*

Need for multi-partner structures: Some respondents highlighted the fact that for any high-level strategy on homelessness to be effective, it needs to involve a wide range of partners from across sectors. Homelessness is not just a social development problem, but also a law enforcement, housing, labour, public health, spatial planning, and social justice issue. Several respondents highlighted the need for inter-departmental task teams within government to engage with the issue of homelessness as well as structures to facilitate cooperation between state and non-state actors. This multi-partner approach needs to be supported by a multi-partner funding model to facilitate efficient resource flows.

> *"If the government were to work with the non-state sector and outsource the services that need to be provided to the homeless while it remains as the funding agent, but it doesn't necessarily have to be the service provider, that would be a good way forward. In other words, homelessness needs to be pluralised and not dealt with only by the government, because the government doesn't have the capacity to deal with this alone so its all about reaching out and creating collaborative forums." Academic, KZN*

Role of NGOs: NGOs play a fundamentally important role in providing services and support to homeless people. Some respondents pointed out that in some contexts, especially district municipalities, NGOs are often the only organisations engaging with homelessness.

There is generally a high degree of coordination between NGOs both at the local and national level with a range of NGO forums coordinating their work. There is, however, limited funding available to these NGOs who often provide vital services.

> *"[We are] more of a support to government and they see our approach and one of which isn't to make the government look bad, we don't always agree with government but we want to support government to find solutions." NGO, WC*

Institutional constraints: The key issue is that homelessness is not correctly prioritised within government and therefore not effectively institutionalised within state agencies. There is limited dedicated funding for homelessness—especially given the prevalence of homelessness and the costs accrued to local governments in managing it. Some respondents described homelessness as an effectively 'un-housed mandate'. This means that it has been very difficult for interested parties to cooperate with state agencies to address the issue of homelessness. When progress has been made it has often been because there is a staff member within a government department who champions work on homelessness. One respondent pointed out that this progress is often disrupted because of high staff turnover within municipal government.

As a result of this lack of institutionalisation of homelessness there is limited government capacity to engage effectively with the issue. For example, there is no framework for effectively managing referrals between shelters and the various state service providers, there are delays in providing

homeless people with identity documents and collecting usable data on the scale and scope of homelessness is difficult.

One specific institutional constraint that was mentioned by respondents is the current policy framework for dealing with children which makes it very difficult for organisations that work with homeless people to assist unaccompanied children or families with children. Considerations for how children are dealt with need to be an integral part of any homelessness policy.

> *"Communication breaks down due to people changing departments and sometimes the information isn't readily available, and it's also not given to you during meetings. Some people get the information during the meeting, and some don't receive it because we are not always present." Shelter manager, WC*

Limited information sharing: Except for the funding agreements between the DSD and some HSOs, most service providers reported that the working relationships that they had with other service providers, whether state or non-state, were informal agreements. One of the challenges that this poses is that there is limited information sharing both between government and NGOs or shelters as well as between shelters.

Role of shelter misunderstood: One key contention raised by several shelter managers was that both municipalities and the general public do not understand the role that shelters play. They are not simply a place for people to access cheap or free accommodation but service centres where people can receive counselling and support while also being given a place to sleep.

> *"The municipality usually thinks the [shelter] is just accommodation and that is not what it is and you'd find that after three months of being with the client, they change their minds about integrating back into society or reunifying with their families and they go back to the streets. So that is usually the problem, that the government doesn't understand the scope of the work that is done by the shelters." Shelter manager, WC*

4.9 Government Policies and Perspectives from HSOs on Support and Policy Changes Needed

Government Policies and Guidelines

South Africa does not have an existing policy on homelessness however some municipalities have developed their own policies

Of the eight metropolitan municipalities only two have homeless policies that are in effect:

- The city of Cape Town Street People policy (no. 12398B of 2013)
- City of Tshwane Street Homeless Policy (2015)
- City of Johannesburg has a draft policy on Street Adult Homelessness developed in 2022 that has also been included in this review

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
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The City of Cape Town Street People Policy (2013):

This policy takes a generally punitive approach to homelessness. This is clear when one looks at the duty bearers identified by the policy as being responsible for homelessness: the safety and security directorate and the solid waste department. In addition to the punitive legislative policy framework, several respondents reported that encounters with the state institutions are often actively destabilizing to homeless people. Homeless people are

discriminated against by government providers, harassed by law enforcement officers and their belongings confiscated–including medication.

The policy also outlines a typical case management approach to managing homelessness by social workers and auxiliary social workers responsible for linkage to psychiatric care or job placement. This approach to rehabilitation follows a linear trajectory that starts with an assessment and the development of a personal development plan (PDP) and ends with either the completion of the PDP or family reunification. One significant gap in the policy is that it makes no provision for chronically homeless people who may need an intervention for which this linear case-management approach may not be appropriate. One promising element of the policy if the provision made for establishing local networks of care. This structure could be leveraged to effectively engage communities, although more research is needed into the effectiveness of this approach.

City of Johannesburg has a draft policy on Street Adult Homelessness (2022): The duty bearer for homelessness identified by the policy is the Department of Social Development. On the whole, the policy focusses on creating an enabling environment for the rehabilitation and reintegration of homeless people into their communities. The rehabilitation outlined in the policy is practical (providing shelter and access to basic facilities) and economic opportunities (providing skills development) but does not identify any needs for various forms of psychosocial support such as trauma counselling, drug rehabilitation etc. There is no acknowledgement of the chronic nature of homelessness and the policy does not take into consideration the difficulty that many chronically homeless people experience integrating into formal services and the need for continued therapeutic support.

City of Tshwane Street Homeless Policy (2015):

This policy document is more comprehensive than those reviewed above and takes a more people-centred approach to engaging with homelessness. The policy outlines both the socio-economic and physical infrastructure needs of homeless people. The policy characterizes homelessness as the "absence of strong social networks" this definition allows the policy to engage more effectively with the root causes of homelessness and provides a holistic framework within which to provide support to homeless people.

The policy also highlights the fact that homelessness is a product of large-scale phenomena such as rural-urban and cross-border migration and recognizes that the interventions need to be long-term and integrated with a range of other protection mechanisms in order to facilitate sustainable pathways out of homelessness. The policy takes a holistic approach in the sense that it acknowledges three distinct characteristics of homelessness and aims to address the loss of all three of them: the physical domain (dwelling that meets the needs of a person and their family), the social domain (private and social relationships) and the legal domain (right and security of occupation and appropriate support for economic sustainability). The policy is realistic in that it outlines a number of constraints to the effective implementation of a homeless policy. These include:

- Lack of adequate budget for the effective implementation of a homelessness policy.
- Lack of a coherent homelessness policy and strategy at the national level.
- Lack of alignment between departments of the City of Tshwane and different law enforcement agencies.

- Punitive by-laws that dehumanize homeless people.
- Lack of standardised policies, procedures and guidelines for the management, monitoring and evaluation of programmes dealing with homelessness
- Lack of capacity among service providers

In terms of monitoring and evaluation, the policy suggests that one indicator of the impact of homelessness interventions should be "the length of time a person remains on the street before he/she gained entry into one of the facilities/centres established to address homelessness" (City of Tshwane et al., 2015 p9)

A view on current Policies and guidelines: The policies and guidelines have many sound elements but are lacking in scope. With the exception of the City of Tshwane Street Homeless Policy, the policies reviewed do not recognize the full scope and complexity of homelessness. Although the documents make reference to referral mechanisms and the need for cooperation between different government and non-government organizations. There is a need to broaden the approach to dealing with homelessness and outline in greater detail the cooperation mechanisms required to facilitate meaningful integration of a wider range of services. All policies have promising elements that could be developed productively, this needs to be dome in consultation with a range of stakeholders that work with homeless people and the processes that affects their lives as well as homeless people themselves.

Respondent's feedback on policies, guidelines and norms/standards:

Punitive approach to homelessness: A strong theme that emerged from the key informant interviews was that the existing policy and by-law frameworks take a punitive approach to homelessness. A range of respondents reported that current municipal by-laws criminalise even the most basic life sustaining acts. These respondents further point out that there are no feasible alternatives for homeless people to meet their needs because the existing support facilities do not have the capacity to serve the number of homeless people living on the streets.

In addition to the punitive policy and legislative framework, several respondents reported that encounters with state institutions are often actively destabilising to homeless people. Homeless people are discriminated against by state service providers, harassed by law enforcement officers, and have their belongings confiscated—including medication.

> *"I would just love to see the city working with the homeless as opposed to working against them and understand their situation and that way homelessness would be reduced." NGO, WC*

> *"We need to revise all the by laws that restrict homeless people from using beachfront showers, that is unacceptable. We need to revise the by laws that allow the homeless people to have access to housing. Those are some of the more innovative solutions." Shelter Manager, KZN.*

Because of the punitive approach to homelessness employed by the state and the destabilising encounters with the state, homeless people do not trust the government to provide quality services and therefore are less likely to make use of the services that are available. Thus, the supportive, developmental approach of many service providers are undermined by the security agenda. One respondent who works for SAPS highlighted the fact that the police service is primarily a crime fighting institution and have limited capacity to offer social support.

> *"Honestly the law enforcement is the biggest enemy to the homeless people. You will find the police assaulting the homeless and they wouldn't have done anything wrong." NGO, WC*

"The law enforcement's approach in dealing with homelessness will never be successful and we need to be looking at the root causes and so on" Private, WC

Differentiated intervention strategy: A large proportion of respondents suggested that any policy approach to homelessness needs to consider the fact that there are a number of different groups of people that fall under the umbrella of homelessness and that any policy framework or intervention strategy needs to take these distinctions into consideration.

The first category are short-term homeless people, these are people who have lost a job, been evicted, or left their home due to some disruption, but who will otherwise be able to support themselves if provided with some emergency relief. For this group of people shelters can be a highly effective steppingstone to reintegration. They need minimal support and can generally be assisted to live independently within a short time frame.

The second category are chronically homeless people. These are people who have lived on the street for several years. Respondents reported a strong link between chronic homelessness and substance abuse as well as mental health issues. Some respondents reported that most homeless people in South Africa are chronically homeless. These people need much more support, including on-street outreach as well extended periods of support. Respondents pointed out that for these people shelters are not necessarily an appropriate support mechanism and could in fact be more destabilising than supportive.

The third group of chronically homeless people that is often overlooked are people who live on the streets for long periods of time but still have housing and the support of their social networks but choose to live on the street because it allows them better access to economic opportunities. The reasons for this choice are outlined in the section on spatial factors of homelessness in the 'causes of homelessness' section above.

Some respondents pointed out that there is a large overlap between homelessness and gender-based violence, but that the needs of GBV survivors are quite different to the needs of other groups of homeless people.

Due to all these variations in characteristics of homeless people, there needs to be an individualised approach to addressing homelessness and a degree of flexibility worked into policies and in norms and standards.

"You cannot put a person from the streets with someone who is homeless while seeking employment, safety would be compromised for the one who is seeking employment. The latter would just be in need of being given direction in life as to how they can get a job while the other is used to extreme challenges, so if they can be put together the one seeking employment can be taken advantage of as they are not used to that kind of lifestyle that is hostile." Government official, LP

"So, you have a situation where even for our team it becomes very difficult to find meaningful and adequate social support, so with some individuals you find them in the street for a short while because maybe they lost their job, a break-up or divorce and they just need a stepping stone, so you just place them in the shelter and within a short period of time, they can find themselves jobs and have an income and then move on. Social service support works very well for someone like that, so it's short-term immediate relief. If you need to be working far longer and developmentally with the person, it becomes far more challenging" Private sector, WC

Need for a participatory implementation approach: A few respondents highlighted the importance of providing opportunities for homeless people themselves to participate meaningfully in the decisions that affect them at the local scale. Respondents suggested including

homeless people on local homelessness forums and consulting them on what kinds of services they want and need.

> *"Government needs to be actively seeking solution from the homeless population themselves. I think that they are a group that are hard to reach, and they do not become a part of the solutions and I find that quite rather problematic. Homeless people are not properly represented, and it is usually pretended like they do not exist." Academic, KZN*

Meaningful participation in policy development: As well as participating in decisions at the local level a few respondents also highlighted the need for homeless people's perspectives to be included in the policy development process.

> *"My number one advice would be to consult the affected people themselves. The policy should start there. The homeless should be consulted to see what is going on through surveys or outreach work where we go out to ask them what is going on." Government official, GP*

Need to target root causes: A few respondents highlighted the importance of addressing the root causes of homelessness first. The current approach to homelessness only offers support to people who are already on the street when rehabilitation is significantly harder. Dealing with the causes of homelessness early on will reduce the burden on homelessness services and reduce the number of complex, chronic cases of homelessness. One element of targeting root causes that came up with respondents who work specifically with youth, is the need to intervene as early as possible with at-risk youth. This could include actively profiling at-risk families, targeting these families with support, providing support for children living in children's homes to transition to an independent life, or investing in youth development programmes.

> *"So that is usually the problem, that the government doesn't understand the scope of the work that is done by the shelters. They also have unrealistic expectations, and they don't necessarily address the root causes of homelessness especially affordable housing, unemployment and inequality issues." Shelter manager, WC*

> *"I believe you cannot just treat the symptoms, but you need to firstly deal with the cause, I think the best solution would be strengthening family ties." Shelter manager, WC*

4.10 Constraints of Current Model

Lack of genuine alternative to street life: The dominant form of intervention against homelessness in South Africa is the shelter model. Shelters have become the primary source of support and services for homeless people. There are significant limitations to this shelter model, however. The most commonly reported constraint of this model is that shelters are not a realistic alternative to street life. The reasons for this are that the rules put in place in shelters are unnecessarily restrictive and make it difficult for homeless people to adjust to life in shelters. Some respondents reported that some of the rules enforced in shelters are simply unreasonable and often based on questionable logic. In some shelters strict rules were reported as a reason for people leaving a shelter in preference for living on the street.

A few respondents reported that the conditions in shelters are not suitable to sustain human life in a dignified manner. This has led to negative perceptions of shelters among homeless people. Given these factors, shelters are not a reasonable alternative to living on the street as they sometimes make the lives of homeless people more difficult rather than supporting them.

> *"There are many problems with the shelter system. No one wants to live on the streets but circumstances beyond them and the shelters do not cater to all these issues related to homelessness. If we can have shelters catering to the various issues that would be of tremendous help." NGO, WC*

"It's not that the homeless do not want to obey rules, because some of these individuals come from really good homes but it is the way that the city is tackling this issue and I think they need to change that." NGO, WC

"So, homeless prefer living on the streets than shelters because of the way they are treated and the abuse and not just from the people working in shelters but from other homeless folks, it's ridiculous and it's not right." NGO, WC

Limited shelter capacity: Because of limited budgets and limited infrastructure about a third of respondents, mostly shelter managers, reported that there simply is not enough space in shelters to accommodate the number of homeless people living in our cities. Most shelter managers reported consistently being at maximum capacity.

Unrealistic intake criteria: A frequent problem cited by shelter managers in particular is that the intake criteria of many shelters make it difficult for them to offer support to the people who really need it. Most of the shelters are only allowed to take in adults and cannot accommodate couples as different genders are separated in the shelters. This requires shelter staff to either split up families or send them on to a limited pool of specialist shelters that can accommodate women and children. Furthermore, many shelters require beneficiaries to be sober before allowing them on to the property. Given that substance abuse is one of the major causes of homelessness, this disqualifies a large proportion of potential beneficiaries from accessing the services that they need. Substance abuse rehabilitation should be one of the primary services of a shelter and not a reason to turn someone away.

"For example, some shelters that may be available may only be providing shelter to males and only to find that this man has a whole family and that will restrict him. Sometimes the shelter will not provide shelter to someone who abuses substances and that can be a challenge because they won't get admitted." Government official, GP

Limited effectiveness of shelter model: Respondents reported that the effectiveness of shelters is limited as there is a limited feasible size to a shelter, they are capital intensive institutions to run, and their programming is not always sustainable. Beneficiaries often cannot be hosted for long enough to provide effective rehabilitation services. This can encourage 'shelter hopping' where a client moves from one shelter to the next. Respondents also reported that there are limited job opportunities available to people living in shelters and when opportunities do present themselves then clients are asked to leave shelters as the belief is that they should now be able to support themselves.

The shelter model does not meet the desire for agency: One factor that contributes to the psychological distress of homeless people is a sense of failure. Respondents reported that homeless people need to be given opportunities to contribute to society and feel like they are in control of their own lives. The current model and many shelters do not facilitate this sense of agency as they are structured in a way that limits homeless people's autonomy or financial independence.

"I'm finding the old shelter model is possibly antiquated, there are certain rules which don't work. For instance trying to encourage employment, we had a homeless individual who went to a shelter and then they managed to get work in Hermanus for a week and they were told they would lose their space in the shelter if they took the work and that in fact for some individuals creates a sense of they just end up sitting in the shelter" Shelter manager, WC

"I believe that a homeless person just needs to acknowledge that they can be a contributing member of society, so it boosts their esteem sufficiently that, that connection takes place that they can contribute positively to society, then they start seeing opportunities for them to contribute positively to society and so it begins the transition off the streets." Shelter manager, WC

System ill-equipped to manage substance abuse: Due to the scale of substance abuse issues amongst homeless people, respondents report that there is not enough drug rehabilitation capacity in shelters, and they are not properly equipped to support clients through substance withdrawal.

> *"The shelters are there to cater for homeless people. The problem comes in when you are a substance user and you are turned away from the shelter because of that. There are very few state rehabs and private rehabs are very expensive for anyone to just go there." Academic, KZN*

Existing norms and standards are too constraining to ensure effectiveness: Most shelter managers expressed that the 3–6-month period outlined in the norms and standards from the DSD is not sufficient time for effective rehabilitation or reintegration into society – especially for people who have been on the street for a long time or who have serious addictions or mental health conditions. The general view is that shelters should support people to become independent without putting them in a position where they might have to return to living on the street. The current approach is disabling rather than enabling rehabilitation.

> *"Basically, people arrive the first thing that they are told is let's plan your exit day and in all the interviews I've done with homeless people they find that hugely debilitating, they're coming from a vulnerable space they finally got the guts to say I want to go off the streets and now they get 'so let's plan your exit' and it sends them into a panic". Shelter Manager, WC*

> *"There is a fine line there, you want them to leave [the shelter] but you also want them to leave only when they are ready to leave. Especially with the youngsters. It is usually difficult for them to move back home. They find it much easier to move and become independent and rent a place together." Shelter Manager, WC*

5 Conclusions

Preliminary findings indicate that homelessness results from a myriad of causes in South Africa, the main ones being job losses and unsuccessful job seeking, family/partner conflicts including domestic violence as well as addiction to illicit substances.

Nine out of every ten homeless people supported by HSOs are South African, with about half being Black Africans. Most affected individuals are between the ages 25 and 49 years.

It's clear from the study that homelessness predisposes people to high levels of vulnerability and concomitant social ills including physical and sexual violence and abuse as well as substance abuse. Many are vulnerable to trauma, poor health including the high risk of acquiring infections such as HIV and TB, as well as poor mental health. Yet access to healthcare and psychosocial services is limited and many have unmet health needs.

The magnitude of homelessness seems to be growing given the finding that 31% of homeless people in HSO facilities have only been homeless for less than 6 months. It is also clear that getting out of homelessness takes a long time as the median duration for those who have been affected for more than a year is six years. The prevailing economic challenges in the country which have led to escalation in job losses have likely contributed to the escalating problem.

There are numerous organisations providing services to homeless people around the country, these being mainly located in the large metros. Most services are provided by non-profit organisation which as only partially funded by government and many of which struggle to keep up with the high costs of delivering services. Funding limitations make it difficult for HSOs to provide more comprehensive services that address identified needs of beneficiaries. Limitations in skilled human resources make it difficult to provide more specialised services and support.

The study provides insights on the services available, the service gaps that exist and the challenges in delivering these. Services for families including suitable accommodation and childcare support are uncommon. This indicates that families in this situation especially children are rendered even more vulnerable as a result.

The impact of the lack of a national policy on homelessness is reflected in many of the challenges described by HSOs as well as government officials particularly related to service delivery gaps, uncoordinated response and inconsistent or inadequate funding.

Services available in most HSOs cover the most basic needs namely food and shelter, with only a few HSOs providing support to access medical care, addiction rehabilitation, mental health support, social services, and clothing. Economic strengthening activities are limited, but where these exist, they provide opportunities for up-skilling and job placements. A few HSOs provide skills development support and linkages to service providers that support work-seekers. Ideally these services should be among the standard service package available in all HSOs, given that having employable skills and finding jobs are top priorities for most homeless people.

Some HSOs try to link residents with government legal and social services including applications for IDs and grants. While most homeless people are eligible to receive government social grants, very few do. Resource constraints in some HSOs make it difficult to provide comprehensive services and a reliance on referrals is often inefficient and ineffective. It is evident that the success rates of these efforts are rather low.

Given the range issues, addressing homelessness and the plight of affected people requires a multi-sectoral approach where different spheres of government, civil society, private sector and broader society, work together to create systems to respond to the needs of the most vulnerable

people. Findings indicate that there is a need for a coordinated response which capitalizes on the resources available across these sectors to achieve sustainable impact.

The scale of homelessness requires quantification for policy makers to gain a full understanding of the magnitude of the problem and to inform viable policies and programs that respond to the needs of this highly vulnerable population. Given that the push factors that drive homelessness continue to grow, efforts are needed to fast-track development and implementation of formal government led programs to address the plight of homeless people and to prevent more escalations.

6 Recommendations

Need to **create differentiated guidelines that recognise the different needs of different groups of homeless people and provide guidance on long-term engagement** for those who need it. Any national guidelines on dealing with homelessness needs to take an eco-systemic approach where the individual, their family, and their community are supported. Review norms and standards to allow families to stay together when seeking accommodation from service providers.

Re-evaluate current guidelines that prioritise family reunification and explore the possibility of programmes that support independence.

A **mental health strategy** is fundamental to the effectiveness of any homelessness intervention. This is especially true given the link between mental health issues and chronic homelessness.

Review referral procedures to ensure homeless people have access to adequate healthcare. Explore the possibility of having frontline health workers engaging directly with homeless people on the street to ensure they receive adequate treatment or referral as early as possible.

Re-evaluate the dominant shelter-centric model and explore the possibility of establishing safe spaces throughout urban centres as well as public ablution and storage facilities that are easy to access.

Serious **effort needs to be made to provide low-cost housing in city centres** and other well-located parts of cities to enable the poorest residents to access housing and economic opportunities. In order to facilitate this, government needs to release government-owned buildings to be converted into either very low-cost housing or housing for homeless people to live in and receive rehabilitation and social work services.

The **response to homelessness needs to be integrated with skills training and broad economic support** for poor communities. Explore options for skills training and work placement partnerships with national and local actors in both the private and public sector

Provide guidance and make funding available to support outreach workers to engage directly with homeless people living on the street; Explore the possibility of employing homeless people who have started rehabilitation to conduct this outreach work.

A **new policy framework is needed that takes a developmental approach to**

homelessness rather than a punitive one. There needs to be a revision of by-laws and a re-evaluation of how to respond to issues with homeless people. Law enforcement agencies are not necessarily best positioned to be the first responders to issues with homeless people and the possibility of engaging more social workers for this task should be explored.

Address substance abuse through increasing drug rehabilitation capacity in communities and for early identification of people struggling with substance abuse. Explore the feasibility of work-based rehabilitation programmes.

A **coordination mechanism needs to be created at both national and local level to facilitate collaborative planning between government agencies** and ensure that there is efficient exchange of information. Ensure that homeless forums are part of the local strategy for engaging with homelessness and mandate the inclusion of homeless people on these forums.

Design policy around the specific needs of people experiencing different types of homelessness. Need for clear delineation on the responsibilities of the various stakeholders and government departments. Develop a holistic policy framework that addresses the root causes of homelessness and prioritises early intervention in 'at risk' cases.

Responses to homelessness need to be highly localised in order to respond most effectively to the needs of specific groups of homeless people. Investigate the possibility of providing services to homeless people using existing community structures and resources.

Develop a funding framework to rationalise funding streams to organisations providing essential services for homeless people. Government should re-evaluate the scale of homelessness and provide sufficient funding to the relevant agencies to properly engage with the issue. Any homelessness policy needs to be accompanied by an appropriate resource allocation plan to ensure that actions outlined in the policy can be taken.

There is a need to **educate civil servants on how to treat homeless people** and higher expectations on the degree of professionalism required when providing support.

A **formal relationship needs to be established between the SAPS and the DSD** in order to ensure citizens have access to appropriate social services and that the police are not burdened by having to provide social services that are not part of their core mandate.

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