



UNIVERSITY *of the* WESTERN CAPE

THE EXPERIENCES OF RESIDENTS AT A HOMELESS SHELTER

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A mini-thesis submitted in partial fulfilment of the requirements for the award of the degree of Masters in Social Work in the Faculty of Community and Health Sciences, University of the Western Cape.

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PLAGIARISM DECLARATION

I hereby declare that the dissertation. “The experiences of residents at a homeless shelter,” is my own work, and that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or indicated have been indicated and acknowledged as complete references.

.....

Vongai Mango

Date



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DEDICATION

This thesis is dedicated to my father and mother Charles and Alice Mango, thank you for setting a good example in my life and being very supportive parents in terms of my education. Dad and mum, this is for you, I love you so much.



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ABSTRACT

Homelessness is a worldwide problem that has affected so many people. In the developed countries, there has been lots of research done to understand what it is and how this problem can be eradicated. In the developing countries, there are few studies that have been done and most people do not really understand what homelessness is and what impact it has on the individual and the society in whole. The researcher identified a lack of research on the homeless and understanding the experiences of these individuals.

A qualitative study was conducted with the goal of exploring and describing experiences of homeless residents at a homeless shelter regarding their homelessness. The research design was exploratory, descriptive and contextual utilizing a non-probability purposive sampling. Semi- structured interviews were conducted with six participants; thereafter, an analysis of the textual data was conducted according to Tesch's (1990) eight steps (in Creswell, 2003:192). The findings were described according to guidelines by Guba (in Krefting, 1991:215-219). The findings, including the factors that contributed to being homeless, as well as the experiences of homeless people are described. The challenges faced by homeless people and the needs of homeless people will be used as guidelines for assisting service providers of homeless people. Recommendations for further action and research are suggested.

KEYWORDS

Homelessness

Homeless People

Homeless Shelter

Experiences

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CHAPTER 1

INTRODUCTION AND PROBLEM FORMULATION

1.1 INTRODUCTION

“Being homeless is rotten.....For a start you aren't needed by anyone....You have nowhere to go and nothing to do except get through the day and night. You wander amidst bustling crowds of clean, well fed and busy people.... You have little money, no friends and almost no content to your life..... Worst of all you are alone and that brings with it an increasing sense of isolation.”

(Fisher & Collins, 1993:1)

This is an example of what a homeless person can go through in his/her life. Homelessness is a worldwide problem that affects perhaps 100million people, perhaps a one billion or perhaps more around the world. The accurate number depends on the definition of homelessness that one chooses (United Nations Centre for Human Settlements (UNCHS) 2008:452). It has been noted that homelessness has remained a problem even in developed countries that have been working hard to eliminate poverty in their countries and have a wide range of social care for the homeless (Cross, Seager, Erasmus, Ward & O'Donovan, 2010:7). This shows that more research is needed, to understand this group of people and try to find solutions towards eradicating homelessness.

South Africa alone has about 5million homeless people, (UNCHS, 2008) who constitute more or less 10% of the total population. A recent increase of homelessness in the 21st century has been attributed to the global economic changes that have led to homelessness becoming a major social political issue in most developing countries.

There has been an extensive literature on homelessness, in South Africa only limited work has focused on the experiences of the homeless. Most studies that have been done in South Africa have focused on the meaning of homelessness (Olufemi,2002), on the phenomenon of street homelessness in Johannesburg (Olufemi, 1998) and homelessness focusing only on women and children only (Olufemi, 2000). Kerr (2003:30) stresses the importance of “having [homeless individuals] as active participants in the formation of a collective analysis”, whilst Glasser & Bridgman (1999) agree to that describing experiences of homelessness gives a deeper understanding of the issues and is a useful tool in promoting solutions for the problems. Therefore the researcher focused on filling some of the gaps that other researchers have left, covering all aspects of homelessness through narrated experiences.

The first chapter of this research introduces the background of the problem of homelessness and its impact in the South African context. It will also highlight the research topic, the main research question, goal and objectives. The research methodology used in the study will be clarified, the verification of data will be discussed, and the ethical considerations will be highlighted. Finally, the key concept used in the study will be clarified and some concluding remarks will conclude this research.

1.2 BACKGROUND TO THE PROBLEM

Homelessness can be regarded as destitution, and is a clear indication of crisis (Speak, 2004). Most researchers agree to that homelessness constitute a situation of those people without a place to stay and those who live in the streets (Hutson & Liddiard, 1994; Olufemi, 1998; Speak & Tipple, 2006). In Australia, the Supported Accommodation Assistance Program (SAAP) defines homelessness as inadequate access to housing (SAAP Act, 1994). In Britain, homelessness is defined in statute, as there is legislation that focuses on homelessness (Anderson & Christian, 2003). The United Nations Centre for Human Settlements (UNCHS) (2008) has classified homeless into four categories which are: (1) *Rooflessness*; (2) *Houselessness* (3) *Insecure accommodation* and (4) *Inferior or substandard housing*.

The basic understanding of homelessness is the condition of a person who does not have any shelter. Naidoo (2010:129) explains that socio-economic poverty in South Africa has led to a broader definition of homelessness which applies not only to individuals without a shelter, but also includes people with access to a shelter but whose quality of living is inadequate. Another researcher to support this is Olufemi (1998) who defines homelessness as including “those living in squatter or shack housing: {as well as} those living on the streets/pavements” (Olufemi, 1998:127). Supporting this definition is The South African Homeless People Federation, which regards informal settlement dwellers as homeless. Aliber (2003:12), on the other hand, argues that homeless people are different from informal settlement dwellers because they are lone individuals with little or no social networks with the families, but admits that, “there is no clear line separating the two.” Du Toit (2005), in his research classified the homeless population in South Africa into three groups namely (1) *informal settlement dwellers*, (2) *temporary overnight sleepers* and (3) *detached homeless people*. Roger (1998:15) has also identified the social and economic complexity of homelessness in South Africa and notes that one needs to differentiate between the homeless and the poor urban informal dwellers with inadequate shelters.

Researchers in South Africa have come up with different definitions of homelessness (Olufemi, 1998; Olufemi, 2000; Speak & Tipple, 2006; Naidoo, 2010). Olufemi defines the homeless in South Africa as “those who lack real homes, live in bad housing, lack basic needs (with no access to safe water, sanitation) and lack personal needs (self-determination, creativity, dignity, expression and voice” (2000:24). This definition will be used for the purpose of this research as the respondents that will be included lack real homes, stay in a homeless shelter and lack personal needs as well.

From the difficulty shown above in trying to find out the exact definition of homelessness, it can be seen that it is not only the physical condition of homelessness (without shelter) that needs to be taken into consideration, but social and economic factors as well. The varying definitions and different categories of homelessness have also made it difficult for policy makers such as the

South African Government to distinguish who can be classified as homeless persons. Statistics South Africa, (2001) whilst attempting to count homeless people in the 2001 census, came up with the conclusion that an accurate account of homeless people “requires a better understanding of ‘homelessness and what it means in the South African context.” This shows that defining homelessness in South Africa is a difficult and complex issue, and thus it is important to hear from those affected what they feel would be the appropriate definition for their situation.

A good deal of research has been done to understand the causes of homelessness, but these have mainly focused on developed countries. In Britain, theory perspectives that have been used feminism, post-structural, post-modernism, and critical theory (Neale, 1997a, 1997b). Neal (1995) concludes that no single theoretical framework can explain the causes of homelessness in Britain.

Several authors have established a link between poverty and homelessness and it has been argued that the most visibly poor people are the homeless people (Aliber, 2003 & Daly 1996). Aliber (2003) in his research on chronic poverty in South Africa has pointed out that the street homeless people are chronically poor, and has defined the “chronically poor” as those who are likely to remain in poverty if there is no assistance given and also those who are difficult to assist. Olufemi, (2000) sees poverty as both a cause and effect for homelessness. In line with this argument, Avramov (1995:80) asserts that, “it is precisely the cumulative effect of poverty preceding the condition of homelessness and exposure to the deprivation experienced by the homeless, which makes the social re-integration of the homeless people particularly difficult.” Most of the research done in South Africa has focused on understanding poverty and its impact on homelessness.

Apart from poverty, policies during the apartheid era also contributed to homelessness. The restrictive migration laws and the migrant labour system resulted families being divided and marginalized many African household (Olufemi, 1998). The Mines Act of 1911 and The Land

Act of 1913 restricted Africans from owning land and also from holding jobs, thus giving rise to poverty and homelessness in this group of people. The Homeland Policy resulted in social dislocation for many families, and one of the outcomes was homelessness (Levinson, 2004:528).

In addition, poor access to decent and affordable housing for poor people has also caused homelessness in South Africa. A study by the Rural Service Developmental Network (2002) found that two million people had been evicted from their homes since 1994 because they could not pay their water bills. Mngxitama & Eveleth (2003) explains that this was mainly due to the commercialisation of essential services such as electricity and water which led to many poor people not being able to afford these services.

In the current situation, before the State can provide housing grants, the homeless are required to make their “own contribution” thus those with funds are the only ones with access to these houses, leaving those poor homeless. The fact that there is limited affordable housing in South Africa has pioneered homelessness (Mathiti in Rathele 2006). According to the Development Action Group (2004), there are very many people in need of housing and the rate is increasing even though there are housing delivery policies in existence. The reason is that the houses that are on offer are simply unaffordable, so people become homeless.

The recent global economic problems have contributed to the increase of unemployment in South Africa. According to Stats SA 2009, South Africa’s unemployment rate is 23.5 %; there are 4.18 million people out of work including 85% of homeless people in South Africa (Levinson, 2004:527). Clearly unemployment has contributed to homelessness because people cannot afford where they are living and end up being on the streets or in shelters. The fact that there is limited affordable housing in South Africa has pioneered homelessness (Mathiti in Rathele 2003). In South Africa, a study was done by Olufemi (2000) on the perceptions of street homeless women to poverty. Most of the street homeless women indicated that getting a job

would contribute in reducing their homelessness. This shows that these people felt that by getting a job, at least they would be able to have something to sustain themselves with.

Springer (2000:476) states that “reliable data about the homeless is a basic need of policy makers to find positive solutions, avoiding ignorance or suppression of the visible signs of homelessness.” With this in mind, the researcher identified a need for research on this issue within a national context. Olufemi (2000) concluded that more research on homelessness in South Africa was needed, and Mathiti in Ratele (2003:222) also mentioned that, “there is a dearth on the conditions of most shelters in South Africa.”. These conclusions triggered the researcher’s desire to focus on a study of the experiences of homeless residents in a shelter.

1.3 MOTIVATION FOR RESEARCH

The researcher is a social worker at a homeless shelter. This shelter is a “Level 2 shelter” meaning it provides accommodation to homeless people and involves them in rehabilitation programmes and skills development. The residents stay at the shelter for about nine months and then go back into the community. The researcher identified the need for a qualitative research focusing mainly on the experiences of homeless people in order to assist social workers in service delivery with homeless people as client systems. It had been noticed that most of the residents were single adult homeless people who were chronically homeless, as they moved from one shelter to another.

1.4 PROBLEM FORMULATION

According to Neuman in Fouche & De Vos (2005:100) the problem formulation phase is the “focus of the project”. This is the phase where the researcher asks him/herself, “What” is it about the topic that I want to answer? (De Vos et al. 2005:100). A short discussion follows about exactly what the researcher focused in this research.

The background of the study addressed the fact that homelessness is a major problem in South Africa. Like many other developing countries, South Africa faces the huge and daunting challenges of the diverse manifestations of the condition of homelessness and also implies that homelessness form an integral part of the caseloads of social workers. There is no specific number of how many people are homeless but Olufemi (2000:224) estimated that in the late 1990's there were an estimated three million homeless people and by 2000 it was estimated that there were about eight million shack dwellers in South Africa alone (Olufemi, 2000). There have been few empirical studies to explain what homelessness is through the perceptions of those affected by it. More importantly, if we are to understand what homelessness is and how we can find solutions towards ending this social issue, we need to know more about the lives of these individuals. The experiences of homeless people at a homeless shelter should therefore be researched and documented in order to gain knowledge and understanding about homelessness. The limited scientific literature in South Africa to discuss the experiences of homelessness is what triggered the researcher to undertake a qualitative research discussing the experiences of homeless residents at a homeless shelter.

Research Question

Research questions can be described as “interrogative statements or questions that the investigator seeks to answer” (Cresswell, 2003:108). Thus with regard to this research, the research question was:

What are the experiences of residents at a shelter regarding their homelessness?

1.5 GOALS AND OBJECTIVES

The goal and objectives of a research study can be described as, “the end toward which effort or ambition is directed” (De Vos, Strydom, Fouche & Delpont, 2002:7). Thus the goal can be regarded as the dream and the objectives the steps taken to accomplish that dream. The goal and objectives of this research would be the following:

Goal

To explore and describe the experiences of residents at a homeless shelter regarding their homelessness.

Objectives

- To gain understanding of the events that caused residents at the shelter to be homeless;
- To conduct a literature review on homelessness;
- To explore and describe the experiences of residents at a homeless shelter;
- To explore and describe the needs and challenges of homeless people; and
- To compile a report based on the findings with concluding recommendations to officials of shelters and social workers to improve service delivery to the homeless.

1.6 RESEARCH METHODOLOGY

1.6.1 Research Approach

A qualitative approach was used since this is an exploratory study investigating the experiences of residents at a homeless shelter regarding their homelessness. The study was holistic and the researcher's focus, variables and interpretations developed and changed throughout the research.

Following the decision concerning the research approach, the researcher chose a research design best suited to the exploration of the research question. The research design is discussed in the following paragraphs.

1.6.2 Research Design

Research designs are defined as, “strategies that can be used to address research questions” (Struwig & Stead, 2001:9). A qualitative design could fully explore the experiences of these residents, and the three research designs that the researcher mainly focused on were as follows:

1.6.2.1 Exploratory Research

Exploratory research is mainly done to investigate a phenomenon where little knowledge exists (Kumar, 1999:112). It seeks to understand a situation, such as the researcher wanting to explore what homelessness is through the experiences of residents at a homeless shelter, who have been affected by it.

1.6.2.2 Descriptive Research

A descriptive research focuses on “how” and “why” questions (Neuman, as cited by Fouche & Delport in De Vos et al. 2005:107). The researcher wanted to discuss how these residents became homeless and why they were still homeless and staying at the shelter.

1.6.2.3 Contextual Research

Contextual research can be described as, “being concerned with making sense of human experiences from within their context and perspective” (Kelly in Terre Blanche, Durheim & Painter, 2006:346). The researcher’s aim was to understand and describe residents’ experiences of homelessness in their natural context where they were staying.

1.6.3 Population

Creswell (1998:111) states that participants in a qualitative study should be individuals who have experienced and are able to relate to the phenomenon the researcher wishes to explore. The populations for this research were residents of a shelter for the homeless and therefore experienced homelessness themselves.

1.6.4 Sampling

A sample is a subset of measurements drawn from the population in which the researcher is interested (Strydom & Delpont in De Vos et al. 2005:239). This research study will use a non-probability sampling which is done without randomisation and does not allow generalisability. Purposive sampling seeks to find those subjects who can offer the richest data on the topic being explored, and it falls in non-probability sampling. The researcher interviewed six residents. The proposed criteria for this kind of study were:

- Participants were residents at a homeless shelter;
- Participants had experienced homelessness for more than 6 months to ensure that they experienced the phenomenon of homeless for a reasonable period;
- Participants involved both males and females;
- Participants were 21 years and older;
- As the researcher was only proficient in English, the participants were all conversant in English; and
- Participants included blacks, coloureds and whites

1.6.5 Method of Data Collection

The data collection approach that was used for this research was face-to-face in-depth interviewing. Face-to-face interviews are more flexible as there will be an interviewer available to structure the interviews and also help to motivate the respondents (Alasuutari, Bickman & Brannen, 2008:58). Interviews were ideal for this research as the researcher wanted to get a

deeper understanding of homelessness through the experiences of the residents themselves. De Vos et al. (2005:298) advise that the use of a tape recorder is very helpful when participants give their permission. Thus with this research, interviews were recorded on a digital recorder where the participants gave consent to this.

1.6.5.1 Pilot Study

According to Leedy and Omrod (2005:152) a pilot study should be done to ensure that the researcher is able to answer the research questions. The pilot study assisted the researcher in ensuring that participants would be able to respond to the questions. The researcher therefore did a pilot study with one of the residents at the shelter to ensure that the proposed study was feasible.

1.6.5.2 Interview Guide

The following questions were asked to the participants:

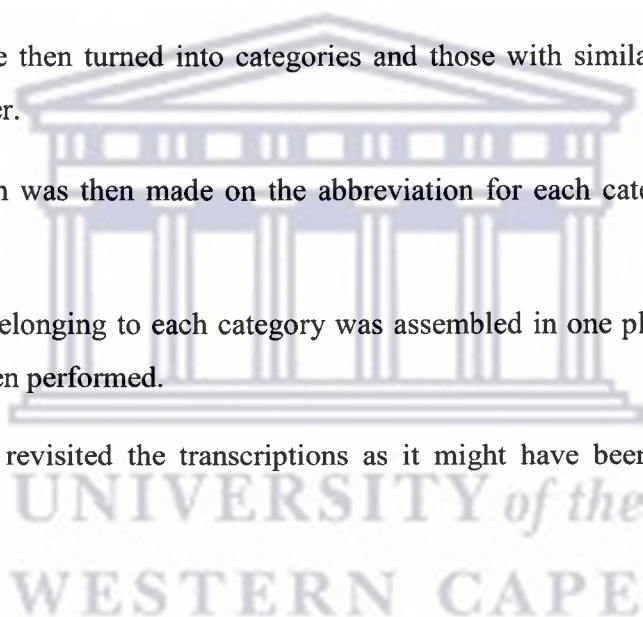
- 1) How is it that you became homeless?
- 2) Tell me about your homelessness
- 3) Tell me about the challenges you are facing as a homeless person
- 4) Tell me about your needs as a homeless person

1.6.6 Data Analysis

This was where the meaning of the data that had been collected would be given (De Vos et al. 2002) to bring out an understanding of what homelessness is through the experiences of the homeless residents at the shelter. To analyse the data for this research, the researcher used the eight steps of Tesch (1990) (in Creswell, 2003:192) as listed below:

1. The researcher read through all the transcriptions thoroughly and a sense of the whole was obtained. As preliminary ideas came into mind, they were jotted down.

2. The most interesting and detailed transcript was picked to be read. The researcher made notes on the margins to identify themes.
3. The researcher repeated the same procedure with all the other transcripts and a list of all the topics was made. Topics that were similar were clustered together and were then formed into columns that were arranged as major topics, unique topics and leftovers.
4. The topics were arranged as codes and were typed next to the appropriate segments of the text. This preliminary organising scheme was used to see whether new categories and codes emerged.
5. The topics were then turned into categories and those with similar characteristics were grouped together.
6. A final decision was then made on the abbreviation for each category and codes were alphabetised.
7. Data material belonging to each category was assembled in one place and a preliminary analysis was then performed.
8. The researcher revisited the transcriptions as it might have been necessary to recode existing data.



The report will include the use of selected quotes to highlight themes and categories and these quotes will also be contrasted, controlled and compared with literature. This will be done so that critical appraisal of the findings is presented.

1.6.7 Method of Data Verification

Krefting (1991:215-219) presented a model based on Guba's (1985) work to determine trustworthiness in a qualitative research. To determine trustworthiness, four aspects needs to be

identified which are truth value, applicability, consistency and reflexivity. These aspects are addressed below:

1.6.7.1 Truth Value

This is one of the most important criteria for the assessment of qualitative research. It is obtained through the researcher's experience and it assesses if credibility was established in the research study. The strategy of credibility involves interviewing techniques, triangulation, peer examination and authority of the researcher (Krefting, 1991:217). The researcher assessed whether the findings were a true reflection of the homeless residents at the shelter through the use of *interviewing techniques* such as listening, reflection and clarification. *Triangulation* in this research was used through using semi-structured interviews, observation, and also information of the residents given by the staff at the shelter. The researcher drew on the knowledge of colleagues with experience in either the research methods or through the research topic (*peer examination*). Finally, Krefting (1991:220) state that the *authority of the researcher as instrument* should also be included as a means of establishing credibility. The researcher was a social worker who had been working with the homeless for two years at a homeless shelter.

1.6.7.2 Applicability

Applicability is linked with transferability and is defined as a situation where the findings are applicable to other similar contexts (Krefting, 1991:217). The researcher used a purposive sample to include residents who are different varying in sex and age, so as to include representatives of homeless people as far as possible.

1.6.7.3 Consistency

Consistency is defined as, “whether the findings would be consistent if the inquiry were replicated with the same subjects or in a similar context,” (Krefting, 1991:216). The data analysis method by Tesch (1990) in Creswell, 2003:192) the researcher used in analyzing played a role in determining consistency of the research.

1.6.7.4 Reflexivity

Reflexivity encourages the researcher to, “to explore the ways in which a researcher’s involvement with a particular study influences, acts upon and inform such research” (Nightingale & Cromby, 1999:228). The fact that the researcher is the social worker at the shelter where the interviews were done made the researcher remain open to the fact that multiple interpretations existed to what the participants would be sharing. The researcher was continuously aware of her role as a researcher and not that of a social worker during the interviews so that she did not disturb the interview process. Colleagues at the shelter and the research supervisor were available for regular discussions.

1.7 ETHICAL CONSIDERATIONS

Ethical guidelines, “serve as the basis on which each researcher ought to evaluate his own conduct” (Strydom, 2002b:63). Thus the researcher followed a certain procedure to make sure that the rights of the participants involved were followed. The research ethics that were considered for this research are discussed below.

1.7.1 Action and Competence of the Researcher

The researcher is a registered social worker with the South Africa Council of Social Service Profession in terms of the Social Service Professions Act, (Act No. 110 of 1978). She has experience with working with the homeless, and the knowledge she has gained from literature

and also networking with other homeless organizations provided a theoretical framework for the research. The researcher undertook a course in her fourth year study and in her Masters on research methodology thus this gave her knowledge towards undertaking a research. The research supervisor was also there to provide the researcher with ethical guidelines and to make sure that plagiarism has been avoided throughout the research.

1.7.2 Informed Consent

Participants should be informed about the nature and purpose of the research and should have the right to participate or not participate in the research (Leedy & Omrod, 2005:101). Informed consent occurs when all possible information about the research, the procedures that will be followed during the research, the possible advantages and disadvantages and risks to which the participants may be exposed, are highlighted (Strydom in De Vos et al. 2005:194). For this research, informed consent was obtained through giving the participants a detailed background of the research study, and also highlighting the advantages and disadvantages of the study. The participants were then asked if they were willing to participate in the study and if the answer was a yes, they signed an informed consent form that stated that the participation was voluntary.

1.7.3 Avoidance of harm

Respondents can be harmed during research through being asked questions which may raise physical discomfort in them (Strydom in De Vos et al. 2005:194). The researcher is ethically obliged to change the nature of his/her research rather than expose his/her respondents to the possibility of physical and/ or emotional harm of which he/she may be aware of, (Neuman, 2005:92). The researcher attempted to prevent physical and emotional risks of the participants involved. This was done through making sure that the interviews were done in a familiar place that the participants were used to, that they were comfortable, and that debriefing was available where necessary. The researcher attempted not to harm the participants through not discriminating, exploiting and manipulating the respondents in any way. The participants have already been victims of stigmatization and discrimination thus the researcher made sure that they

were treated with dignity and respect by means of communication skills and non verbal cues such as body language and facial expression.

1.7.4 Violation of Privacy /Anonymity/ Confidentiality

Privacy implies the element of personal privacy and confidentiality is the handling of information in a confidential manner (Strydom in De Vos et al. 2005:195). The researcher adhered to the aspect of anonymity by using pseudonyms instead of the real names of the participants and codes were used instead of names. The voice recorder that was used during the whole research process was not shared with anyone other than the supervisor, and was also stored in a safe place. Only the researcher and the supervisor had access to the transcripts. Participants were informed that they had the right to withdraw from the research at any time.

1.7.5 Debriefing of Participants

Strydom in De Vos et al. (2005:196) highlights the importance of debriefing of participants explaining that it helps the participants to work through their experiences of the research. Participants were given an opportunity at the end of the interview to ask questions or to highlight areas on which they needed clarification. The participants were also asked to comment on their experience of the interview and this assisted them in having some closure in their participation of the research. Those who were in need of debriefing were referred to a colleague.

1.8 DEFINITION OF KEY CONCEPTS

- Homeless people refer to adults and or young children who stay on the streets, squatter camps, hostels and shelters, (Makiwane, Tamasane & Schneider, 2010:40).

- Homelessness is defined as the condition of being without a home. The homeless man or woman is impoverished and transient, and often lacks the social skills or emotional stability needed to improve the situation unless help is provided (Barker 1995:169).
- Homeless shelter is a private or publicly funded residential facility for individuals and families who have no homes. The shelter offers beds, meals and sometimes health and social services to as many needy people as possible, depending on available room, supplies and demands (Barker 1995:169).
- Experience refers to active participation in events or activities, leading to the accumulation of knowledge or skill (Desjarlais, 1997:16).

1.9 CONCLUSION

As can be seen from the above comments, homelessness is a major problem that needs to be addressed and dealt with by social workers as well as other disciplines from the helping professions. By understanding the experiences of these homeless residents, we are able to have a clearer understanding of what homelessness is, what causes homelessness and the challenges and needs the homeless people experience. Chapter one discussed above describes the background and motivation for this research, the research problem, the research question that were needed to be answered and also the goal and objectives that were achieved. The chapter also describes the research methodology that was taken for this study. Ethical considerations relevant to this study were described, after which the key concepts were defined. In the following chapter, Chapter two, the researcher presents a review of literature which focuses on issues of homelessness.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

South Africa, like many other countries, faces the overwhelming challenges of the diverse manifestations of homelessness. Even though homelessness affects all races in South Africa, Black Africans are disproportionately more affected followed by the Coloured section of South African population. It has been argued that there are more homeless adults than children, and more homeless men than women (Olufemi, 1998, 2000). The homeless people in South Africa are the poorest social sector, and they are worse off than shack dwellers who have access to employment and shelter even though it is not adequate (Cross, 2008b). This highlights the importance of exploring their experiences and perceptions as homeless individuals to get a deeper understanding of their lives.

The following literature review will discuss homelessness in more detail by explaining its theoretical framework, community responses towards it, health care of the homeless, government responses to the homeless people, faith based organizations and homeless shelters. Finally, some concluding remarks will be presented.

2.2 THEORETICAL FRAMEWORK

2.2.1 Overview of Psychological and Social Models

Homelessness is a very complex issue about which a number of models have been identified to play a role. The first models that were used to explain homelessness were social ones and mainly focused on structural issues, namely social disaffiliation (Cohen & Sokolovsky, 1983), the breaking up of social networks, (Rowe & Wolch, 1990), poverty (Menke, 1998) and stigmatization (Takahashi, 1997). Psychological models on the other hand focused on integrating

psychological factors and environmental factors therefore they focused on homeless people not making use of health services (Christian & Abrams, 2003). A combination of the two models can also be used.

Psychodynamic models based on the attachment theory have suggested that attachment theory plays an important part in the origins of homelessness. The authors identified a connection between childhood experiences and the nature and quality of interpersonal relationship later on in life. Where attachment was unbalanced while the individual was younger, this might lead to vulnerability to stressful events at a later age. These factors might contribute to homelessness. In an attempt to provide understanding of homelessness as a phenomenon, the researcher will focus on vulnerability models.

2.2.2 Vulnerability Models

Understanding the risk factors of homeless people such as suffering from chronic disorders (Burman & Koegel, 1988), health problems (Odell & Commander, 2000), lack of training or education (Brooks & Buckner, 1996) or deficiencies in the family and social network (Wright & Weber, 1987), contributes to an understanding of this phenomenon. Furthermore, research findings have distinguished between childhood factors and adulthood factors. Adverse childhood factors such as lack of care and abuse in infancy increase the risk of becoming homeless during adulthood, therefore creating a risk factor for homelessness (Craig & Hodson, 1998; Herman, Susser, Struening & Link, 1997 & Stein, Leslie & Nyamathi, 2002).

In addition adverse experiences also increase the risk of psychiatric disorders such as depression and substance abuse. Johnson, Freels, Parsons & VanGeest (1997) have identified lack of social support in adulthood such as the break up of relations, family conflicts and fewer social networks as some of the main at-risk factors for homelessness. Caton, Hason, Shrout, Opler, Hirshfield, Dominguez & Felix (2000) furthermore emphasizes that a low educational level, especially in men, contributes to the possibility of homelessness as it lowers their chances of finding a permanent job. Physical health problems and mental disorders have also been identified as at-risk factors for homelessness. Sullivan, Burnam & Koegel (2000) identify poverty and family

instability as at-risk factors for homelessness and mental disorders. One can therefore argue that vulnerability models are able to identify the various factors that explain homelessness or put individuals at risk of becoming homeless.

In South Africa, there has been no specific theory that has been used to explain homelessness but the main drivers of homelessness have been identified as political, social and economic factors. Homelessness in South Africa can be traced back to the early years of industrialization and the displacement caused by the competing demands for labour and land from both agriculture and mining (Kriger, 1962). Social causes of homelessness are domestic violence, ill health, divorce, disability and substance and drug abuse. Globalization and restructuring of the economy in South Africa have contributed to the increase of unemployment.

2.3 COMMUNITY RESPONSES TO HOMELESSNESS

2.3.1 Homelessness and Stigmatization

There have been a number of researches done on stigmatization on the homeless, stigmatization is defined as “a negative characteristic that can be ascribed to an individual. It is argued that stigmatization is associated with discrimination and prejudice” (Link & Phelan, 2001). A survey done in the US came up with the conclusion that the label of “homeless” was more stigmatizing than the label of “poor” (Phelan, Link, Moore and Stueve, 1997). Homeless people are personally held responsible for their plight and being homeless is identified as a character flaw rather than a product of socioeconomic circumstances (Hocking & Lawrence, 2000). Speak & Tipple (2006) conducted a study in nine developing countries on the perceptions of homelessness and their research confirmed the common perception of homeless as the “others” in all the nine countries. False perceptions of the homeless cause interventions to address homelessness in developing countries to be unsuccessful (Speak & Tipple, 2006). It is important that conclusions about homeless people should be based on individual characteristics rather than group membership (Hocking & Lawrence, 2000). Thus a change in attitude towards the homeless is

very important and this is only done through understanding the experiences of these individuals to be able to empathize with them and have a positive attitude towards them.

2.3.2 Dignity of the Homeless

Miller & Keys (2001) emphasizes the importance of understanding the dignity of homeless people to be able to have a better understanding of their experiences. The social stigma of homelessness and the loss of these individuals' homes compromise their dignity (Snow & Anderson, 1993). This is supported by Seltser & Miller (1993) who argues that, "being homeless threatens the essential dignity of human beings, undermining or often destroying their ability to be seen, and to see themselves as worthwhile persons," (pg, 93). By understanding the dignity of homeless people, one is able to understand something about their inner lives and how they experience themselves as persons of dignity (Miller & Keys, 2000).

Dignity has been identified as, "nobility of character, manner or language," (Berube, 1994:239) whilst Seltser & Miller (1993) defines it as self-worth or inner worth. One's self image and how one is viewed by others gives the experience of dignity. Seltser & Miller (1993) states that an experience of dignity is dependent on the interaction of individuals and their environment. Dignity is recognized where individuals experience inner worth and they are responded to as persons of worth. Miller & Keys (2000:334) lists events that lead to the invalidation of dignity in a homeless person, and these are as follows:

- (i) Being treated impersonally and negatively by shelter staff and welfare workers, (e.g being yelled at, stereotyped or insulted);
- (ii) Being ignored and avoided by domiciles who pass them by on the street;
- (iii) Having little privacy in sleeping areas and bathrooms in shelters;
- (iv) Being required to attend religious services or obey behavioral contracts in order to receive services;
- (v) Having to wait in long lines to receive services.

The conclusion by Miller & Keys (2000:350) in their attempt to understand dignity in the lives of homeless people is “paying attention to what homeless persons’ needs are and responding to them in a way that is respectful may help them maintain a sense of worth as they attempt to survive and end homelessness for themselves.” Thus maintaining dignity is important and necessary to be able to survive homelessness. The researcher wants to explore if the homeless residents are able to maintain this sense of dignity to be able to cope with their situation.

2.4 Homelessness and Health

The World Health Organisation (WHO) constitution states that “health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity” (WHO, 1992:65). There is a link between health and the environment which promotes an environment that ensures minimal health risks and encourages self esteem, personal and community fulfillment (WHO, 1992:69). This shows that there is a link between health and the environment which encourages self-esteem, security, personal and community fulfillment. Homelessness means living under a great deal of physical and psychological stress and this has a negative health on these individuals. Rosnow (1985) identified three general aspects of homelessness that may enhance or produce disease. They are: i) extreme poverty; ii) absence of the protective functions of a home iii) the exposure to special environments such as shelters. Thus it is important to have a general understanding of the various health issues that affect homeless people.

2.4.1 Tuberculosis

Staying in inadequate and unhealthy shelters and temporary accommodation can give rise to chronic respiratory and chronic ailments in the homeless population in Europe (WHO, 2002). Tuberculosis (TB) has been identified in Europe as one of the main diseases affecting homeless people, and because that most of these homeless people are on the move, it ends up becoming a public health risk, (FEANTSA). Gorton, Walters & Cook (2003) stated that the rate of TB

amongst rough sleepers and hostel residents is 200 times that of the known rate among the general population. Treatment of TB among the homeless can be complicated mainly because of nonadherence to therapy, prolonged infectivity and the development of drug resistance (Gorton et al, 2003). TB is one of South Africa's most important public health problems. The study done by Olufemi (1999) has identified TB as one of the most serious problem in homeless street women owing to overcrowding conditions. Seager & Tamasane's study (2010) on the health of homeless people, adds that, TB is the most common health problem experienced by homeless individuals and the homeless are identified having TB two to five times more often than people of the same age who are not homeless.

2.4.2 HIV/AIDS and Sexually Transmitted Diseases (STD)

Sexually Transmitted Diseases (STDs) and HIV/AIDS are also common infections amongst the homeless population. A study that was done among the homeless in Canada (Hwang, 2001) has found that the common risk factors of HIV for these individuals included prostitution, multiple sex partners, inconsistent use of condoms and injection drug use. In South Africa, a study by Olufemi (1998) on the health of homeless street women identifies STD and HIV/AIDS as a common problem. This is mainly because of the promiscuity they involved themselves in as a way of survival, and in addition eradicating this disease is a problem because most of these women do not want to be open about it. The reason of not opening up is because "they do not want to think or talk about it" (Olufemi, 1998:491). To support this Swart- Kruger & Richter (1997) argued that worrying about infection in street children is not a main priority because they have more immediate needs to worry about that is food, clothing and shelter.

2.4.3 Skin Diseases

Another health issues in homeless people is skin diseases which can be either infectious or non infectious. They occur mainly because of the living conditions of these individuals. These skin diseases can be successfully treated but in most cases the homeless are unlikely to seek medical attention until they become disabled. The skin diseases identified included sores, rashes and

scabies (Nzimakwe & Brookes, 1994). Seager & Tamasane (2010) also report that skin diseases and malnutrition are very common amongst homeless people.

2.4.4 Psychological Disorders

The physical ailments associated with homelessness also have an impact on the psychological well being of the individual. The social exclusion of homeless people and their living conditions is very stressful and this stress is among the primary factors that contribute to causes of mental illness that includes schizophrenia, personality disorders and anxiety disorders (Wright, Tompkins, Oldham, Kay, (2004:171). As many as 450 million people suffer from a mental or behavioral disorder and one in four families has at least one member with a mental disorder (WHO, 2003). The risk of mental health is higher “among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants, refugees, abused women and the neglected elderly” (WHO, 2003:9). This is further supported by Wright *et al.* (2004) who has identified mental health as both a cause and effect of homelessness. Patel & Kleinman (2003) also argues that poverty is a significant contributor to mental illness and vice versa. Sullivan, Burnam & Koegel (2000) in their study on pathways to homelessness among the mentally ill concluded that mental illness may play a role in initiating homelessness for some but it is unlikely to be a sufficient risk factor for homelessness. Thus this shows that more studies are needed to get a deeper understanding of the relationship between mental illness and homelessness.

A survey by Burt, Aron, Lee & Valente (2001) indicated that approximately 39% of all homeless people experience mental illness with no substance abuse involved. This is in opposite with the latest studies that have identified mental health problems as occurring in conjunction with substance abuse and drug abuse (Wright *et al.* 2004). The study by Seager & Tamasane (2010) on the health and well-being of the homeless in South Africa noted that high rates of mental problems were associated with substance abuse. Having these conditions together, that is a

mental illness and substance abuse leaves the individuals very vulnerable and in a chaotic state which is a state most of homeless people with mental illness is in (Wright *et al.* 2004).

Bevan (2000) gave a list of multiple needs that can be identified in a typical homeless person. He argued that homeless people will often be identified with three or more of the following needs:

- Mental health problems
- Misuse of various substances
- Personality disorders
- Offending behavior
- Borderline learning difficulties
- Disability
- Physical health problems
- Challenging behaviors
- Vulnerability because of age

Thus for these individuals to receive a multi-dimension care where all these needs are identified, you need to be receiving a continuum access of healthcare service (Bevan, 2000). This unfortunately does not occur with homeless individuals as they mainly access healthcare through emergency service which does not have the right services to handle the needs of all these individuals. Thus the researcher wants to hear from the homeless individuals the kind of health care services they have received and if it has been adequate enough for them.

2.4.5 South Africa Health Care

In South Africa, the Department of Health in collaboration with other relevant sectors is responsible for the improvement of South Africa's environmental health status. The White Paper, (Government of South Africa, 1997:139) relating to environmental health lists principles that limit the health risks which arise from the physical and social environment which are:

- (a) Every South African has the right to a living and working environment, which is not detrimental to his/her health and well being.
- (b) All persons should have access to knowledge on environmental health matters and the services available to them.
- (c) Environmental health services should be accessible, acceptable, affordable and equitable. They must be implemented with the active participation of the communities.
- (d) Environmental health service should contribute positively towards sustainable physical and socio-economic development.
- (e) The establishment of effective environmental health surveillance is essential to determine whether or not the services are functional, effective and have a positive impact.

The homeless people in South Africa do not have adequate basic services like sanitation and decent shelter. These individuals' health is at risk thus to them the principles listed above are not adequately met. A study done by Olufemi (1999) to understand the health of the homeless street women in South Africa concluded that the unhealthy living environments of these women gave rise to many different diseases. To support this is the study by Seager & Tamasane (2010) who also came up with the conclusion that health factors contributed to people becoming homeless. Thus the research hopes to gain a better understanding of the homeless people staying at the shelter if homelessness is putting these individuals health at risk.

2.5 GOVERNMENT RESPONSES TO HOMELESSNESS

2.5.1 Legislative Framework for Homelessness

The national legislative framework in South Africa does not deal directly with homelessness in a specific legislation but it responds to the social and economic conditions of homeless people through a variety of legislations that is listed in a table below.

Table: 2.1 Legislative Frameworks for the Homeless

Name of Act/Policy	Year	How it relates to homeless people
The Constitution of South Africa	1996	Section 26 of the Bill of Rights states that, 'Everyone has the right to have access to adequate housing,' thus this stands for homeless people living in the streets and also those who are in shelters as this kind of living is inadequate for an individual to be staying in. Homelessness in the South African Constitution means more than lack of shelter. It also involves the social and economic conditions of an individual. The factors that influence these conditions are also stated in section 27 of the Constitution, stating that, 'Every individual has the right to have access to health care services, sufficient food and water, social security and social assistance and not to be refused emergency medical treatment.'
The Social Assistance Act	Act no 13 of 2004	This Act specifies that South Africa has responsibility to 'grant[s]-in-aid and social relief of distress. The homeless people are also included in receiving these aids.
The Housing Act	Act no 107 of 1997	This Act mentions something to do with the homeless even though it does not specifically use the word 'homeless'. It includes a provision such as section 1(e)(iii), stating that national, provincial and local spheres of government should promote 'the establishment, development and maintenance of socially and economically viable communities

		and of safe and healthy living conditions to ensure the elimination and prevention of slums and slum conditions.’ In the same section, subsection (viii) states that the government must promote, ‘the meeting of special housing needs including, but not limited to, the needs of the disabled.’ The ‘special needs’ also includes building temporary housing for the homeless.
The Prevention of Illegal Eviction from and Unlawful Occupation of Land Act	Act of 1998	The Act mainly focuses on preventing unlawful eviction of individuals. It applies to people who become homeless due to eviction that is not legal.
The Rental Housing Act	Act of 1999	This Act makes sure that individuals who rent do not pay too much money. It assists the poor in making sure that they are not overcharged.
The Disaster Management Act	Act of 2002	This policy focuses on reducing or preventing the risk of disasters. It can apply to the homeless for example during 2008 with the outbreak of violence against foreign nationals and xenophobia. Individuals were evicted from their places of residence, and there was an effective response for them to be placed somewhere instead of just being left alone and become homeless.
The Housing Assistance in Emergency Circumstances	Act of 2004	This Act is for individuals who are in need of emergency housing. It also relates to homeless people as they can find themselves in this situation from being evicted.

The Children's Act	No 38 of 2005	This Act also talks about making sure that every child has been protected from becoming homeless. Thus it is an important Act that relates to the homeless.
The Gauteng Street Children's Act	1998	The Act deals mainly with the administration of shelters, thus this has been useful in providing shelters to homeless street children, (Gauteng Provincial Legislature, 1998).

The South African Homeless People's Federation, (SAHPF) only consists of people from informal settlements, (Levinson, 2004). The Federation focuses on shack dwellers who are not adequately catered for. This shows there are still a lot of gaps that needs to be filled in terms of helping the homeless and in being included in the political context in which policies are formed.

2.5.2 Policy Framework for Homelessness

The main sectors that focus on the policy framework of homelessness in South Africa are the Housing Sector and the Social Welfare Sector (Naidoo, 2010). The Housing Sector's response to homelessness can be traced back to the 1994 White Paper on a New Housing and Policy Strategy for South Africa (Department of Housing, 1994). It states that everyone has the right to adequate housing, thus showing that it was trying to prevent the growth of homelessness in people, through improving adequate housing. The Department of Housing has improved access to better housing through refurbishment of informal settlements and a social housing policy targeting persons with a low-to-medium income (Department of Housing, 2003:5). Another provision is that of 'special needs housing' (White Paper, 1994, section3.3.8) which is transitional housing in terms of temporary shelters for homeless people while preparing to put them into permanent housing. Research was done (Poulson,2000; Charlton, 2004) to see how effective transitional housing was, and the conclusion was that these people never moved to permanent housing and

many of them ended up being on the streets again because of the magnitude of their social and economic problem. The Urban Sector Network (2003:57) reports that there is no national housing programme for the homeless other than transitional housing, which implies that there is only a limited policy for this group of people. To add more to this Naidoo (2010) states that the focus of transnational housing is not mainly on the homeless people but on individuals living in inadequate dwellings. This shows that there are a lot of gaps in terms of identifying exactly who the homeless are and how they can be included in the mainstream policies.

2.5.3 Local Metropolitan Responses of Government to Homelessness

Du Toit (2010:4) states that local responses of government to homelessness can be divided into two groups, non-empirical and empirical. Non-empirical studies originate from the US and use the critical social science perspective, mainly focusing on research. Non-empirical studies argue that the relationship between homelessness and urban space should be considered when looking at a local metropolitan government response (Du Toit, 2010). On the other hand, empirical studies focus mainly on the causes and socio-economic conditions of the homeless (Berman & West, 1997). When looking at local metropolitan government responses, empirical studies focus on the spatial distribution of homelessness and the effect of land use policies on the provision of services for the homeless (Du Toit, 2010). Hoch (2000) argues that the response of local governments towards homelessness is largely determined by the way they view it. Governments tend to view homelessness as a lack of affordable housing or a social dependency (Hoch, 2000). Hoch (2000) goes on to criticize this view by arguing that giving the homeless people a form of independence does not help as the same individuals fall back into homelessness because they can not afford private housing or renting. To support this criticism, Da Costa Nunez & Caruso (2003) argues that local governments should view homelessness as an issue of lack of affordable houses.

There have been limited studies done that focus on the responses of metropolitan municipalities. Berman & West (1997) carried out a survey in the US focusing on how prepared the local metropolitan municipalities were to respond to homelessness. The results were that the

preparedness of the municipalities was determined by the government which funded the different intervention programmes offered. The conclusion for this survey was that “the most important factor influencing the municipalities was economic circumstances” (Berman & West, 1997:304). Du Toit (2010) conducted the same survey in South Africa the results was that the municipalities concerned were all prepared at a policy level, but were not prepared when it came to resources and implementation to put these policies into action. The homeless people that were interviewed in this study pointed out that they would prefer it if municipalities would assist them in finding employment and affordable housing (Du Toit, 2010). The responses of metropolitan municipalities will be effective only when using spatial and physical interventions for example affordable housing that is close to places of employment for individuals and the use of land that meets the needs of homeless people (Du Toit, 2010). Du Toit, (2010) argues that it is the responsibility of the local government to provide interventions to eradicate homelessness in the country.

The aforementioned is further supported by Wright (1997:308) who argues that:

“To conceive homelessness simply as a problem for the department of Human Service or for charity ignores the role city officials, planners and developers have in structuring city spaces that leads to the exclusion and repression of its poor. Few city officials understand homelessness as an issue of land use, most prefer the politically safe understanding of homelessness as a social welfare issue. It is not simply a question of building more houses, or even creating more jobs, although those are necessary, but it is a question of where these new housing units will be built and what types of jobs will be created.....Shelters do not solve homelessness. Decent jobs, housing and health care do.”

Thus the local government and metropolitan municipalities have a big role to play in reducing homelessness in the country. This research therefore wishes to hear from those affected, namely the homeless, if metropolitan municipalities are doing anything to alleviate this problem.

South Africa has six metropolitan municipalities, Cape Town, Ekurhuleni (East Rand), eThekweni (Durban), Johannesburg, Nelson Mandela (Port Elizabeth) and Tshwane (Pretoria), (South African Cities Network (SACN), 2006). In Cape Town the department that is responsible for homelessness is Social Development. They run a variety of programmes for street people. The estimated number of shelters in Cape Town for homeless people including public and privately owned, is 32 (15 adult shelters and 17 child shelters) (Du Toit, 2010). The current approaches used by the social development towards homelessness include coordinating civil society responses, awareness campaigns, promoting social justice, community participation and strengthening existing public and private sector services. The Cape Town Metro Police is also involved through enforcing city by laws. This is done by picking up homeless people in the streets and referring them to available shelters around the city, and responding to complaints. The Metro Police in Cape Town has also established a special 'Vagrancy Unit' to be able to respond to public complaints about homeless people, as well as finding solutions for how to handle these complaints. The Cape Town Metropolitan Municipality has introduced a 'prevention of nuisances' bylaw' in preparation for the 2010 World Cup Soccer, (Accessed 25 May 2010). The bylaw mainly focuses on removing beggars from the streets and public places and this bylaw has brought with it many controversies. Even though there are individuals who feel that this will criminalize homelessness, municipal officials argue that the new bylaw will allow homeless people with rights to be able to beg legally. The implementation of the bylaw provoked a lot of public debate and is now supposed to be applied with sensitivity as metro police officers will be trained to ensure that they treat homeless people with dignity when enforcing this bylaw, (Irin News, 2009).

2.6 FAITH -BASED ORGANIZATIONS, (FBOs)

The South African State is not the only body that has been involved with the homeless. Various organizations have also taken part in attempting to help these individuals. Winkler (2008) conducted a study looking at various organizations' responses to homelessness and came up with the conclusion that Faith-Based Organizations (FBOs) were better equipped than the state to address homelessness, and the number of homeless people who turned to these organizations was

higher than those who turned to the state. To add more to this an article of Winkler (2006) stated that FBOs play a central role in handling social issues in the communities, and individuals in need regards these organizations as trustworthy and able to help them. Everatti & Solanki (2008) suggest that the majority of South Africans feel more comfortable donating their money to FBOs than any other organizations or directly to individuals. The study by Sanchez (2010) in South Africa to find out civil society's responses to homelessness concludes that FBOs are able to respond to homelessness and are able to provide the various needs of the homeless. This study only focuses on the contribution of FBOs to solve the problem of homelessness, thus it is important that more research is done in South Africa focusing on the performance of these FBOs and how successful they are in helping and alleviating homelessness.

2.7 HOMELESS SHELTERS

Homeless shelter services are more and more becoming a local response to the increasing prevalence of homelessness (Walsh, Graham & Shier, 2009). There has been recent literature mainly in developed countries evaluating homeless shelter service delivery (Tutty, Weaver & Rothery, 1999; Glisson, Thyer & Fischer, 2001). Bridgman (2006) states that homeless shelter service delivery varies across environments. This is opposed by Walsh et al, (2009:58) who identify three primary characteristics that creates a successful homeless shelter, which are community relationships, the built in environment and characteristics of service delivery. Their research wanted to find out how the three characteristics interlinked with each other and the conclusion was that service providers have been able to focus on one or two of the characteristics but they have also experienced failure in other characteristics (Walsh et al, 2009).

In terms of community relationships Ogilvie (2004) argues that community volunteerism in shelters promotes shelter success. Walsh *et al.* (2009) respondents also agreed that having community members to volunteer at the shelter brought strong ties with the community. The built in environment of a shelter is also important and Davis (2004) states that geographical and spatial conditions of homelessness contributes to the success of shelter service delivery. Thus the

shelter needs to provide a feeling of homeliness for these people and at the same time give them privacy as individuals and a supportive environment (Walsh *et al.* 2009). The third characteristic is the service delivery, and Hertlein & Killmer (2004) emphasize the importance of the social service delivery for homeless people meeting their needs. Karabanow (2004b) goes on to say that the effective model for social workers to use at a homeless shelter is the anti-oppressive approach. This approach is able to bring out dignified services to these clients and Walsh *et al.* (2004) supports this by stating that service delivery in homeless shelters should be able to understand the self-determination of the clients. This explains that there are a number of things that needs to be taken into consideration for a homeless shelter service delivery to be successful. The researcher hopes to gain a better understanding of the service delivery of this shelter through the homeless residents themselves, as this would assist when giving recommendations for service delivery for the shelter.

2.8 CONCLUSION

As can be seen from the discussion above, homelessness is a very complex issue. The literature review has focused on the theoretical framework of homelessness, the responses of communities towards the homeless, the health of the homeless, government responses to the homeless and homeless shelter service delivery. The next chapter will discuss the methodology of this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter two gave a thorough review on existing literature on homelessness. Knowledge about the experiences of homeless people is important in order to understand and develop effective strategies to enhance awareness and hands-on experience regarding change. It can thus be deduced that a study of the experiences of homeless people at a homeless shelter with regards to their homelessness is important for the purposes of policy-making and implementation, awareness campaigns, and information for professionals who are involved with working with the homeless.

This chapter outlines the methodology that was followed in carrying out the research. The research question, goals, objectives and research methodology will be discussed. Finally, data analysis, method of trustworthiness and limitations of the study will also be discussed.

3.2 RESEARCH QUESTION

A qualitative research mainly attempts to answer a research question whilst a quantitative research makes use of a hypothesis or research question (De Vos *et al*, 2005:103). Creswell (2003:108) defines research questions as, “interrogative statements or questions that the investigator speaks to answer.” Kerlinger & Lee (2000:28) defines a hypothesis as a statement that can be tested. Bak (2004) states that a research question should emerge from the research problem and should be closely related to the research goals and objectives. The present research problem led to a question that the researcher wanted to answer. The task of the researcher was to explore homelessness, as experienced by the homeless residents at a shelter. Therefore, the researcher made use of a research question for the purpose of this study. The research question flowing from the research problem and related to the goals and objectives was:

What are the experiences of residents at a shelter regarding their homelessness?

3.3 GOAL AND OBJECTIVES

Following the research problem and research question, the goals and objectives of the proposed study were as given below:

3.3.1 Goal

The researcher aimed to explore and describe the experiences of residents at a homeless shelter regarding their homelessness.

3.3.2 Objectives

In order to accomplish the goal, the objectives for this research were as follows:

- To gain understanding of the events that caused residents at the shelter to be homeless;
- To conduct a literature review on homelessness;
- To explore and describe the experiences of residents at a homeless shelter;
- To explore and describe the needs and challenges of homeless people; and
- To compile a report based on the findings with concluding recommendations to officials of shelters and social workers to improve service delivery to the homeless.

3.4. RESEARCH APPROACH

According to Walliman (2001:8) research distinguishes itself through experiences and reasoning. Experience comes from knowledge gained through encountering situations and an event in life, whilst reasoning is a method of coming to a conclusion (Walliman, 2001). The researcher chose to use a qualitative research approach in order to answer the research question. Shaw and Gould (2001:6-8) attribute the following characteristics to qualitative research:

- It involves “immersions” in situations of everyday life.
- The researcher’s role is to gain an overview of the context under study.
- It entails an inquiry into the particular.
- The researcher attempts to obtain information from people on “the inside” of the situation.
- It can give voice to the normally silenced and can illuminate what is typically masked.
- The researcher keeps the participants in the foreground and is open to gain a new understanding.
- Qualitative research is interpretive.
- The researcher is essentially the main instrument in the study.

Merriam (2002:4) and Holloway & Wheeler (1998:10) argue that in a qualitative research, individuals are able to construct meanings socially in interaction with their reality whilst quantitative research views reality as a fixed measurable phenomenon. The researcher wanted to gain an in depth understanding of how the participants viewed their world and their thoughts thus the qualitative research approach was well suited for the research goals and objectives. The researcher explored the experiences of homeless residents at a shelter regarding their homelessness and the attempt was to gain an understanding of homelessness by having the homeless residents being give their own descriptions of what they had been through in their lives. This shows that this research was mainly concerned with understanding rather than explaining, and it entailed the exploration of reality from the perspectives of the “insiders” to the situation (De Vos et al. 2002:79). This research was exploratory thus it allowed data to be gathered in an open, flexible and inductive manner.

3. 5 RESEARCH DESIGN

Bowling (2002:142) defines research design as the whole structure or plan of research. The procedures and techniques that are suitable to answer a research question are all identified in a research design. D’Cruz & Jones (2004:91) states that a research design is a bridge that is between conceptualizing and operationalizing a research. Thus the researcher decided on an exploratory, descriptive and contextual design which is non-sequential, based on pragmatic considerations and changeable (Durrheim in Terre Blanche et al. (2006:35; 36). The research designs that were used in this study are all discussed below:

3.5.1 Exploratory Research

Exploratory studies are mainly used to make initial investigation into fairly unknown areas of research (Blanche & Durrheim, 1999). Exploratory studies attempts to find new insights into a phenomenon and they are open, flexible and inductive. Although ample research has been done on homelessness, limited literature could be traced around the experiences of homeless people themselves.

3.5.2 Descriptive Research

Descriptive research is where the researcher begins with a well-defined subject and through the research, aims to describe it accurately (Fouche & Delpont in De Vos et al. 2005:107). To add more to this a descriptive research is when a “picture of the specific details of a situation, social setting or relationship” will be presented and it focuses on how and why it happened, as cited by Fouche & Delpont in (De Vos et al. 2005:107). The research design was descriptive in the sense that the researcher attempted to gain understanding and formulate extensive descriptions and explanations of homeless people who are living in a shelter with regards to their experience of homelessness. The researcher did not manipulate or interfere with the natural state of the descriptions of the participants (D’ Cruz & Jones, 2004: 93).

3.5.3 Contextual Research

Babbie & Mouton (2005:272) state that contextual research is when the researcher tries to understand, “events, actions and processes in their context.” Holloway & Wheeler (1998:8) assert that in qualitative research, “the experiences of people are essentially context-bound; that is, they can not be free from time and location, or in the mind of the human actor.” Researchers should therefore realize that complete objectivity and neutrality are impossible and the values and interests of the researcher and the participants become part of the research process. Furthermore the researcher can not be separated from the phenomena of the study. The researcher’s aim was to understand and describe residents’ experiences of homelessness in their temporary homeless shelter which was their natural context.

After the research approach and the research design were decided upon, the following step in qualitative research, namely data collection, could commence.

3.6 METHOD OF DATA COLLECTION

The research proposal was submitted to the Higher Degrees Committee of the University of the Western Cape for their approval. After permission and ethical clearance were granted, a purposeful sample was drawn, and access to and rapport with the participants were established.

3.6.1 Population

Berg (2004:32) identified guidelines for choosing a population for a research and these are:

- The location should be accessible;
- The target population should be readily available;

- The focus, people and interactions which form part of the research question should be available;
- The research should be able to be conducted effectively by an individual during the data collection phase.

De Vos et al. (2002:199) define a population as a group of people from whom the researcher wants to come up with conclusions on his/her research. The researcher identified the population of the study by setting boundaries between those who would and those who would not be included in the study (Holloway & Wheeler, 1998:122). In order to accomplish the research goal and objectives of the study the population consisted of all homeless individuals at a homeless shelter but as it was impossible to study the whole population, steps had to be taken to draw a sample from this population.

3.6.2 Sampling

DeVos et al. (2002:199) describes a sample as a small set of individuals that together comprises the subject study and Henning (2004:72) emphasizes the importance of sampling in all research as it forms part of delineating the inquiry. The primary purpose of sampling has been identified as gathering specific events, cases or actions that can shed light on and give a deeper understanding of the research study (Neuman, 2005:211).

A non probability, purposive sampling was the method used to select participants for this research. In non probability sampling, the members of the sample share similar characteristics but each member has personal knowledge of his/ her own story and becomes the spokesperson of it (Berg, 2004:34). Purposive sampling allows the researcher to select the subjects that represent the group to be studied thus sampling was done through the expertise of the researcher (Berg, 2004:36). The researcher used non-probability purposive sampling because it targeted

purposefully and specifically homeless individuals at a homeless shelter. Non-probability purposive sampling allowed the researcher to come up with a sample based entirely on her judgment. Six homeless individuals at a homeless shelter were purposefully selected to participate in the study based on their experience of the phenomenon and their willingness to participate in the study. The research encompasses a small sample because no new data emerged from the interviews.

The sample was drawn from an adult homeless shelter based on participants' experience of the phenomenon and their willingness to participate in the study. Both male and female participants of 21 years and older were selected, who were had experienced homelessness for more than six months, to ensure that they had a fairly longer experience of being a homeless person.

3.6.3 Preparation of Participants

According to Creswell (1998:109) a rapport with the participants needs to be established before the actual interviews takes place. The researcher had a preliminary interview with the participants, in which she introduced herself and informed the participants about the research and its goal, objectives and research process. The researcher established whether the participants were interested in participating and from there the date and time of the interviews were set. The aspects that the researcher discussed with the participants who were willing to participate in the research were:

- Their consent to the requirement for recording the interviews;
- Assurance of confidentiality;
- Informing them about the consent form they would sign for their voluntary participation in the research;
- Finding a quiet venue where there would be no interruptions or any noises as the interviews would be recorded;

- The time needed for the interviews should be about 45 to 90minutes.
- Measures of protection of their privacy would be taken, such as the use of the pseudonyms and not mentioning the name of their homeless shelter.
- The interview guide was included and it was explained that it would be used as the guideline for the interview.

A week later on, the researcher wrote letters to the participants confirming the initial contact they had made and the date and time of the interviews that had been set.

3.6.4 Face-to-face in depth interviews

Greeff (2005: 287) postulates that qualitative interviews “attempts to understand the world from a participant’s point of view, to unfold the meaning of people’s experiences and to uncover their lived world prior to scientific explanations.” Face to face interviews allowed rapport to be built with participants hence this limited distortion of the information by the participants. Kelly in Terre Blanche et al. (2006:287) explain that qualitative researchers strive to make sense of feelings, experiences, social situations or phenomena as they happen in the real world. It should therefore not be studied in artificially created situations, but in their natural setting or context. The researcher therefore should become part of the context without disturbing it unduly by entering the setting carefully and by engaging participants with empathy and openness, enabling them to express themselves freely. In order to understand how people think and feel, the qualitative researcher decides upon the strategy for collecting data by determining which source of data will yield the appropriate information for answering the research question.

An in depth interview is more concerned with the process by which the content of the data being given by the research participants has come into being (Babbie & Mouton, 2005). The researcher

was therefore of the opinion that individual interviews with the participants would be more suitable to gather rich data of such a sensitive nature from homeless people.

The interviews were recorded with the use of a voice recorder (with participant's permission) so that the researcher could gain a much fuller verbatim account of the interview and other non-verbal cues were recorded manually using a notebook. The recorded interviews enabled the researcher to also use them for transcription.

3.6.5 Interview Schedule

The questions that were finally used in the interview guide are listed in Chapter one (1.6.5). The researcher changed the sequence in which the questions were asked sometimes combining questions and sometimes breaking them up according to the amount of information participants volunteered. The researcher also adjusted her language according to the language used by the participants meaning that simpler terms had to be used on some occasions to prevent confusion.

The researcher constructed a semi-structured interview schedule using the research objectives as the guidelines for the main themes to be explored. Greef (2005:110) argues that this method allows the researcher to gain a comprehensive description of a participant's viewpoint about, or accounts of a particular subject. The interview schedule was a set of predetermined questions that guided the interview. Semi-structured interviews are mainly used where one is interested in complexity or process, or where an issue is controversial or delicate (De Vos et al. 2005:296). The following interview techniques that have been proposed by De Vos et al. (2005:288) were found most useful for this research:

- *Questions-* The questions asked were simple, open-ended, moved from general attitudes towards experiences and did not include academic jargon.

- *Active Listening*- The researcher made use of this through making eye contact, leaning forward, laughing and nodding. By giving her undivided attention without unnecessary interruptions and remembering what had been said, the researcher showed interest, respect and understanding for what the participants said, while keeping the research question in mind.
- *Prompting*- The researcher would ask the participant to elaborate more on what they had just said if they did not understand to ensure the participants that the researcher was listening.
- *Clarification*- Questions were asked when the researcher did not understand an answer and needed clarification or when the researcher wanted the participant to expand on what he/she was saying.
- *Probing*- The researcher probed in search of meaning and motivations, to deepen the response to a question and to follow up on certain points that participants had made to increase the richness of the data.
- *Silence*- The researcher allowed pauses in the conversation, which gave participants opportunities to think through their answers.
- *Closing the interview*- The researcher concluded the interview with a question such as, "Do you have anything more to say?"
- *Field notes*- The researcher used the digital recorder immediately after interviews for capturing her sensory observations and details about the settings, the participants, how they reacted and other relevant information (Henning, 2004:77). Later, these notes were incorporated into the transcriptions by way of comments and were used during the data analysis.

3.6.6 Pilot Study

The New Dictionary of Social Work (1995:45) defines a pilot study as, “the process whereby the research design for the prospective study is tested”. According to Blanche & Durrheim (1999), a pilot study is a prerequisite when conducting research as it allows the testing of the data collection tools for possible problems using a small sample of participants. The researcher conducted one pilot study to test the interview schedule and also explore if there were any limitations in the research questions. Through this process, the researcher was able to familiarize herself with the practicalities of the interview. It also indicated to the researcher places where probing for more in-depth explanations was necessary. The participant who was used for the pilot study possessed the same characteristics as the research population although this data was not used in the final data analysis.

3.7 DATA ANALYSIS

In quantitative research, data analysis and data interpretation are generally two separate steps in which numerical data are mathematically manipulated and statistically analysed, after which the results of those manipulations and analyses are interpreted with respect to the research questions and hypothesis. Conversely, in qualitative research “data analysis and interpretation are closely interwoven, and both are often enmeshed with data collection as well” (Leedy & Omrod, 2005:150). Qualitative data analysis is a process that demands creativity, intellectual discipline, analytical rigour and hard work. There is no right way when qualitative data are organized, analysed and interpreted because individual researchers differ in the way they manage this process (Patton, 1990:381).

The researcher decided to do her own transcribing (Henning, 2004:76) as working closely with the data assisted in the data analysis. She transcribed the eight interviews. Non-verbal cues such as pauses, silences, laughter, interruptions and even prompts were included in a separate column, as well as observations and field notes.

In order to follow a systematic process of data analysis, the researcher followed the proposed guidelines of Tesch (1990) in Creswell, (2003:192). The steps were the following:

1. The researcher read through all the transcriptions thoroughly and a sense of the whole was obtained. As preliminary ideas came into mind, they were jotted down.
2. The most interesting and detailed transcript was picked to be read. The researcher made notes on the margins to identify themes.
3. The researcher repeated the same procedure with all the other transcripts and a list of all the topics was made. Topics that were similar were clustered together and were then formed into columns that were arranged as major topics, unique topics and leftovers.
4. The topics were arranged as codes and were typed next to the appropriate segments of the text. This preliminary organizing scheme was used to see whether new categories and codes emerged.
5. The topics were then turned into categories and those with similar characteristics were grouped together.
6. A final decision was then made on the abbreviation for each category and codes were alphabetized.
7. Data material belonging to each category was assembled in one place, and a preliminary analysis was performed.
8. The researcher revisited the transcriptions as it might have been necessary to re-code existing data.

Following these steps ensured that the data analysis occurred in a comprehensive and systematic manner.

3.8 DATA VERIFICATION

Creswell (1998:201-202) asserts that data verification is a distinct strength of qualitative research, as the time spent in the field, closeness to participants and detailed description, all contribute to the value of the study. Data verification emphasizes qualitative research as a distinct, legitimate mode of inquiry. Marshall and Rossman (1995:45) on the other hand, argue that validity in a research study should not be assumed, so all research that is done should have a criterion that is used to show how the trustworthiness of the research can be evaluated, its quality checked, and also be open to for critical reflection.

Krefting (1991:215-219) presents a model based on Guba's (1985) work for determining trustworthiness in both qualitative and quantitative research. Four aspects of trustworthiness are identified namely truth value, applicability, consistency and neutrality. These aspects are described comprehensively with relevance to the present research pertaining to the experiences of homeless people regarding their homelessness in Chapter 1 (1.6.7). The researcher made sure that the data was verified according to the guidelines.

3.9 LIMITATIONS OF THE STUDY

The limitations will be discussed in relation to the following:

3.9.1 The Research Design

Babbie & Mouton (2005) suggests that exploratory studies rarely provide satisfactory answers to a research study as their findings are only a true representation of the respondents being interviewed and not the population at large. Thus the findings of the research do not give a full representation of all the homeless people in South Africa.

3.9.2 The Sampling Strategy

The fact that the researcher is a social worker at that shelter and also played a role in the sampling process might have led to bias being manifested. It was important that the researcher use non probability sampling as the participants needed to have had at least a bit of experience of being homeless.

3.9.3 The Data Collection Strategy

Face-to-face interviews are time-consuming, which can lead to the researcher becoming tired and missing out some important facts. In the context of this research, the researcher built rapport with the participants and this resulted in the interviews being open and relaxed. The fact that data was collected at one site might also have limited the study, although if this was done at a different shelter with the same socio-demographics, the results could be the same as homeless people generally face the same problems.

3.9.4 The Data Analysis Strategy

The data could have been contaminated as qualitative data analysis is subjective hence the researcher might have brought out themes that she was more familiar with. Human error can also occur also during data analysis. This limitation was countered as the researcher used Tesch's (1990) method of data analysis as a guideline to ensure that the themes were a representative of the data collected from the research.

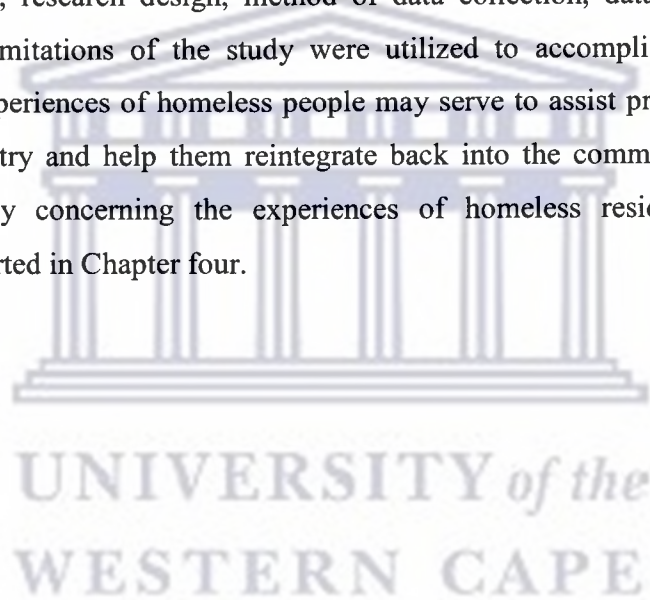
3.9.5 The Researcher

The researcher is a social worker at the shelter and had intervention with some of the participants earlier, so this might have led to the information being biased. This was countered by the fact that the researcher explained to the participants about the research in advance and how it was

totally different from the work she does with them. The researcher is not South African and is only fluent in English thus this excluded other language groups from the study.

3.10 CONCLUSION

In order to accomplish the research goal, which was to explore and describe the experiences of residents at a homeless shelter regarding their homelessness, the researcher elected to use an interpretive, qualitative research approach. In Chapter three, the researcher has described how the research approach, research design, method of data collection, data analysis, method of trustworthiness and limitations of the study were utilized to accomplish the research goal. Learning about the experiences of homeless people may serve to assist professionals who work with the homeless to try and help them reintegrate back into the community. The qualitative findings of this study concerning the experiences of homeless residents regarding their homelessness are reported in Chapter four.



CHAPTER 4

DISCUSSION OF RESEARCH FINDINGS AND DATA ANALYSIS

4.1 INTRODUCTION

At the commencement of this study, the following research goal was formulated: “To explore and describe the experiences of residents at a homeless shelter regarding their homelessness”. The researcher’s motivation for selecting a qualitative research approach with an explorative, descriptive and contextual design and the utilization thereof to realize the research goal, were accounted for in Chapter Three. The method of data collection through semi-structured interviews, the population and sample, data analysis, method of trustworthiness and limitations of the study relevant to this study were described.

In this chapter, the relevant demographic data of the participants are firstly presented and discussed. Subsequently, the researcher has followed the common practice in qualitative research of presenting sufficient data, in the form of participants’ remarks to “adequately and convincingly support the findings of the study” (Merriam, 2002:21). The data is described according to themes and sub-themes which were agreed upon after consensus discussions with the supervisor. The findings are compared and contrasted with the existing literature, which is the literary control (Creswell. 1998:154).

Firstly the demographic data of the six research participants are thus presented in Table 4.1 and are discussed in the subsequent paragraphs.

4.2 DEMOGRAPHIC DATA

Initially, and to realize the research goal, six semi-structured interviews were conducted with the residents at the homeless shelter. As indicated in Chapter three (3.6.2), only six of the interviews were eventually transcribed and utilized for data analysis, two were discarded because data saturation occurred.

Table 4.1: Demographic Data of the Research Participants

Age	Gender	Ethnic Group	Language	Duration at the Shelter	Employment Status
38 years	Male	Black-Foreigner	English	18 Months	Self-Employed
36 years	Female	White	English	6 Months	Disability Grant
24 years	Male	Colored	Afrikaans	9 Months	Casually Employed
26 years	Male	Colored	Afrikaans	11 Months	Unemployed
66 years	Male	Colored	Afrikaans	6 Years	Pensioner
24 years	Female	Black	Xhosa	12 Months	Unemployed

4.2.1 Age

The table above shows that the participants' age ranged from 24 to 66 years old. A study by Kok, Cross & Roux (2010:28) on the demographic profile of the homeless in South Africa identified the age range of homeless adults as 18- 34 years old. Three of the participants in this study fell in this category, although there was also a participant aged 36 another 38. One participant was a pensioner aged 66. Previous authors have focused mainly on homeless people who live on the streets, while this study focused on the homeless who were living in a shelter.

4.2.2 Gender

Kok et al. (2010:27) in their study on the demographic profile of homeless people in South Africa came up to the conclusion that the homeless population is dominated by male persons. This conclusion concurs with the findings of this research as four of the six participants were male, and two were female.

4.2.3 Ethnic Group of Participants

Participants from different ethnic groups were included in the study. Three of the six participants were coloured, two were black and one was white. Makiwane et al. (2010:40) stated that homelessness affected all races in South Africa but the most affected ones were blacks, followed by coloureds and then other races after that. Those findings were not echoed in this present study as most of the participants were coloureds followed by blacks. The findings can be attributed to the fact that the shelter where the study was done is situated in the Western Cape, in an area which is dominated by coloureds.

4.2.4 Language of Participants

English proficiency was a criterion for participants' inclusion in the sample. This was because the researcher is proficient only in English thus only those inmates of the shelter who could understand and speak English could take part in this research. Although the researcher would have preferred to include participants from more language groups, the limited scope of the present study did not allow for this provision (refer to limitations, 3.9.5).

4.2.5 Length of Stay at the Shelter

One of the criteria for participants' inclusion in the sample was that they would have stayed at the shelter for at least six months to ensure that they had experienced the phenomenon of

homelessness for a reasonable period. The length of the participants' stay at the shelter where the study took place ranged from six months to six years.

4.2.6 Employment Status

None of these participants were employed in the formal sector. Two of the participants were unemployed, one was self-employed and another was casually employed. One of the participants was the recipient of a disability grant and another of an old-age pension. None of the homeless people in the study of Kok et al. (2010:28) received government grants. This factor can be explained by the fact that individuals who stay in shelters have more access to facilities where they can obtain grants as well as the assistance of staff while those on the streets lack practical help.

4.3 DISCUSSION OF THEMES AND SUB-THEMES

The data that was collected during individual semi-structured interviews was transcribed and then analysed through the framework of data analysis for qualitative research by Tesch in Creswell (2003:192). After consensus with the supervisor the themes and sub-themes presented in Table 4.2 were identified:

Table 4.2 Themes and Sub-Themes

THEME 1: FACTORS THAT CONTRIBUTED TO BEING HOMELESS

Sub-theme 1.1: Poverty contributed to being homeless

Sub-theme 1.2: Unemployment contributed to being homeless

Sub-theme 1.3: Xenophobia contributed to being homeless

Sub-theme 1.4: Family conflicts contributed to being homeless

Sub-theme 1.5: Substance abuse contributed to being homeless

Sub-theme 1.6: Abuse contributed to being homeless

Sub-theme 1.7: Domestic violence contributed to being homeless

Sub-theme 1.8: Underprivileged childhood and troubled youth contributed to being homeless

THEME 2: THE EXPERIENCES OF HOMELESS PEOPLE

Sub-theme 2.1: Homeless people experience stigmatization

Sub-theme 2.2: Homeless people experience depression

Sub-theme 2.3: Homeless people experience despondency

Sub-theme 2.4: Homeless people experience rejection

Sub-theme 2.5: Homeless people experience loneliness

Sub-theme 2.6: Homeless people experience negative feelings

Sub-theme 2.7: Homeless people experience contentment

THEME 3: THE CHALLENGES OF HOMELESS PEOPLE

Sub-theme 3.1: Homeless people living at a shelter face exposure to diseases

Sub-theme 3.2: Homeless people face the challenge of lack of funds while living at the shelter

Sub-theme 3.3: Homeless people face the challenge of finding employment while living at the shelter

Sub-theme 3.4: Homeless people face the challenge of lack of education and skills while living at the shelter

THE NEEDS OF HOMELESS PEOPLE

Sub-theme 4.1: Homeless people need to be treated with dignity and respect

Sub-theme 4.2: Homeless people need better affordable accommodation

In the following section of this chapter, each of the main themes and accompanying sub-themes will be presented and will be underscored by direct quotations from the transcript of the interviews. The identified themes and sub-themes, and the complementing story lines from the

transcripts will be compared and contrasted with the available literature that is a literature control will be undertaken (Creswell, 1998:154).

4.3.1 Theme 1: Factors that contributed to being homeless

The participants in this study indicated a number of factors that had contributed to their becoming homeless. It is important to mention that most of the participants were homeless as a result of a combination of factors that included some or all of these factors. The factors that led to the participants' situation were a gradual accumulation of negative factors that led to being homeless rather than a hasty change.

4.3.1.1 Sub-theme 1.1 Poverty contributed to being homeless

Mongella (1995:3) defines poverty as “a complex, diverse and dynamic condition stemming out of deprivation with respect to income, from social inferiority, isolation, physical weakness, powerlessness and humiliation.” This definition to some extent highlights what some of the participants in this study had experienced earlier. They described it as follows:

The washing part was difficult I could smell myself and it was bad, I only used the public toilets to wash my face and armpits. I had to beg for food as well and that was humiliating and you know people would look down on me.

I lived in a shack at a back yard

I slept in those bushes for about two years.... You have to struggle to find food, you have to reduce yourself into a nobody so that you beg for food it is bad

From the above quotes it is clear that the participants were struggling to obtain the basic necessities in life, namely food, shelter sanitation and money. This finding confirms Olufemi's (2000) statement that the main cause of homelessness in South Africa is poverty. Aliber (2003) furthermore identified homeless people, as the most visibly poor people which explain that

deprivation leads to being homeless as they all struggled to have the minimum standards of living. Cross (2008b) went even further and concluded that those living on the streets were even poorer than the homeless who stayed in shelters and those who stayed in squatter camps.

4.3.1.2 Sub-theme 1.2: Unemployment contributed to being homeless

The participants of this research were unemployed or had a low income before they came to live at the shelter. The following quotes highlight the fact that participants' unemployment and subsequent lack of funds to pay for accommodation contributed to their homelessness

So I resorted to looking for a job again but I could not get one and things started getting tougher and tougher until I could not afford to rent the room where I was staying

I left and had nowhere to go, I had no job so yaaah I started staying on the streets in Athlone.

I had nowhere else to go and I was not working.

I had nowhere else to go, I had no job to sustain myself so I started staying on the streets.

The restructuring of the economy of South Africa and globalization have also contributed to increased unemployment which has led to more individuals becoming homeless. The moment when somebody becomes homeless the chances of getting a job are even worse because homeless people are often partially educated and are regarded as unreliable (Olufemi, 2000). One of the participants said that she functioned as a prostitute after she became homeless because of her inability to support herself financially.

I was on the streets and I had to do what street women do

The previous quote supports Olufemi's (2000:233) findings that street women thought that their homelessness could be solved or reduced if they were able to find employment.

4.3.1.3 Sub-theme 1.3: Xenophobia contributed to being homeless

Xenophobia escalated during 2008 and it affected a lot of foreigners who moved from neighboring countries to South Africa. One of the participants indicated that he lost all his belongings because of xenophobia and it resulted in his becoming homeless. Xenophobia is therefore one of the reasons which led to people becoming homeless especially those who were unable to go back to their country of origin.

I was staying in Danoon and also working, then all of a sudden xenophobia started and unfortunately I was a victim of it, they destroyed all of my belongings and I had to start afresh with my life and try and get back on my feet again.

The Refugee Act that was passed in 1998 gave refugees the right to employment and access to education in South Africa. However, it does not mention the safety of this group of people. This can partially explain why xenophobia became a major issue and led to homelessness because these individuals were not protected by law.

4.3.1.4 Sub-theme 1.4: Family conflicts contributed to being homeless

Most of the participants also mentioned that family conflicts had contributed to their becoming homeless or made them homeless.

When they [parents] found out they were angry with me so I told them I no longer wanted to stay with them.....So I left them...

My mother in law said I always wanted to waste money.....then Monday morning she came to me and said that I had to leave so I said okay I will go and then I left.

So I told my mother my decision and she was very mad she said if I was leaving I had to take my child with me as there was no-one who would look after him. So one night in the middle of the night, you know I just left.....

One of the participants described his upbringing as one devoid of nurturance and support and he had once lived outside the family home in the streets and returned home again whilst growing up.

She [the mother] really did not like me you know, she preferred my older brother and always said that I was the naughty one and did not listen to her so she would favor my brother all the time..... she said if I had a problem with it I should leave her house, I was very angry so I went into my room put some clothes into a satchel and I left..... I stayed on the streets for up to 2 years.

This quote shows how family conflict may contribute to individuals becoming homeless. The findings above concurs with those of Johnson et al. (1997) who identified a lack of social support in adulthood as one of the main risk factors for homelessness. Further support for these findings comes from the study of Miller, Donahue, Este and Hofe (2004:112) who have studied the experiences of homeless youth in Canada and identify family conflicts leading them to being kicked out of home or leaving from choice. It can be interesting to note as well that the participants above came from broken families as well, or single-headed families and broken relationships. This also confirms the finding of Miller et al. (2004: 113) that broken homes are a contributing factor to individuals becoming homeless.

4.3.1.5 Sub-theme 1.5: Substance abuse contributed to being homeless

Fountain & Howes (2002:10), who have conducted a study of homelessness and substance abuse in Britain, found that 63% of their sample identified alcohol or drug use as a reason for becoming homeless for the first time. Drug and alcohol abuse also played a significant role in the lives of many of the participants in the present research.

One of the participants who took part in identified alcohol abuse as one of the main reasons why she became homeless the first time. It led to separation from her husband and a subsequent divorce. When the stress around her personal problems became too much for her she was

admitted at Valkenberg Hospital for depression and had no place to stay when she was discharged.

My drinking (problem) became very bad, I could even see that I was sick I was low all the time, drinking was my only comfort.

Johnson & Chamberlain (2008: 343) are of the opinion that a homeless environment identifies substance abuse as an acceptable social practice. Thus newly homeless people become exposed to this and may end up using substances as well. Some studies even mentioned individuals who stated that they only started using drugs when they became homeless so as to be accepted in the social culture of homelessness (Auerswald & Eyre, 2002; Johnson, Gronda & Coutts, 2008). Other individuals use drugs as a way of coping to the harsh environment and conditions that they will be living in (Neale, 2001; Rowe, 2002). The following quotes indicate how some of the participants in this research coped with homelessness:

I was always high (on drugs) every time, with that, I would not be ashamed to ask for money or food or even search in bins to see if there was any food available.

It is bad, you end up being on drugs and also substances just to intoxicate yourself.

I became dependant on drugs, I was always high, it was my only way of surviving, to be able to make money during the night I had to be high so that I do not feel ashamed of what I was doing to my body.”

It has been identified that individuals who are homeless, mainly uses drugs because they lack a sense of well being, feel low about themselves and are in need of attention (Bezuidenhout, 2004). One of the participants in the present study described his experience as follows:

So yaah I started using drugs I was on tik and also smoked weed, it really calmed me down, it helped me in forgetting all the loneliness I was going through.

Even though most of the participants abused substances before they came to the shelter, only one admitted to having an addiction problem at the time, and finding it difficult to become sober because of its prevalence at the shelter. He expressed it as follows:

I guess trying to stop using drugs... .., you see I had become so dependant on it so it is not something that is just going to happen easily. My challenge here at the shelter is that there is peer pressure as there are residents who have it all the time who are also dependant on it and who I know it's a matter of asking and then I get it.

These findings support those of Miller et al. (2004:115) who identified substance abuse as prevalent in homeless individuals, thus making it difficult for them to rehabilitate. Those who managed to become sober lived in fear of slipping again into the addiction.

4.3.1.6 Sub-theme 1.6: Domestic violence contributed to being homeless

Domestic violence is defined as “emotionally and/or physically controlling an intimate partner often involving tactics such as physical assault, stalking and sexual assault” (Mullins, 1994:248) It has been observed that victims of domestic violence easily become homeless as they identify life on the streets or in a shelter as a better refuge than being at home where they are physically beaten (Alexander 2000).

The participants in this study noted that domestic violence in their families of origin or relationships contributed to their being homeless. The following storyline explains why a participant ran away from her boyfriend and went to stay on the streets.

There was this one day when he really beat me up terribly it was very bad, so I ran away and I left.

This participant explained that she had nowhere else to go, was unemployed and depended on her boyfriend. This finding supports those of Chamberlain & Mackenzie (2003:60) who identified domestic violence as eliciting homelessness in women.

Two other participants said that emotional abuse had contributed to them leaving their families of origin and they became homeless.

I could not take it anymore.

He physically and emotionally abused me. He would just blame me for all the wrong things that were happening in his life and would beat me up for it. I had told him my story about my child so he would tell me that I am not a good mother at all I was evil how could I just leave my son with no-one just like that.

4.3.1.7 Sub-theme 1.7: Diseases contributed to being homeless

Although diseases were not identified as the major cause of homelessness, the participants agreed that it contributed to their homeless state. The most common diseases that the participants identified as a risk factor to their homelessness in this study were mental illness and HIV/AIDS.

Craig & Hodson (1998) emphasize that adverse childhood experiences have been identified as a risk factor for homelessness. Furthermore Herman *et al.* (1997) confirm that a lack of care and abuse during infancy increase the risk of becoming homeless during adulthood. Adverse experiences like the aforementioned can therefore increase the risk of psychiatric disorders such as mental illness (Stein *et al.*, 2002).

I was diagnosed as a depressed person so yaah I started the anti-depressant tablets.

The fact that most of the facilities in South Africa where mentally ill people were hospitalized until they were stabilized have closed down, has contributed to mentally ill people being discharged. When they are discharged from the psychiatric hospitals their families do not understand their problems and are unwilling to support and care for them.

With regard to HIV/AIDS, participants in this study indicated that they had been stigmatized by their families or communities after they disclosed their status. In the following statement, one of the participants disclosed his family's reaction towards his HIV/AIDS status.

My mother and brother are always embarrassing me in front of people telling them about my HIV status and how much of a disgrace I am.

It has also become apparent that homelessness has put the health of the participants risk of becoming HIV positive.

I took an HIV test. I did take it and it was positive, I remember that day I really cried.

4.3.1.8 Sub-theme 1.8: Underprivileged childhood and troubled youth contributed to being homeless

In studies of homelessness, Herman et al. (1997:249) identified “remarkably high prevalences of adverse experiences during childhood, primarily histories of out-of-home care (foster, group or institutional care) and running away from home” as significant. These findings are confirmed by participants who indicated that the family structures where they grew up were dysfunctional or unsupportive.

I was lonely at my adoptive parents. This was my first time staying at a proper house with only 2 people, I had never experienced that my whole life. I felt all alone, I missed the SOS village where I lived since I was a baby

It was argument with my mother you see, she would favor my brother all the time..

I was 17years old. My mother was not happy about [my boyfriend and subsequent pregnancy] at all as she is a single mother herself of four children and was really struggling to support for us.....my mother stopped talking to me or even supporting me, I had to fend for myself.

As can be seen from the above quotes the participants who took part in this study had a difficult childhood and faced several challenges. One of the participants once stayed on the streets when he was a youth, and another had been a victim of teenage pregnancy and had failed her matriculation. Although, one of the participants had been raised in foster care and got adopted by a stable couple later, she never managed to adjust to life in a structured family. One of the participants had been raised by a single parent whilst another one was raised by a grandmother. It

was obvious that these participants' experiences contributed to their being homeless later on in their adult life.

4.3.2 Theme 2: The experiences of homeless people at the shelter

Homeless people are confronted by several adverse experiences throughout their lifetime. This includes discrimination, stigmatization, labeling, harassment, mugging and exposure to rape and diseases, (Rizzini & Lusk, 1995; Olufemi, 2000). The experiences of homeless people in this study are described in the following six sub-themes:

4.3.2.1 Sub-theme 2.1: Homeless people experience stigmatization

Stigmatization has been identified as, "an attribute that is deeply discrediting, spoiling one's identity and disqualifying one from full social acceptance" (Goff, 1963:3). Some of the participants described their experiences of stigmatization as follows:

My husband does not want to be seen coming here and he even does not want anyone to know that I am at a homeless shelter. He told the children that I am renting a tiny place so instead they can not visit me and I can only see them when it is necessary.

Because of the bad picture given to homeless shelters, I also understand him if it was him being here I do not think I would want people to know.

I know people who stay in shelter are regarded as dirty but I do not judge people because of their looks.

The finding of this study supports literature thus highlights the fact that stigmatization of homeless people is still a reality despite the fact that they stay in shelters and are therefore able to access more facilities and resources and have a better quality of life than those who stay on the streets.

Phelan et al. identify stigmatization as. “involving both extreme negative perceptions and social rejection of the marked individual” (1997:323). It is said that homeless people have experienced even more stigmatization than poor people because their condition is more visible. They often stay in public places where people identify them as homeless on a daily basis. The fact that they have no access to sanitation facilities contribute to the fact that they end up being dirty and neglected, which also contributes to being stigmatized, (Phelan et al. 1997:324). Link (1995) asserts that mentally ill people and those who abuse substances are also associated with the homeless by the public therefore it also serves stigmatization. A study by Boydell (2000) finds that social stigma brings with it related feelings of loneliness, worthlessness and social isolation in adult homeless people. These experiences are further discussed below.

4.3.2.2 Sub-theme 2.2 Homeless people experience depression

Two of the participants revealed their feelings of depression and sadness. Their depression was mainly a result of their staying at a homeless shelter, being helpless and regretting where they were in with their lives. A study by Gelberg (1997:69) suggests that women are more at-risk of suffering from mental illness than the general population. Although it is not possible to generalize, this is probably true as only the women who were interviewed in this study mentioned the fact that they were depressed and were taking anti-depressant tablets. This pattern suggests that women are more distressed by their experiences of homelessness than men.

This is a depressing place, most of the people who are here what brought them to the shelter are problems so they are stuck with these problems and carry them everyday.

Being depressed and also thinking too much, being homeless I have noticed you are always living in regrets so many what ifs.

One of the participants who suffer from depression is also HIV positive and supports the study of Weiser, Riley, Ragland, Hammer, Clark & Bangsberg (2005:61) who found depression highly available in HIV infected individuals. From these findings one can deduce that homeless people are prone to suffer from depression due to several adversities during their cycle of life and often

harbor feelings of regret and loneliness which also contributes to them suffering from mental illness.

4.3.2.3 Sub-theme 2.3: Homeless people experience despondency

Participants verbalized their feelings of emptiness and despondency as follows.

I do not know

Just waiting for the day when God takes me home

Do not have any strength in me and I have no hope of my situation ever getting better.

Feelings of despondency were also identified in a qualitative study by Newman (1993) who found that homeless women who had been abused experienced feelings of giving up, self-blame and helplessness (Newman, (1993). Partis (2003:10) went further and identified homelessness as a form of disconnection from social support systems that normally provides assistance and support during times of a crisis. This experience reinforces vulnerability in homeless people even further and leads them being unable to cope with stress Therefore instead of having goals in their lives and hoping that their situation would change, they will rather end up feeling hopeless. Partis (2003:10) pointed out that this feeling of giving up creates despair and hopelessness in individuals, as some of the participants in this study clearly verbalized in the above quotes.

4.3.2.4 Sub-theme 2.4: Homeless people experience rejection

A study that focused on the experiences of men in America identified a theme of rejection in homeless men stemming from the participants' family and friends and other people in the community (Lafuente & Corazon, 1995:216). The participants in the present study experienced rejection from their families and friends and verbalized it as follows:

I can not go back to live with my mother as she had already told me that I was being a burden to her.

My husband clearly stated that he could not take me

She came to me and said that I had to leave.

A study by Nickasch & Marnocha (2009:44) identifies feelings of disappointment in homeless people owing to the lack of compassionate that they have encountered from health-care providers. The participants felt that they were being rejected and judged because they looked neglected owing homelessness state. Some of the participants in this present study voiced their experiences of healthcare service providers' service delivery and attitude towards them as follows:

The nurses were looking at me with a look of disgust, and kept on telling me to wait whilst they were busy attending other people who had come after me.

I saw two people dying in the streets that had tried to go to the public hospitals but did not receive the medication that they needed.

I once even asked my social worker if they could get a place for me somewhere other than here but they said that could only be done when I really need frail care, so in other words they are waiting for my sickness to be really bad

It is clear that homeless people who formed part of this study experienced various forms of rejection.

4.3.2.5 Sub-theme 2.5: Homeless people experience loneliness

Fifty percent of the participants who took part in this study mentioned that they experienced loneliness at the shelter even though they were surrounded by other residents. Their loneliness was mainly due to limited support from family and friends, as stated below:

Loneliness, you can be so lonely in this place.

I am lonely.

I miss my family, I am so lonely here I have no-one to support me and I always think what my child thinks about me..... It really pains me so much, here you can not trust anyone, you are alone and that is just that.

I have no friends here

Loneliness in this case is a feeling of not belonging, not being able to connect with other people and feeling that people do not value them (Park & Peterson, 2006:31). According to Rokach (2008:215) the consequences of loneliness for people is a negative impact on their emotional, physical and spiritual well-being. Summerlin (1995) argues that loneliness amongst homeless people is higher than in the general population, because these people focus on surviving from day to day. This form of functioning is very demanding and challenging. The author also postulates that “a homeless person must fully focus on day daily survival needs....[while spending time alone, the homeless person also] searches for meaning, purpose and a value from a place within himself” (Summerlin, 1995:311). Loneliness is a companion of homeless people as they have been shunned by the community and are identified as social outcasts. These experiences once again indicate the importance of having a strong social support system that can function optimally.

As mentioned above, family support is very important in general for optimum functioning. Two of the participants verbalized their feelings of isolation from their families and the lack of support while homeless as follows:

I have not talked to them this year, and they have no idea where I am staying

It really hurts me the most when other residents' families visit them or they go for the weekend to see their family, I will be stuck here by myself, my family disowned me so I have nowhere to go.

Carpenito (1992:785) states that people who lack stable support systems show evidence of a disturbed self-concept. They have no social contact with others, do not tell families about their whereabouts, and increasingly depend on other resources outside the family, for example shelters and hospitals (Carpenito, 1992:785).

Although some of the participants mentioned that they had a few friends, or even some relatives, and some people they could talk to, none of them considered these individuals as a stable support network. They still experienced feeling lonely and isolated.

4.3.2.6 Sub-theme 2.6: Homeless people experience negative feelings

A lot of different negative feelings about being homeless and living in a shelter were expressed by the participants. Some of their responses when asked about how it was being homeless were:

Well, to be honest with you it feels so bad and very degrading for me.....I am also ashamed to let everyone back home know about my situation.

People do not care about homeless street people, they say we brought the curse upon ourselves so it is up to us to make these changes.....

I am very angry at myself as well, why me, why did I not just stay back home and looked after my child. I know I will not be sick.

I will always be sick as it is a stressful place.

The participant who moved to South Africa from a neighbouring country and moved to the shelter after he lost his belongings as a result of xenophobia, described his experience at the shelter as follows:

There is no love at this shelter even though we stay together. It is different from how things were when I was at the village I could really feel the love and connect with the other children. Here it is full of fake people who pretend like they love you when they really hate so I would need that.

It is clear from the above that participants experienced various negative feelings, such as shame, frustration, regret, rejection and even anger. Despite the fact that some of the participants expressed negative feelings, others stated that they were content, because they felt accepted.

4.3.2.7 Sub-theme 2.7 Homeless people experience contentment

Some of the participants indicated that they were content living at the shelter. This was mainly because they found life in the shelter more comfortable than on the streets. The shelter also served as a refuge where they were safe and secure, and their basic physical needs were fulfilled. Two of the participants who had stayed on the streets for a while indicated that life at the shelter was way much better for them than staying on the streets.

It is better here [at the shelter] than on the streets or something and at least here I have a roof over my head and food to eat...

I must say I am happy here [at the shelter] and I do not want to go back again into the old life I had. No-one rubs the fact that I am HIV positive here, I keep myself well here.

Another participant was able to compare his childhood life with life at the shelter, and he expressed that he felt much more content while staying at the shelter.

Here [at the shelter] I am not lonely you know I have people that I can have a chat with, as in people of my same age there are also supervisors to supervise unlike at that house where no-one really cared of what I was up to.

The following participant was a pensioner with no accommodation and described his experience about the shelter as follows:

I am content and happy here [at the shelter]. If it was not for the fact that accommodation is only temporary I would not move and I would die peacefully at this shelter. I see this is a place for me and not as a shelter for homeless it is my home, it is here I was able to become an independent man, it is here I was able to really manage my finance on my own, it is here I was able to give myself time to forgive

everything my wife and her mother had done to me so I am happy my need is to continue staying at this shelter.

4.3.3 Theme 3: The challenges of homeless people

Homeless people who live at a shelter are often challenged by several adversities such as a difficult childhood, neglect, abuse, rejection, unemployment, poverty and substance abuse. There are clearly various trials and tribulations while living at the shelter, as illustrated under the following sub-themes.

4.3.3.1 Sub-theme 3.1 Homeless people living at a shelter face exposure to diseases

The living conditions at the shelter are often overcrowded and therefore put the health of the residents at-risk. Homeless people suffer from a range of diseases mainly because of poverty, prolonged time seeking care, and non-adherence to their medication. Two of the participants verbalized these challenges in this regard:

I feel my health is at risk you know, ever since coming here I am always sick, if it is not flu, it is a strep throat, toe infection, rash there is something always wrong with me and I contaminate these from the other shelters.

Ughmm not good within a month of being here, I got TB I was sick was even hospitalized for some days.

The fact that the previous participant was diagnosed with tuberculosis immediately after moving in at the shelter is supported by the study of Hwang (2001:231) who identified conditions that favour tuberculosis as overcrowding and have limited ventilation, which are typical of most homeless shelters. Hwang (2001:231) further argues that into shelters homeless people who have just been discharged from the hospital is not ideal, as the conditions at a shelter make it difficult for the discharged patients to fully recover. The author therefore recommends the development of facilities for discharged patients where they can recuperate before moving in to the shelter.

4.3.3.2 Sub-theme 3.2 Homeless people face the challenge of lack of funds while living at the shelter

A lack of funds was an overwhelming concern for most of the participants who were living at this shelter. Even though some received social assistance, they still felt that it was not enough for them to meet their financial needs. That was also one of the reasons why they were still stuck at the shelter, because they did not have enough funds to reintegrate back into the society and to improve their living conditions. The following three participants explained their challenges in this regard as follows:

With no money, I can not afford a proper house, I can not afford a decent lifestyle and you are deprived of what you want... ..I need money to be able to buy lots of equipment for my business to grow as well.

Ughmmm probably being broke as well, the money I am getting is too little both from my ex and also the disability grant... .. Now I can not even afford to go into a shop and buy myself clothes that is how bad the situation is so I am always broke, by the time month end comes I will have nothing at all.

Yes, money issues, I do not have money I am struggling a lot but I am expected to have money every week to pay for my stay here.

Makiwane et al. (2010:46) points out that a lack of funds in homeless people keeps them stuck in one place, not being able to afford better accommodation and to improve their qualifications.

4.3.3.3 Sub-theme 3.3 Homeless people face the challenge of finding employment while living at the shelter

Only two of the six participants who were interviewed were employed while two relied on the government grant. The other two were unemployed and stated their challenges in this regard in the quotes below:

Ughmm I think the main challenge is just to get a job. I am struggling to get a job even as a cleaner, gardener or even a security guard.

I think I mainly need a job right now that is what is important as I am unemployed.

Well, if I get better I would want to work you know just something to keep myself busy as you know just spending the day not doing anything makes you think a lot and that is where all the headaches I have come from.

From the above quotes it is clear that these participants perceived that getting a job would change their current situation, they were still hopeful that they would be able to change their circumstances. One of the participants who was unemployed said that being unemployed was a major challenge while being homeless because of the stereotype that still exists about employing homeless people.

Because people do not want to employ homeless people, I once heard a gentleman saying that we are not trust-worthy so rather employ someone who stays in a shack than getting a shelter guy.

The above quote indicates that there is still stigmatization attached to employers' attitudes towards employing people who are homeless. It therefore seems that employers need to become aware that the homeless should be treated like normal human beings who are reliable and are able to work just like any other person.

There were also some of participants who were of the opinion that finding a job was no longer an option for them because of their medical conditions, and would therefore rather rely on disability grants.

I do not think I am in the right state of mind to go back to work now. I was diagnosed with depression, I am still trying to adjust to this new life I just started so yah having to also have a job on top will be too much for me, I am not strong enough to do it so that is why I am just relying on the disability grant and the little allowance from my ex.

My health it is not good at the moment. My prayer is that if my disability grant comes out I am leaving this place, I will go and look for some place.

Following the challenge of unemployment, participants also expressed the challenge of a lack of education as discussed under the following sub-theme:

4.3.3.4 Homeless people face the challenge of lack of education and skills while living at the shelter

A need for better education was determined amongst the participants and concurs with the study done by Makiwane et al. (2010:44) who identified lack of education as a reason why most of the participants in her research were unemployed. Two of the participants indicated their lack of education and how they wished to go back to school and continue with their studies.

I had dropped school, my grades were very low

I would also want to go further with my studies, I dropped school when I was in standard 5.

The study done by Phelan & Link (1999) confirms the fact that homeless people face the challenge of lack of education, as the study found that people who were homeless had a lower level of education than those who were not. The lack of job skills and illiteracy in this group of people is a huge issue as it makes these people live in fear and uncertainty of what will happen to them if they have to leave the shelter while they are not equipped with any skill to be able to find a proper job and reintegrate back into the society.

One of the participants even suggested that staff at the shelter should be instrumental to helping residents' to find jobs. They should furthermore identify the need of developing skills to improve their ability to find a job, rather than skills that would not help them when they do leave the shelter.

Maybe if the shelter could arrange jobs for us and say it is part of our skills rehabilitation instead of forcing us to do gardening and arts and craft. Rather find a contract with any factory and we go and work there and we get paid.. It will be very helpful as you know most of the young people here are not working then we are able to do something when we leave the shelter and have job experience and good referrals too.

4.3.4 Theme 4: The needs of homeless people

The homeless people who took part in this study indicated physical and emotional needs to improve their functioning and to assist them to reintegrate back into the community. Their needs are discussed in the following two sub-themes.

4.3.4.1 Sub-theme 4.1: Homeless people need to be treated with dignity and respect

One of participants stated his need to be treated with dignity and respect by others even though it was his own fault he was experiencing homelessness.

Maybe to be treated with respect you know, yes I know that I brought this upon myself but it is not something that I do not want to be reminded about all the time.

Miller & Keys (2000:335) identify eight conditions that violate the dignity of individuals. Among them are not being treated as human beings, receiving poor services, being treated unfairly by service providers, police or hospital staff, feeling that other people do not care about you, a lack of resources to meet the most basic needs, being associated with those people regarded as poor, as well as living in a deprived environment. Some of the participants described how they experienced violation of dignity by other people:

The people there used to call me a moffie and a skollie

There are people who do not care about you

I was sick and went to the hospital whilst staying on the streets, no-one wanted to serve me....as in the nurses were looking at me with a look of disgust and kept on telling me to wait whilst they were busy attending other people who had come after me.

Being on the streets you know you do not get to bath everyday or change your looks everyday so your looks are bad.

....they are homeless but still need to live their life in dignit you know have a be, have food and a place you can shower.

One of the participants acknowledged the fact that service providers treated people who live on the streets and those who live in shelters differently. When he lived on the streets, no one really cared but now that he was in a shelter for the homeless, he received the services that he needed.

I guess the state you are in on the streets is just too bad so that is why but I have realized once you are at a shelter then all the discrimination get to fade, at least you get the help you need it can be the police, the hospital, home affairs and even social workers.

The aforementioned is in agreement with the research of Millers & Key (2000) who concluded that when individuals received poor treatment from service providers, it affected their self-esteem and self-efficacy, thus making it difficult to be able to eradicate the problem of homelessness and be able to move and reintegrate back into the community.

Another participant said that he had changed his opinion about homeless people after having a first-hand experience about it.

You know when I had my own life I really never used to care about homeless people or even help people who were begging but after experiencing it myself I understand that this can happen to anyone and so these people also deserve love and respect

4.3.4.2 Sub-theme 4.2 Homeless people need better affordable accommodation

Fifty percent of the participants identified a need for finding better affordable accommodation to be able to leave the shelter and reintegrate back into the community.

So I would say my need right now is to have more customers that will mean more cash flow for me and this might assist me in getting back on my feet and leaving the shelter.

I need to find better accommodation, somewhere I can call my place

My main need right now will be to be put on a disability grant as I know this would help me a lot. I will be able to find a better place I can afford where I can go and stay other than this shelter,

In South Africa, the Department of Housing introduced transitional housing to provide temporary shelters for homeless people in preparation for permanent housing (White Paper 1994). Homeless shelters funded by the government can fall under these transitional shelters as well but according to Poulsen's evaluation of transitional housing in South Africa, homeless

people are more likely to be stuck in transitional housing as they are not socio-economically stable enough to be able to move over to permanent housing (2000:12). This can be confirmed by the fact that the participants in this research had extended the amount of time that they were supposed to stay at the shelter namely nine months. When asked how long they had been staying at the shelter most of the participants confirmed that they had stayed more than the maximum amount of time they were supposed to be at the shelter.

4.4 CONCLUSION

The researcher discussed the results of the data analysis as a result of the interviews conducted with the participants, in order to establish the experiences of homeless residents regarding their homelessness at the shelter. The researcher did this by effectively classifying the data into main themes and sub-themes. The main themes that emerged were the factors contributing to homelessness, the experiences of homeless people, the challenges of homelessness and the needs of homeless people. The researcher completed the discussion and in Chapter five will present a summary, conclusion and recommendations of the study.



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CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In Chapter one, the findings of the study gained from six semi-structured interviews and the data analyzed according to Creswell (2003:194) were reported on. The study was conducted with the goal of answering the research question which was: “What are the experiences of residents at a homeless shelter regarding their homelessness?” The data was analysed and interpreted according to four main themes and several sub-themes. A literary control was conducted by reviewing existing literature and research relating to homelessness in order to verify or contradict the findings of this study.

In this final chapter of the research report, a summary of the first four chapters is provided to remind the reader of the goal and objectives of this study and to indicate how the researcher implemented a qualitative research approach, culminating in findings. The conclusions arrived at will be discussed and finally recommendations will be made.

5.2 SUMMARY OF THE DIFFERENT CHAPTERS OF THE STUDY

5.2.1 Chapter 1

The background and motivation of the research study were discussed within the first part of this research study. The seriousness of homelessness as major social issue was highlighted. This was done by reviewing the prevalence and conditions of homeless people around the world, in South Africa and its continuous dramatic increase. The different definitions given to homelessness were explored and the factors contributing to homelessness were also dealt with. The problem

formulation of the study focused on the limited scientific literature of homelessness in South Africa and how important it is to explore on the experiences of these individuals to be able to gain more knowledge and insight on how they can be assisted.

The second section of Chapter one addressed the research question, goal and objectives, research approach, research methodology and the research design of the study. Data collection methods, pilot study, interview guide, research population, sampling, data analysis, data verification and ethical considerations were some of the salient concepts that were discussed. The chapter ended with definition of key concepts and content of the research report.

5.2.2 Chapter 2

The researcher orientated the reader regarding homelessness as a social issue in Chapter two. The factors the researcher discussed on this chapter were the theoretical framework of homelessness, community responses to homeless people, homelessness and health related issues, government responses to homelessness, faith based organisations and homeless shelters. The researcher did a comprehensive literature review on these factors and compiled it within this chapter.

5.2.3 Chapter 3

In Chapter three the research methodology of the study was discussed. In order to realize the research goal and objectives, the researcher used a qualitative approach with an explorative, descriptive and contextual design. As the researcher intended to gain an in-depth understanding of how the participants view their world and thoughts, feelings, perceptions and interpretations about these, the qualitative research approach was well-suited to the research goal and objectives. The population, non-probability purposive sampling methods and the pilot study were described in full. The methods of data collection through semi-structured interviews as well as interviewing techniques were explained. The researcher then proceeded to describe the

systematic process of data analysis which was followed according to the eight steps of Tesch (1990) in Creswell (2003:192). Data verification was described according to the four aspects of trustworthiness described by Guba (1985) in Krefling (1991:215-219). Chapter 3 was concluded by referring to the limitations of the study.

5.2.4 Chapter 4

The research findings arrived at after collecting the data by means of semi-structured interviews with six participants were fully discussed in Chapter four. First, the demographic data of participants were outlined in comparison with research findings reported in the literature. The data were reported upon extensively, according to four themes, with sub-themes, constantly comparing and contrasting these findings to existing research as described in the literature. The four themes that were looked at were factors that contributed to being homeless; the experiences of homeless people; the challenges of homeless people and the needs of homeless people. Thus, the conclusions arrived at, will be presented in the next section.

5.3 CONCLUSIONS FROM THE RESEARCH

The following are the main conclusions based on the findings of the research objectives.

5.3.1 Factors that contributed to being homeless

The findings of this study revealed that a number of different factors contributed to these participants becoming homeless. Poverty was the main contributory factor in this research as most of the participants revealed to have struggled to meet their basic physical needs, such as food and shelter. Unemployment and the subsequent inability to pay their rent and therefore losing accommodation was also one of the major reasons why some of the participants had become homeless. Another factor that was identified was that of xenophobia which led to one of the participants losing his place and all his belongings.

Dysfunctional families and especially family conflicts were identified as a significant factor that contributed to some of the participants leaving their homes and becoming homeless. It was also interesting to note that most of the participants lacked family support in their lives. Participants also indicated that substance abuse played a significant role in becoming homeless as well as maintaining their status of homelessness. Participants admitted to have used substance abuse as a means of coping and surviving the challenges on the streets as well as at the shelter. Only one of the participants admitted that he found it difficult to terminate using drugs while he lived at the shelter as it was easily accessible. Domestic violence also contributed to two of the participants becoming homeless. Underprivileged childhood and troubled youth had also contributed to two of the participants becoming homeless later on in their lives. It was furthermore interesting to note that some of the participants even though they were adults now, mentioned their difficult childhood and youth lives thus confirming that it played a role towards their current destiny.

5.3.2 The experiences of homeless people

Several negative experiences of homelessness were identified by the participants in this study. Most of the participants' acknowledged that they were stigmatized whether it was from family, friends, community members and even social services such as nurses and social workers. It was also noted that one of the female participants' experienced depression. This finding confirmed the studies of previous researchers that women are more likely to reveal feelings of depression than men when it comes to their homelessness.

Experiences of despondency were also identified in most of the participants when they gave descriptions about their homelessness. Their despondency mainly stemmed from living in fear, unsure of what the future hold for them and having lack of control of their destiny. Rejection was another experience identified by the participants and was mainly inflicted by family members, other people in the community and even service providers. It was also interesting to note that fifty percent of the participants identified themselves as lonely although they stayed at the shelter amongst so many residents around them. Their negative feeling included shame, frustration, regret and anger. Despite all the different negative experiences that some of the participants

experienced, there were also those who were content with their life at the shelter. These participants indicated that their life at the shelter was much more fulfilled than staying on the streets, providing them a relaxed and secure environment.

5.3.3 The challenges of homeless people

Homeless people also identified various challenges they were facing because of the situation that they were in. They felt that the living conditions such as overcrowding at the shelter exposed them to various diseases. Most of the participants mentioned their lack of funds as one of their main challenges. This was mainly due to the fact that they had no steady income generating. Those who were receiving social grants felt that it was not enough to sustain all of their needs. Their inability to find employment while staying at the shelter was another challenge of the participants. Some participants indicated that the public's negative stereotyping of people who were homeless made it difficult for them to find a job. The participants also agreed that by getting a stable job and therefore a consistent income, it would change their situation as they would be able to find better accommodation elsewhere. Another challenge that the participants identified in this research was their lack of education. The young participants that were interviewed had dropped out of school, did not have sufficient qualifications and lacked the necessary skills to find a job. They therefore expressed their need to go back to school or to improve their skills or qualifications.

5.3.4 The needs of homeless people

The homeless people who took part in this study identified being treated with dignity and respect by the community, family members and service providers as an emotional need. Furthermore they also expressed a physical need in the form of finding better accommodation. In terms of finding better accommodation it showed that homeless people somehow still hoped that they would move on from their current situation of homeless people with no status to becoming better people and to improve their circumstances. Finding better accommodation was very important to

these individuals as it would mean that they could reintegrate back into the community thus start being treated with dignity and respect just like any other individual.

5.4 RECOMMENDATIONS

5.3.1 Recommendations to the Department of Social Development

1. Official of the Department of Social Development who are the main service providers for homeless people and who also fund most of the homeless organizations should focus on introducing reintegration programmes for the homeless to empower them to go back into the community.
2. The Department of Social Development should furthermore implement awareness programmes to educate society about understanding the needs of the homeless.
3. The Government and the Department of Social Development should collaborate to make sure that affordable housing assistance is available for homeless people as well.
4. The Department of Social Development should introduce effective monitoring and evaluation plan that would assist in ensuring that the quality of services for the homeless is good and monitoring if the health, education and skills of the homeless individuals have been met.
5. The Department of Social Development should make sure that health service providers expand their outreach programs to homeless shelters as well, so that their health is constantly checked.
6. The Department of Social Development should create more substance abuse rehabilitation programmes that are affordable and more sustainable and that closely

monitors that treatment is sustained after individuals leave the programme. This will help prevent a lot of relapse among homeless people who have substance abuse problems.

7. The Department of Education and the Department of Social Development should collaborate to develop adult education that will assist in most homeless adult people to further their qualifications.

5.3.2 Recommendations to Non-Governmental Organizations and Faith-Based Organizations

1. There should be increased support to non-governmental organization and faith-based organization that offer support and services to the homeless.
2. The researcher recommends that all staff at homeless shelters should have in-service training about the emotional and physical needs of homeless people.
3. Managers at the shelter should provide a system to improve the homeless individuals' relationship with each other as well as with the staff and this can also be done through in-service training.
4. Managers at the shelters should take responsibility to maintain the facilities at the shelters to meet the needs of the residents.
5. Managers at the shelters should create job training programmes and assist those who will have successfully completed the programme should be helped to find steady employment.

5.3.4 Recommendations to social workers who work with the homeless

1. Social workers working with the homeless and who work in homeless shelters need to intervene with their client system from an anti-discriminatory and anti-oppressive approach.
2. Social work intervention should include strategies to engage the homeless in activities that will enhance their social functioning, personal enrichment as well as their self-esteem.
3. Social workers should focus on reuniting the homeless people with their families or help these individuals to reintegrate and adjust into the community.
4. Social workers should assist homeless people with obtaining identity documents to enhance their access to health and employment services. Furthermore to assist homeless people applying for grants or pensions for which they are eligible to.
5. Last but not least, social workers should carry out thorough assessments to establish the physical, mental, education and skills needs of homeless people so that they are placed in appropriate rehabilitation programmes that they are in need of.

5.4.5 Recommendations for future research

1. The researcher would like to recommend that the same research should be done on a bigger scale by including different shelters and even to compare experiences of those who stay in shelters and those who are living on the streets.
2. More research is also necessary especially to find out what the origin of most homeless people is to assist in targeting areas where preventive measures can be taken to try and reduce homelessness.

3. It is recommended that further research should be done with regards to the role of social workers in working with the homeless. It is evident that the social worker has indeed a pertinent role to play if the experiences of homeless people should be taken into consideration.

5.5 CONCLUSION

The researcher is of the opinion that the research goal and objectives, as set out at the initial stages of this study, were realized by means of the qualitative research that was undertaken. In spite of the limited scope of this study and the limitations as indicated in Chapter three, the researcher was able to explore and describe the experiences of residents staying at a homeless shelter regarding their homelessness within the South African context. Recommendations as to the further utilization and dissemination of the findings have been made. The researcher is of the opinion that, given more awareness and research of homelessness in South Africa, the number of people becoming homeless will decrease and more prevention measures can be taken to eradicate this social issue.



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ANNEXURE 1

INFORMED CONSENT FORM

UNIVERSITY OF WESTERN CAPE

CONSENT TO PARTICIPATE IN RESEARCH

The experiences of residents at a homeless shelter

You are asked to participate in a research study conducted by **Vongai Mango** from the **University of Western Cape**.

Purpose of study

The purpose of the study is to explore and describe the experiences of residents at a homeless shelter.

Confidentiality

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study. The researcher will use pseudonyms instead of using real names of the participants. The data of this research will be stored in a safe place and only the researcher and the supervisors will have access to this data.

Participation/ Withdrawal

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may exercise the option of removing your data from the study. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise that warrant doing so.

Rights of Research Participants

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you want to be involved in this study you can sign the consent form below.

CONSENT FORM

TITLE OF RESEARCH PROJECT:

The experiences of residents at a homeless shelter

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name.....

Participant's signature.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Dr Maria De Jager

University of the Western Cape

Private Bag x17, Bellville 7535

ANNEXURE 2

INTERVIEW SCHEDULE

1. How is it that you became homeless?
2. Tell me about your homelessness?
3. Tell me about the challenges you are facing as a homeless person?
4. Tell me about your needs as a homeless person?



ANNEXURE 3

PERMISSION TO CONDUCT STUDY

14 February 2010

The Manager

O.W.L Haven Shelter

9 Polaris Road Lansdowne

RE: Permission to Conduct Research Study

Dear Sir/Madam

I am writing to request permission to conduct a research study at your shelter. I am currently enrolled at the University of Western Cape and I am in the process of writing my Master's Thesis. The study is entitled "**The experiences of residents at a homeless shelter**".

I hope that the management committee will allow me to interview at least 8 residents both male and female. Residents who will volunteer to participate will also be given consent forms to be signed and returned (copy enclosed).

If approval is granted, participants will complete the interviews in a quiet setting at the shelter. The interviews will take place from the 15th to the 18th of May 2010 and I would prefer it if you let me know what time will be appropriate for me to interview the residents. The findings of this study will remain absolutely confidential and anonymous and I will also give you a summary of the findings, conclusions and recommendations of the study.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have at that time. You may contact me at my email address: veemango@gmail.com

If you agree, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, kindly submit a signed letter of permission on your institution's letterhead acknowledging your consent and permission for me to conduct this study at your organisation.

Kind Regards

Vongai Mango

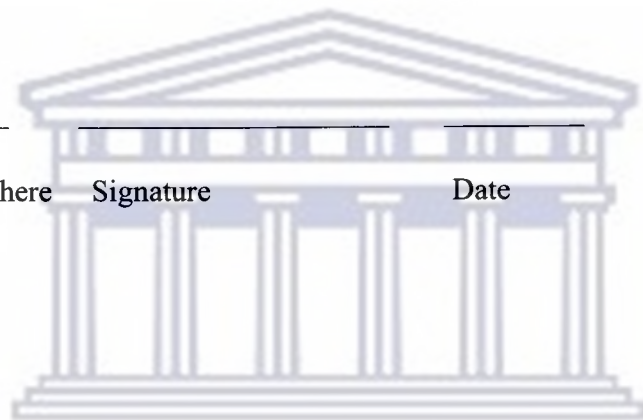
Dr. M. De Jager, Research Supervisor, University of Western Cape

Approved by:

Print your name and title here

Signature

Date



UNIVERSITY *of the*
WESTERN CAPE