The resilience of homeless older persons in the City of Tshwane: an exploration through Photovoice

by

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A dissertation submitted in partial fulfilment of the requirements for the degree Master of Social Work (Research)

in the

Department of Social Work and Criminology
at the University of Pretoria

Faculty of Humanities

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May 2022

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ACKNOWLEDGEMENTS

Firstly, I would like to thank my Heavenly Father for giving me the strength, knowledge and wisdom to complete this dissertation. I am grateful for the opportunity I have been blessed with to expand my knowledge and to have contributed to the knowledge base on this topic.

Secondly, I would like to thank my research supervisor, Prof. L.S Geyer, for all his guidance, support, time and motivation. Thank you to Prof. Geyer for sharing words of motivation and for believing in me. I have learnt so much from you, the knowledge and expertise you have shared with me throughout this process. I am thankful to you for the opportunity to conduct this research study.

Thirdly, I would like to thank my husband, family, colleagues and friends for their constant support and motivation. Throughout this process you have shared your confidence in me and that has kept me pushing forward. Without the support of my husband, family, colleagues and friends, the road would have been much harder.

Fourthly, I would like to say thank all the staff and participants at the various shelters and organisations that I have worked with during this research study. Thank you for sharing your experiences with me.

Lastly, I would like to acknowledge that this work is based on the research support in part by the National Research Foundation of South Africa (NRF) (Grant number: 01250172) and that opinions, findings and conclusions, and recommendations expressed are that of the author. I accept that the NRF accepts no liability whatsoever in this regard.

ABSTRACT

The resilience of homeless older persons in the City of Tshwane: an exploration through Photovoice

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The population figures of older people living in Africa are estimated to reach 67 million by 2025 and 163 million by 2050 due to the phenomenon of population aging. Older persons are more inclined to experience late-life homelessness. The prevalence of homelessness among older persons causes concerns in terms of their overall well-being.

The goal of the research study was to explore and describe the resilience of homeless older persons in the City of Tshwane through photovoice. The resilience theory was the theoretical framework that underpinned the research study. The study endeavoured to answer the following research question: "*How resilient are homeless older people in the City of Tshwane?"*

A qualitative approach was followed as the researcher was primarily interested in the meaning that the participants give to their life experiences. Non-probability sampling, specifically purposive sampling, was implemented as the sampling method. The data was analysed through the process of reflexive thematic analysis. Eleven participants participated in the study through semi-structured interviews and photovoice activities. Conflict, abuse, family disappointment, unemployment, mental health challenges, declining mobility, isolation and a lack of access to services, were identified as risk factors hindering resilience. Religion, support, personal characteristics, special care and socialisation, may act as protective factors which enable resilience. The research findings suggest that the participants were not only faced with risk factors when they became homeless; they were continuously faced with risk due to their daily living circumstances. The participants were, despite being faced with risks, able to be resilient and cope with their adversities due to the promotive and protective factors that are present in their lives. The research findings therefore indicated that the participants have shown resilience, despite being faced with many challenges.

The recommendations that are made from this study include that prevention and early intervention services should be designed for and implemented among older persons who are at risk of becoming homeless. Associations for homeless older persons can be established that can focus on the improvement of the living circumstances of older persons and the utilisation of their unique needs and social work training can focus on the resilience theory and its associated clarifications of risk and promotive and protective factors in order to increase practitioners' knowledge in this regard. Employment and family re-unification may act as mediating factors to navigate out of homelessness.

Key concepts:
City of Tshwane
Gerontological social services
Homeless
Late life homelessness
Older Person
Photovoice
Resilience

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CHAPTER 1: GENERAL INTRODUCTION

1.1 INTRODUCTION

The United Nations (UN) (2017:2) indicates that the population of the world is ageing. The UN (2017:1) reported that the world-wide population who are aged 60 years or older, numbered 962 million in 2017. This is more than twice as large as in 1980, when there were 382 million older persons worldwide. Furthermore, the UN (2017:1) expects that the number of older persons is likely to double by 2050 and is projected to reach nearly 2.1 billion. The period required for the world-wide population of persons over the age of 60 to increase from 10% to 20%, is from 1850 to 2050 (Solanki, Kelly, Cornell, Daviaud & Geffen, 2019:174).

It is expected that by 2030, Africa's population of older persons will more than triple, from 46 million in 2015 to 157 million (Solanki et al., 2019:174). The World Health Organization (WHO) (2002) states that the population figures of older people living in Africa are estimated to reach 67 million by 2025 and 163 million by 2050. The population figures of older persons in South Africa have been increasing consistently. Statistics and predictions provided by Statistics South Africa (StatsSA) in the *Mid-Year 2021 Population Estimates Report* estimate that 5.5 million individuals in South Africa are over the age of 60 years (StatsSA, 2019:7). It has also been projected that by 2050, the number of older persons in South Africa will increase to 15.4% of the total population (Solanki et al., 2019:175). StatsSA (2015:6) indicates that the phenomenon of population ageing, referring to an increasing number of older persons in the population, poses challenges for all areas of society, including those of housing, public protection, demand for services and goods, and family structures. As populations increase across the globe, a similar trend is to be expected among homeless older populations.

Homelessness is a universal phenomenon. It is however troublesome to correctly calculate how many individuals are sleeping on the streets in South Africa, as no reliable countrywide statistics are regularly collected (Hopkins, Reaper, Vos & Bough, 2020:6). Estimates are that there are between 100 000 and 200 000 homeless individuals in South Africa (Hopkins et al., 2020:6). Differences in understanding the causes of homelessness and the difficulties with changes between places and diverse counting methods, further complicate the issue of determining the extent of homelessness around the world, including in South Africa (Grenier, Barken, Sussman, Rothwell, Bourgeois-Guérin & Lavoie, 2016:30). Despite difficulties with counting and the verification of numbers, it was reported that 11 391 individuals were listed as homeless on the database of StatsSA (Naidoo, 2015:131).

The 2011 Census data indicated in 2011 that there were 6 244 homeless people within the City of Tshwane (StatsSA, 2011).

Various studies among homeless older persons and homelessness in general, have been conducted in many developed countries throughout the world, such as Australia, Canada, New Zealand and the United States of America (USA) (Grenier et al., 2016:1; Amore, Baker & Howden-Chapman, 2011:1). Resilient older people are typically able to adjust to life adversities, such as being or becoming homeless. The resilience of other street populations has been explored through studies that have been conducted across the world (Kolar, 2011:421). The resilience among homeless older persons in the City of Tshwane – thus homeless of a specific vulnerable group within a specific context - seems to have been inadequately described.

After a careful review of several international and national research databases (e.g. EBSCOhost, Google Scholar, Sabinet, Social Work Abstracts), and extant literature (Tshwane Homelessness Forum, 2015:3; Grenier et al., 2016:28; Georgiades, 2015:631; Feen-Calligan et al., 2009:1; Van Kessel, 2013:123), it was confirmed that there is a lack of research regarding the resilience of homeless older persons in South Africa, more specifically in the City of Tshwane. Research on the resilience of homeless older persons in the City of Tshwane, has the potential to make a valuable contribution to understanding how social work policies and services could promote social justice, the overall quality of life, and the well-being of this vulnerable population.

Being resilient may be one aspect that can assist older persons to adjust to the difficulties that are associated with aging. Determining the resilience of homeless older persons may assist in identifying those who are most at risk of adapting poorly when they are exposed to stressors. Early interventions can be promoted to help build resilience. Resilience research with regards to homeless older persons can be used to inform interventions and to promote the capacity and strengths of homeless older persons and communities.

1.2 DEFINITION OF KEY CONCEPTS

In the present study, various terms are used and conceptualised as follows:

Firstly, the term *homeless* can be described as “being without a place to live in” *(English Dictionary for South Africa*, 2011:325).

Hradecky, Barták, Cveþek, Edgar, Pavel, Penkava and Ruszová (2007:11) define the term *homeless* as "not having a decent dwelling that is adequate to meet the needs of the person and his/her family, being unable to maintain privacy and social relations as well as not having exclusive possession, security of occupation and legal title". The term *homeless* in this research study will be used to refer to an individual who does not have any form of permanent residence and finds him- or herself living on the streets or temporarily in a shelter. Grenier et al. (2016:32) define *late-life homelessness* as referring to individuals who become homeless later in their lives. *Late-life homelessness* is an increasingly common pathway into homelessness for older persons and will be used in the context of this research study.

The definition of gerontological social services can be viewed as a combination of the terms *gerontology* and *social services*. Gerontology can be defined as the study of the aging processes, and it involves the study of all the developments that take place as an individual grows from middle age to later life phases (Kapur, 2018:1). It contains the study of physical, mental and social deviations that occur among older individuals as they grow older (Kapur, 2018:1). The *English Dictionary for South Africa* (2011:666) defines the term *social* as "concerning to the way of life and welfare of a community", while the term *service* is defined as "the act of doing something to help" (*English Dictionary for South Africa*, 2011:632). *Gerontological social services* can, therefore, in the context of this study, be defined as services that are guided towards improving the physical, mental and social well-being and quality of life of older persons.

The term *older person* refers to "a person who, in the case of a male, is 65 years of age or older and, in the case of a female, is 60 years or older" (Older Persons Act 13 of 2006). "The age of 60 or 65, equivalent to retirement ages in most developed countries, is said to be the beginning of old age" (Kowal & Dowd, 2001:1). However, in the context of this study, an *older person* will refer to an individual, male or female, 60 years and older.

Wang and Redwood-Jones (2001:560) define *photovoice* as a "powerful photographic technique that enables people to assess the strengths and concerns of their community and communicate their views to policymakers". *Photovoice* can also be referred to as a "qualitative, community-based, participatory action research method that employs participant created photography to highlight the experiences and insights of, often excluded or marginalised people" (Jarldorn, 2019:1). In the context of this study, the term *photovoice* refers to a strategy that involves individuals taking photographs of their environment (both social and physical) and then narrating about the photographs to explore and describe individual experiences as these pertain to the process of resilience.

Ungar (2019:2) defines *resilience* as "the capacity of a biopsychosocial system (including a person, family or community) to navigate to the resources necessary to sustain positive functioning under stress, as well as the capacity of systems to negotiate for resources to be provided in ways that are experienced as meaningful." *Resilience* is also defined as "a stable trajectory of healthy functioning after a highly adverse event" (Bonanno, as cited in Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014:1). *Resilience* in the context of this study, will refer to the capacity of individuals to maintain a state of positive functioning under stress, and also their capacity to recover from adverse circumstances and to achieve positive outcomes while confronted with adversity.

The term *City of Tshwane* is defined by the City of Tshwane (2013:22) as "located within the Gauteng Province, the smallest of South Africa's nine provinces, and by far the country's largest economy, the City of Tshwane is home to about 12.3 million people, as well as the second-highest contributor to the Gauteng Province's economy". The City of Tshwane is also South Africa's "capital city and seat of government" (City of Tshwane, 2013:22). In the context of this study, the term *City of Tshwane* will refer to the following suburbs that will be of importance in this study, namely, the Pretoria Central Business District (CBD), Sunnyside, Salvokop and Burgerspark.

1.3 PROBLEM STATEMENT AND RATIONALE

After a careful review of several international and national research databases (e.g. EBSCOhost, Google Scholar, Sabinet, Social Work Abstracts), and extant literature (Tshwane Homelessness Forum, 2015:3; Grenier et al., 2016:28; Georgiades, 2015:631; Feen-Calligan et al., 2009:1; Van Kessel, 2013:123), it was confirmed that there is a lack of research regarding the resilience of homeless older persons in South Africa, more specifically in the City of Tshwane. The lacuna the present study attends to is the resilience among homeless older people in the City of Tshwane.

The rationale for conducting the present study includes the notion that recommendations could be offered in order to enhance the well-being of homeless older people in the City of Tshwane and that recommendations could be offered to improve service delivery to homeless older people. The research results could provide data to gain a deeper understanding of the resilience of homeless older persons and factors that contribute thereto.

The research results could also provide insight into homeless older people's perspectives of their resilience and their needs that could to be addressed (as the photovoice method will be used, see Chapter 4). The research results could empower the participants as they will become aware of their own resilience. The empowerment of the participants could cause them to feel more empowered to have their rights realised. The research results could be used to formulate resilience-informed bio-psychosocial services directed at homeless older persons that could be provided by the Tshwane Homelessness Forum. The Tshwane Homelessness Forum is a forum of all homelessness stakeholders in the City of Tshwane who have an interest in ensuring that issues that affect homeless people are efficiently and effectively addressed and that pathways out of homelessness are desired (Tshwane Homelessness Forum, 2021:1).

Homelessness is a social problem and affects a vulnerable target group of the South African population. Social problems exist because individuals are experiencing some kind of need, which can be addressed through means of social welfare policy (Blau & Abramovitz, 2010:5). Social welfare policy refers to the framework for action or principles implemented by a government in order to ensure the well-being of individuals, families and communities (Blau & Abramovitz, 2010:21). It is, therefore, a response to problems that a society is ready to address and a plan of action that can guide the intervention of government in the area of social welfare provision (Blau & Abramovitz, 2010:21). The proposed policy guidelines that are made to the Tshwane Homelessness Forum based on this research study, are aimed at enhancing the resilience of homeless older persons to better than expected outcomes, by addressing the needs and lived experiences of homeless older persons. The proposed policy guidelines/draft policy may assist the Tshwane Homelessness Forum in their service delivery to homeless older persons and may influence the way that issues relating to homeless older persons are addressed.

1.4 RESEARCH QUESTIONS

The **research question** the study endeavoured to answer was: "*How resilient are homeless older people in the City of Tshwane?"*

The research study aimed to answer the following **sub-questions**:

- To what extent are homeless older persons exposed to risk from a social ecological point of view?

- What are the promotive and protective factors and processes (both internally and externally) that older homeless persons use to navigate and negotiate towards better-than-expected outcomes
- What are the desired outcomes, despite being faced with adversities, that homeless older persons envisage?

1.5 GOAL AND OBJECTIVES

The **goal** of the research study was to explore and describe the resilience among homeless older persons in the City of Tshwane through photovoice.

In order to achieve this goal, the following **objectives** had to be achieved:

- to explore and describe the exposure to, and severity of, risk/adversities of homeless older persons in the City of Tshwane;
- to explore and describe promotive and protective factors (both internally and externally) that contribute to the resilience of homeless older persons in the City of Tshwane;
- to explore and describe the desired outcomes that older homeless persons value; and
- based on the research results, to formulate policy guidelines for the Tshwane Homelessness Forum that can assist in their service delivery and further interventions focused on homeless older persons.

1.6 OVERVIEW OF RESEARCH METHODOLODY

Throughout the course of the research study, the researcher aimed to explore and describe the resilience of homeless older persons in the City of Tshwane through photovoice.

Constructionism, as a research paradigm, underpinned the research study. Constructionism, as a research paradigm, requires that the participants become active and involved in some (if not all) phases of the research process, as the participants themselves seek an understanding of the world in which they live and work (Fouché & Schurink, 2011:310). Hence, a qualitative research approach was adopted with the purpose of understanding and interpreting social interactions of homeless older persons in the City of Tshwane (Creswell, 2015:308).

The research purposes of the study were both exploratory and descriptive. The exploratory purpose of the study pursued the objective of gaining insight into a situation, phenomenon, community or individual because of a need to address the lack of knowledge in an area of interest and to become acquainted with the situation in order to characterise a problem (Fouché & De Vos, 2011:95).

The descriptive purpose of the study was to describe the resilience of homeless older people in the City of Tshwane. 'How' and 'why' questions were used to gain information regarding the characteristics and circumstances of homeless older people (Fouché & De Vos, 2011:96).

A case study design was deemed most appropriate as it allowed the researcher to develop an in-depth understanding of a small number of cases that are set in real-world contexts (Bromley, 1991 in Nieuwenhuis, 2016a:83). In this study, the researcher made use of the multiple case study design as this design allowed her to explore and describe similarities and differences in terms of the resilience of homeless older persons in various areas and settings of the City of Tshwane (Nieuwenhuis, 2016a:82).

As the study aimed to explore and describe the resilience of homeless older persons in the City of Tshwane, face-to-face semi-structured interviews, which were guided by an interview guide (see Addendum A), and the photovoice technique were used as data collection methods (see Addendum A). Photovoice was congruent with the constructionism paradigm as it allowed the participants to be active and involved in the research process as they would be responsible for creating and narrating their own reality and experiences. The use of photovoice as a method of data collection enabled the participants to reflect on their own protective factors and adversities, while also providing them with the opportunity to discuss matters of importance in the community, to produce shared knowledge and to reach policymakers (Wang & Redwood-Jones, 2001:560).

The participants were selected from the population of homeless older persons in the City of Tshwane. Non-probability sampling, specifically purposive sampling as the sampling method was implemented in the study, as the participants were selected based on the researcher's judgement of the sample that would be the most useful or representative of the total population (Babbie, 2017:200).

The researcher worked with the Tshwane Leadership Foundation, as gatekeepers, to obtain access to and recruit potential participants. The following inclusion criteria were employed in the present study:

- The participants had to be homeless older persons of 60 years and older.
- The participants had to have been homeless, therefore finding themselves without a permanent residence, for at least three months at the time of data collection.

- The participants had to be located in the City of Tshwane, with more specific reference to the suburbs of Pretoria Central, Salvokop, Sunnyside, and Burgerspark
- There were no limitations with regards to gender or race of the participants.
- Participants had to able to converse in Afrikaans or English, or any other language that the researcher, an outreach worker (translator) and the participant could converse in together and have an understanding of each other.
- The participants had to provide informed consent.

The data was collected to the point of data saturation, which refers to the point where no new data could be generated from the participants (Nieuwenhuis, 2016a:84). In total, 11 participants were involved in the study. Unfortunately, the number of homeless females are limited and this is a reality the researcher had to work with. Homeless females are more likely to live in shelters or transitional housing, moving among temporary living arrangements, or living out of sight rather than on the streets (Rukmana, 2010:96). Homeless females are also more likely to be residing in shelters for victims of domestic violence and they often have more social contacts than men, therefore, they rely on these affiliative ties (Rukmana, 2010:97). Informed by information power, the researcher concluded the process of data collection after interviewing 11 participants (Malterud, Siersma, Guassora, 2016:1754). If the study is founded on a strong and well-developed theory, such as the resilience theory informing the present study, less participants are needed for the study (Malterud et al., 2016:1756). Less participants are also needed for a study if the combination of participants is highly specific for the study aim (Malterud et al., 2016:1756). In the present study, the participants were specifically selected based on certain criteria, therefore, making the participants highly specific for the aim of the study and therefore a smaller number of participants could be involved in the study.

The data collection method was pilot tested with two individuals who also formed part of the larger research study. These two participants were identified at a shelter for homeless persons in Pretoria CBD.

Various ethical considerations were considered in the study such as confidentiality (see, inter alia, Addendum B), informed consent (see Addendum E), publication of the findings, voluntary participation, avoidance of harm, debriefing, no compensation, gatekeepers, social impact, and no deception of the participants. The researcher obtained ethical clearance from the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria. The reference number for the ethical clearance obtained is HUM033/0820 (See Addendum C).

The researcher also obtained permission for the research study to be conducted from the Tshwane Leadership Foundation (See Addendum D).

More details pertaining to the research methodology are reported in Chapter 4.

1.7 CONTENT OF DISSERTTION

The remainder of the dissertation will comprise the following chapters:

Chapter 2: Literature review on homelessness among older persons

Chapter 2 includes literature pertaining to the lacuna of the study, in order to inform the reader about the phenomenon of interest as a whole.

Chapter 3: Theoretical framework: Resilience theory

The theoretical framework of the study, which is the resilience theory, is discussed in order to provide the reader will knowledge of what the theory is based on and how it relates to the study.

Chapter 4: Research methodology

Chapter 4 outlines the research methodology used to implement this study. In addition, the challenges and limitations of this study are outlined.

Chapter 5: Research results and interpretation

In this chapter, the research results of the study are analysed and an interpretation is provided based on extant literature and the theoretical framework.

Chapter 6: Key findings, conclusions and recommendations

In the final chapter, the achievement of the goal and objectives of the study is discussed, as well as the key findings. Based on the key findings, conclusions are drawn and feasible recommendation proffered. Resilience-informed policy recommendations for bio-psychosocial services directed at homeless older persons for the Tshwane Homelessness Forum, are also discussed in this chapter.

CHAPTER 2: LITERATURE REVIEW ON HOMELESSNESS AMONG OLDER PERSONS

2.1 INTRODUCTION

Aging is a complex and dynamic process affecting the biological, psychological and social spheres of living organisms over a period of time (Dziechciaż & Filip, 2014:835). Due to the phenomenon called population ageing, the population figures of older people living in Africa are estimated to reach 67 million by 2025 and 163 million by 2050 (WHO, 2020). The life expectancy of individuals has increased due to the provision of better medical services, improvements in treatments of chronic diseases as well as the increased use of assistive technology, amongst others (Lindgren, 2016:20). The population figures of older persons in South Africa have been increasing consistently, with 11% of the population, which represents approximately 5.3 million individuals, representing older persons in 2019 (StatsSA, 2019:6). As populations around the world are increasing, homeless older populations are also expected to increase. Around 100 million people are homeless worldwide which makes homelessness a universal issue. StatsSA (2011:63) indicated in 2011 that there were 6 244 homeless people within the City of Tshwane – the geographical location of the present study.

The literature review will *firstly* focus on old age as a life stage. *Secondly,* current knowledge regarding homelessness among older persons. *Thirdly*, previous studies on resilience of older persons will be highlighted. *Fourthly*, four types of homelessness will be discussed. *Fifthly* the causes of homelessness will be discussed, *sixthly* challenges among homeless individuals and homelessness as a phenomenon will be discussed, and *lastly*, the literature review will include a discussion of the international and domestic mandates for service delivery targeted at homeless older persons.

2.2 OLD AGE AS A LIFE STAGE

Older persons in South Africa have typical characteristics and circumstances which are important to take into account. Old age as a life stage will be discussed with specific reference to the physical, cognitive, personality and social development of older persons. This will also include aspects of death, dying and bereavement in terms of older persons. Current knowledge and statistics regarding the biopsychosocial circumstances of older persons will lastly be discussed. The physical development of older persons will be considered first.

2.2.1 Physical development

There are physical developments and changes that have a significant influence on the lifestyle and general adjustment of adults and specifically older persons (Louw, 2015a:52).

Louw (2015a:53) asserts that signals may be transmitted more slowly in old age owing to the ageing processes of neurotransmitters, which causes the brain to function more slowly, resulting in a slower reaction time of older persons. In terms of an older person's senses, visual dysfunction becomes more common. They experience a gradual decline in hearing, taste becomes less sensitive and their sense of smell diminishes which all contributes to older persons having a poorer quality of life (Louw, 2015a:55). A hearing aid is more likely to be needed in old age and older persons are more susceptible to glare, colour discrimination and visual dysfunction due to cataracts and glaucoma (Santrock, 2009:541). The most noteworthy physical changes include abnormal irregular adaptation on all levels of the composition of the human body, as well as a weakening or failure of controlling mechanisms which may lead to imbalances in the human body (Dziechciaż & Filip, 2014:836). Old age is often accompanied by poor health as older persons are fragile and they are more susceptible to illnesses and disabilities (StatsSa, 2014:7). This leads to older persons having an inability to perform certain functions such as walking, hearing, seeing, memorising and concentrating, as well as self-care (StatsSa, 2014:7). Older persons experience difficulties related to sight from as early as the age of 60 to 64 (StatsSA, 2014:68). Walking a long distance or climbing a set of stairs and self-care becomes a more difficult task to accomplish, mostly towards their eighties (StatsSA, 2014:68). Despite having severe difficulties in hearing, seeing and remembering/concentrating and difficulties in communicating remains moderately low, even among older persons aged 80 to 84 (StatsSA, 2014:68).

2.2.2 Cognitive development

Changes in the brain, through the process of aging, are associated with predictable age-related variations in cognitive capacity (Belbase & Sanzenbacher, 2016:3). Impairment in cognitive functions during aging is related to neurological diseases, which makes the achievement of healthy aging a huge concern (Baghel, Singh, Srivas & Thakur, 2017:1). Louw (2015b:93) indicates that older adults are less able to maintain control over attentional processes as their accuracy and functioning speed reduce. The decline of cognitive processes such as speed, accuracy, sensory input, attention and visual and motor memory is more likely with ageing (Santrock, 2009:559). Santrock (2009:564) states that, although older people are not as quick in thought and behaviour as individuals who are younger, some older people do attain high levels of wisdom. Age-related cognitive impairment takes place in different facets such as attention, perception, decision-making, reasoning, execution, language and speech (Baghel et al., 2017:1).

Such impairment is dependent on the susceptibility of the various brain areas and their related dysfunctions with progressing age, resulting in abnormal behaviour which eventually effects the quality of life and becomes more concerning for the older person's family and society (Baghel et al., 2017:1).

Argimon, Irigaray and Stein (2014:254) assert that, in terms of memory function, studies have indicated that memory performance declines through the process of aging, although some forms of memory are well-maintained. Aging is related to considerable impairment of working memory, which causes difficulties in ability to focus attention on various tasks, which in turn affects the ability to process information, and may take place in response to occasional and prospective memory tasks (Argimon et al., 2014:254). The biggest cognitive difficulties for older persons include attention, calculation and constructional skills (Argimon et al., 2014:254). Many older persons with the lowest levels of education, tend to have a poor performance in tests concerning executive function (Argimon et al., 2014:255). Cognitive aging could potentially limit the ability of an older person to work longer as well as wearing down their ability to manage their finances when they are retired (Belbase & Sanzenbacher, 2016:1). The ability and speed related to processing information at any given time, diminish with age, and the capability of the brain to obtain entirely new functions, such as learning to play a musical instrument for the first time, is severely reduced due to variations in the brain structure as a result of aging (Belbase & Sanzenbacher, 2016:2). As people age, older persons' ability to do multiple tasks at a time decreases as they age and their ability to switch between tasks is also slower, as a result of slow perceptual processing (Baghel et al., 2017:2). Impaired vision and poor hearing are also related to cognitive difficulties consistent with ageing (Baghel et al., 2017:4).

2.2.3 Personality development

Towards the end of adulthood, individuals experience psychosocial challenges related to ageing and enter the final stage of ego integrity versus despair, as outlined in Erikson's psychosocial development model (Louw, 2015c:148). As people grow older, they appear to experience an increase in personality characteristics related to social interest and communion and a decrease in personality characteristics related to activity and a lively approach to life (Louw, 2015c:163). Subjective age, the idea that individuals can feel considerably younger than their actual chronological age, also has an influence on the personality development of older persons. An older subjective age, can lead a person to take on attitudes and stereotypes that are normally associated with older persons and those who feel older may integrate their typical ways of thinking, feeling and acting to that of older persons (Stephan, Sutin & Terracciano, 2014:143).

Some older persons are thought to be closed-minded and typically regarded as being less socially engaged (Stephan et al., 2014:150). Older persons who feel younger than their actual age may be more equipped to deal more effectively with physical, social and cognitive changes that challenge personality stability (Stephan et al., 2014:150). Other studies have highlighted that neuroticism and carefulness decline during old age, while extraversion and sincerity increase and friendliness remains stable (Mueller, Wagner, Drewelies, Duezel, Eibich, Specht, Demuth, Steinhagen-Thiessen, Wagner & Gerstorf, 2016:2).

Individuals are regarded as becoming more emotionally stable, more deliberate and planful and more considerate as they age, as they are adjusting to the multiple role expectations, experiences and developmental tasks that they encounter at various points in their lives (Mueller et al., 2016:4). As a person reaches old age, long-lasting conditions and limits in functionality may inhibit an older person's capacity to maintain an attained lifestyle and to meet the environmental demands and role expectations they are confronted with, possibly provoking motivational and behavioural changes and alterations (Mueller et al., 2016:6). This in turn, leads to long-term personality changes (Mueller et al., 2016:6). Unexpected or severe health problems may lead to feelings of vulnerability and anxiety, possibly establishing higher levels of neuroticism. It may cause older persons to be more careful with regards to the activities and social relations they participate in; it may limit their ability to look for new experiences or to participate in cultural events, causing them to be less open to experiences, and poor health may also cause difficulties in maintaining previous levels of orderliness and discipline (Mueller et al., 2016:6). Limitations in cognitive functioning might prevent older persons from being able to make and execute plans, which contribute to diminished carefulness and heightened feelings of anxiety, and therefore, higher neuroticism (Mueller et al., 2016:7). Personality and health are more closely entangled as individuals age due to the absence of resources to shield or compensate the harmful effects of poor states of health (Mueller et al., 2016:25). Older persons who are in better states of health and have better cognitive functioning, have appeared to have higher levels of personality maturity (Mueller et al., 2016:27).

2.2.4 Social development

Santrock (2009:591) asserts that older individuals make a conscious decision to decrease their number of social interactions in favour of spending more time with their family and friends that is emotionally rewarding for them. This can refer to the socio-emotional selectivity theory, which indicates that older individuals are more selective about their social networks as they place a higher value on emotional satisfaction (Santrock, 2009:591).

Any changes that occur with age in the functioning of individual organs have an impact on the mood, attitude to the environment, physical condition and social activity, and determine the position of older persons in their families and communities (Dziechciaż & Filip, 2014:837). Psychosocial aging is also largely dependent on the way in which an older person is prepared for ageing and takes effect over time (Dziechciaż & Filip, 2014:837). Social exclusion is more prominent as individuals age because they have limited social contact due to limitations in physical mobility (Paskeleva & Tufkova, 2017:2).

Paskeleva and Turfkova conducted a study on the social and medical challenges of older persons in Bulgaria and compared the results with other studies conducted in the European Union (Paskeleva & Turfkova, 2017:1). Loneliness and a need for interaction can lead to physical complaints, the aggravation of chronic diseases and heightened needs for health services (Paskeleva & Tufkova, 2017:3). Older persons living alone may also be faced with more risks in terms of functional difficulties, inadequate nutrition, social exclusion and chronic illnesses (Paskeleva & Tufkova, 2017:3). As individuals become older, they receive reduced incomes, which creates observable differences in economic welfare for older persons (Paskeleva & Tufkova, 2017:2). Old age pensions play a vital role in the income of older persons; however, such pensions fail to meet all the needs and to assure the independence of older persons (Paskeleva & Tufkova, 2017:2). The desire for older persons to work does not necessarily diminish as they age. It is rather influenced by negative stereotypes regarding aging and the efficiency of the older individual, high levels of opposition on the labour market and the absence of suitable education and training in terms of new technology developments (Paskeleva & Tufkova, 2017:2).

2.2.5 Death, dying and bereavement

Individuals undergo five stages of coping with death, which are: “denial and isolation, anger, bargaining, depression and acceptance” (Santrock, 2009:627). Older persons are generally less anxious about death as they gradually lose their friends and family and thus, they progressively reorganise their thoughts and emotions to make peace with their own mortality (Papalia et al., (2007) in Louw & Louw, 2015:293). Older persons go through more than one loss during their life, which may include the loss of significant others, family members and friends (Lekalakala-Mokgele, 2018:151). Some older persons may be regarded as being more resilient when it comes to death as they have been faced with many losses in their lives (Lekalakala-Mokgele, 2018:153). Emotions related to grief are specific to the individual experiencing the loss and their relationship with the person who has passed (Lekalakala-Mokgele, 2018:151).

Lekalakala-Mokgele, a South African scholar, states that the transition to widowhood is often thought to be one of the most traumatic transitions in later life and, for older persons who have been married for years, it is hard to recall their lives before becoming married and even harder to create a new life after losing such significant other (Lekalakala-Mokgele, 2018:151).

Few older persons who are in the process of bereavement may show no reactions of grief, or they may transfer resentment towards others who are still alive (Hashim, Eng, Tohit & Wahab, 2013:159). It has also been indicated that older persons between the ages of 75 and 84 years, are more at risk of developing complex grief, which includes incidents of anxiety disorders, depression, poor quality of life and a risk of suicide, in comparison with a younger age group experiencing a loss (Hashim et al., 2013:159). Older persons often struggle to make peace with the death of a loved one if the person had suffered a lot of pain before passing on (Lekalakala-Mokgele, 2018:153). Older persons who are grieving, often find it difficult to ask for support, even from their closest relatives (Hashim et al., 2013:161). Most older persons who experience a loss, experience a wide range of psychological symptoms, such as sadness, anger, anxiety and sometimes also physical pain (Lekalakala-Mokgele, 2018:154).

2.2.6 Current knowledge and statistics regarding the biopsychosocial circumstances of older persons

The profile of older persons and what is currently known about their biopsychosocial circumstances, in the South African context, will be discussed below.

2.2.6.1 Infrastructure and safety

The General Household Survey (GHS) that was conducted in 2004 in South Africa, based on a national coverage, indicated that 13% of households headed by older persons live in only a room, a backyard hut, or an informal residence lacking appropriate security, making them extremely susceptible to poverty (Tati, 2009 in Lombard & Kruger, 2009:123). The GHS further reported that 55% of households comprised of older persons have access to tap water in their homes, 15% have access to water from public taps, 7% get water from unsafe sources such as rivers or streams, and 18% use water from polluted sources (Lombard & Kruger, 2009:123). Not having access to water in their residences and having to walk to sources of water imposes a physical difficulty on older persons and also threatens their safety (Tati 2009, Makiwane & Kwizera, 2006 in Lombard & Kruger, 20119:123). Older persons also face problems when it comes to transport as they might not have their own transport, access to transport, or the physical ability to use public transport (Lombard & Kruger, 2009:124).

2.2.6.2 Family structure and care

It had traditionally been assumed that extended family members and community members would care for older persons. However, some families are no longer able to fulfil the economic, social and cultural functions that they previously fulfilled as this has been affected by industrialisation (Darkwa & Mazibuko, 2002 in Lombard & Kruger, 2009:124). Many families do not have children or other relatives to care for the older person and often older persons are discovered to be the primary care givers for their own orphaned grandchildren (Lombard & Kruger, 2009:124). African families are prone to changes in form, closeness, functions, roles, relationships and hierarchies of control and decision-making, which has an impact on the care and emotional well-being of older persons (Chigali, Marais & Mpofu, 2002 in Lombard & Kruger, 2009:124). The implications of the changing household structure are that older persons are no longer certain of the family support structure and may not have the means and ability to live independently (StatsSA, 2014:73).

The South African national household composition profile shows that nuclear and extended households predominate among older persons in comparison to other kinds of household compositions and the results also indicate an increase in the occurrence of older persons living in single-member households (StatsSA, 2014:75). Older persons residing with at least one of their children are thought to experience better economic support and care than those living independently or with non-relatives; however, this may also be true for households where older persons are the only sources of livelihood (StatsSA, 2014:75). Increases in the numbers of older persons living alone in South Africa could be related to an increase in the population of older persons over time, declining fertility and increased childlessness, migration, and marital factors, as older persons with fewer children or no children, as well as those with no significant others, may be forced to live alone (StatsSA, 2014:80). Migration and urbanisation often cause older persons to be left to fend for themselves, as their children migrate to cities to search for socio-economic opportunities (StatsSA, 2014:80).

Older persons often do not hold prominent positions in society any more and older persons no longer feel integrated in supportive systems, leaving them to feel more isolated and deprived of their roles in society (Lombard & Kruger, 2009:125). Discoveries regarding the living arrangements of older persons in households indicate that more than half (50.6%) of older persons live in extended households, which reveal the essential role family support is playing in guaranteeing that the needs of older persons are met (StatsSA, 2014:7).

2.2.6.3 Education and employment

Variations in levels of educations among older persons have an influence on their economic status and subsequently their well-being (StatsSA, 2014:41). Past injustices and discriminatory laws led to unequal access to education, services and income, making it unavoidable that most of the current older persons in South Africa were given limited opportunities to attain formal education during their younger years (StatsSA, 2014:41).

The occurrence of poverty among older persons has been linked to low levels of literacy (StatsSA, 2014:41). A shortage of skills and education during their younger years has had negative effects on the current socio-economic status, health and social well-being of many older persons (StatsSA, 2014:41). In 2011, it was recorded that 87 591 older persons in the Gauteng province had no schooling experiences (StatsSa, 2011:43). Little information exists regarding current statistics on the schooling experiences of older persons. A dire need exists for more initiatives and programmes that can ensure enhanced literacy and education for older persons (StatsSA, 2014:42).

2.2.6.4 Income and old age pensions

The slow wearing away of family support systems and the fact of insufficient incomes to raise their grandchildren, both cause more older persons to be vigorously involved in the fight to earn a living for themselves, leading to more challenges, financial difficulties, isolation and risks to their health (Madonsela, 2008 in Lombard & Kruger, 2009:125). A large proportion of older persons have also never been able to gain employment in formal sectors due to past injustices and, therefore, do not enjoy any retirement benefits (Wachipa, 2006 in Lombard & Kruger, 2009:125). Old-age pensions in South-Africa exist and are regulated by the Older Persons Act, Act 13 of 2006 and the Social Assistance Act, Act 6 of 2008, which both provide some relief to vulnerable older persons who have little, or no means of income (Lombard & Kruger, 2009:126). This pension in many cases decreases rates of poverty among older persons, lessens the probability of an older person's household sinking into poverty and, to a small extent, minimises the gap between households with access to employment opportunities and those who do not have access to such (Moller & Devey, 2003 in Lombard & Kruger, 2009:126). Older persons who are in the workforce often delay retirement in order to sustain their livelihoods (Lombard & Kruger, 2009:126). The lack of financial and material well-being affects the overall health of older persons (Lombard & Kruger, 2009:127).

2.2.6.5 Health status

The health of older persons is influenced by nutrition, access to health care, recreational activities and protection against communicable diseases such as HIV/AIDS (Lombard & Kruger, 2009:127). Older persons with low incomes are at risk for weakened nutritional statuses as they do not have the means to provide for this need (Lombard & Kruger, 2009:127). Poverty, malnutrition, food insecurity and poor health are difficulties older persons in South Africa are faced with (Lombard & Kruger, 2009:127).

Older persons are at risk of having to wait for long periods of time for theatres to become available for their operations in state hospitals due to overcrowding and they are also at risk of contracting the HIV/AIDS virus due to their own sexual behaviours and having to care for their infected children (Lombard & Kruger, 2009:127). The majority of older persons, especially in the Gauteng province, make use of public clinics for their health care needs (StatsSA, 2014:56). Older persons usually have less often physiological reserves and tend to experience more intricate and long-lasting multi-system problems, which require more comprehensive and multi-disciplinary interferences that consider the biopsychosocial aspects of health, therefore presenting noteworthy challenges to healthcare workers who sometimes lack training in geriatric matters (Kelly, Mrenggwa & Geffen, 2019:1).

The process of ageing is affected by various influences based on social, cultural, political and economic factors, with poorer older persons having significantly lower health statuses, higher levels of weakness and disability and decreased levels of well-being and quality of life than wealthier older persons (Kelly et al., 2019:2). Older persons may face difficulties in accessing health care and are more vulnerable to poor health outcomes. Due to their limited financial abilities and limits in accessing health care, they may also be subjected to rudeness, judgement, negative attitudes and even aggression, when treated by some nursing staff (Kelly et al., 2019:7). A lack of patient-centredness, as well as poor communication and a need for prompt attention have led to a distrust in the healthcare system and health care professionals (Kelly et al., 2019:11). In order to maintain the health and inherent capacity of older persons in communities and to reduce fragility and institutionalisation, strong primary health care, home-based care and community social services are required (Kelly et al., 2019:1).

Many older persons in South Africa can be characterised by poverty and inequality. This reflects past imbalances and lack of opportunities in the past and variations in employment and educational levels reflect the marginalisation of women in their younger years (StatsSA, 2014:65). Inequalities are also racially tilted, as African black older persons face lower socio-economic statuses than older persons of white, Indian/Asian ethnicities (StatsSA, 2014:65).

This has implications for the social security system and health care system, as government needs to ensure that the needs of older persons are met, which affects the health care system and the social security system (StatsSA, 2014:65). The challenge is therefore to guarantee that all older persons are able to experience the right to security and dignity. It is crucial that South Africa, a nation whose population is already ageing, begins to assess the trade-offs of various policy options with the general objective of improving well-being across the age cycle (StatsSA, 2014:95).

Following the discussion of old age as a life stage, as well as the current knowledge and statistics regarding the biopsychosocial circumstances of older persons, current knowledge regarding homelessness among older persons will be discussed.

2.3 CURRENT KNOWLEDGE REGARDING HOMELESSNESS AMONG OLDER PERSONS

Previous studies regarding homelessness contribute to our current knowledge regarding homeless older persons. Previous research on homeless older persons has mainly been conducted in countries such as Canada and the United States of America (USA).

A study concerning the characteristics, circumstances and service needs of homeless older people was conducted in 2004 in the City of Toronto, Canada, in order to gain a better understanding of older adults who were homeless or at risk of homelessness (McDonald, 2004:1). The study included individuals aged 50 years (and older) who were either regarded as chronically homeless (individuals living on the streets on a permanent basis due to mental illness, substance misuse, or by choice), newly homeless (individuals who had just became homeless due to a situation beyond their control), or individuals at risk of homelessness (McDonald, 2004:1). The participants were recruited from shelters, sleeping on the streets, or in parks and from hospitals or other service centres (McDonald, 2004:1). The study identified that factors such as being evicted from one's home, losing a spouse, job loss, and loss of income were the most prominent reasons for homelessness among older persons (McDonald, 2004:1). Homelessness among women was more likely to be due to family crises, while homelessness among men was frequently due to work-related challenges (McDonald, 2004:3). Women were more likely to become homeless in their mid-fifties, which was at an older age in comparison to men. In this study by McDonald, it was found that older homeless women also require more support as they tend to live below the low-income ranges (which refers to an income threshold that is lower than that which a family is expected to dedicate a larger portion of their income to the necessities of food, shelter and clothing than a typical family would) and are more likely to live alone, which increases their vulnerability (McDonald, 2004:3).

The study concluded that future contributions to research regarding homelessness should address aspects such as providing service providers with training to address the needs of older people effectively, developing specifically designed services for homeless older people, determining the effectiveness of existing programmes, and improving the quality of the data on older homeless people (McDonald, 2004:8).

Another study regarding homelessness was also conducted among older African-American women, in a large midwestern city in the USA, utilising community-based participatory action research to develop and test practices in assisting them (Feen-Calligan, Washington & Moxley, 2009:1). The study found that the participation of homeless older women in creative group activities aided them in communicating their experience with homelessness, while also expressing their concerns, developing their personal strength and in obtaining mutual understanding (Feen-Calligan et al., 2009:1). Through their study, innovative artistic strategies and methodologies, such as photovoice, scrapbooks, conceptual portraits and quilts, have been found to be useful in assisting participants to find resolutions to their homelessness (Feen-Calligan et al., 2009:1). The strategies have been effective in revealing each participants' pathway into, through and out of homelessness and have served to enhance the understanding of those seeking to comprehend their situations (Feen-Calligan et al., 2009:443).

Grenier et al. (2013:458) conducted a study in 2013 with 40 individuals who were aged 46 to 75, and the study was conducted as part of a mixed methods study of homeless older people in Montreal, Quebec, Canada. The participants included individuals with histories of homelessness and individuals who were new to homelessness in later life (Grenier et al., 2013:458). Interviews were conducted which focused on the experiences of these homeless older people at the onset of homelessness as well as on social relationships, the difficulties of living on the streets and in shelters in later life, and in the future (Grenier et al., 2013:458). Five main themes were outlined in order to capture the experience of homelessness for the older people who participated in the study, namely, age aggravated worries; exclusion and seclusion; handling important challenges; ever-changing needs and realities, resilience, strength, and hope (Grenier et al., 2013:458). Through listening to the lived experience of homeless older persons on the streets and in the shelters, the study was able to provide vital insight into pathways in and out of homelessness, and the necessities and experiences that may change as people age (Grenier et al., 2013:459). The study highlighted the need for programmes aimed at the needs of homeless older people, and was able to provide foundational knowledge to contribute to the development of policies, community services and reactions that are appropriate for older homeless people (Grenier et al., 2013:458).

Brown, Kiely, Bharel and Mitchell (2013:1) conducted a study, in 2013, among 250 homeless older people residing in 16 shelters in Boston, USA. The study focused on identifying factors that were associated with geriatric syndromes in older people who were homeless through personal interviews and physical examinations (Brown et al., 2013:3). The findings of the study revealed that factors that were associated with geriatric syndromes in homeless older persons were similar to those concerning older people residing in community dwellings; however, there were also vast differences (Brown et al., 2013:7). Geriatric syndromes can be defined as multifaceted conditions that are dominant in older persons and are thought to develop when an individual experiences more than one impairment in those numerous systems that make up their compensatory capabilities (Magnuson, Sattar, Nightingale, Saracino, Skonecki, & Trevino, 2019:96). The most common geriatric syndromes include falls, mental syndromes and hallucinations, depression and polypharmacy (Magnuson et al., 2019:96). Polypharmacy refers to the use of multiple medicines in order to treat numerous co-existing conditions (Masnoon, Shakib, Khalish-Ellett & Caughey, 2017:1).

Features usually found in the homeless population, such as alcohol and drug misuse, were strongly related to a higher total number of geriatric syndromes (Brown et al., 2013:7). Lower educational levels, diabetes and arthritis in homeless older persons were also associated with higher total levels of geriatric syndromes in homeless older persons (Brown et al., 2013:7). The study recommended that homeless older persons presenting with geriatric syndromes may benefit from rigorous medical treatment and case management, aimed at treating such conditions and that such factors may be representative of possible targets for interventions to improve the status of health of homeless older persons (Brown et al., 2013:8).

Brown, Guzman, Kaplan, Ponath, Lee and Kushel (2019:1) conducted a study on trajectories of functional impairment in homeless older persons in Oakland, California, USA. They conducted a prospective cohort study of 350 homeless adults, aged 50 and older, who were recruited through population-based sampling, in order to identify pathways of functional impairment in homeless persons aged 50 and older as well as risk factors for different pathways (Brown et al., 2019:1). The findings suggested that, like older adults in the general population, functional impairment among older homeless persons is not a temporary occurrence, it is rather a long-lasting concern which requires long-term solutions (Brown et al., 2019:2). The study found that a third of the participants experienced worsened impairment, while numerous baseline characteristics were considerably related to persistent impairment, including symptoms of depression, low physical functionality and falls (Brown et al., 2019:8).

It was further found that a considerable proportion of homeless older persons experience long-term functional impairment and that housing and healthcare services for older persons should include accommodations to address these impairments (Brown et al., 2019:8). With regards to pathways of functional impairment, the study found that homeless older persons have an unequal frequency of chronic conditions and geriatric conditions that are recognised as risk factors for functional impairment in the overall older population, and they may have trouble adapting their environment to match their capabilities (Brown et al., 2019:10). The findings of the study elicit implications for service delivery to homeless older persons. In the general population, as the approaches that are in place to manage functional impairment, such as environmental modification, physical rehabilitation and addressing risk factors such as depression and falls, cannot be effectively implemented in areas where homeless older persons are living (Brown et al., 2019:10). The incorporation of environmental alterations, rehabilitation and access to personal care services, could enable older persons with functional impairment to age where they are, while preventing the need for care in a nursing home (Brown et al., 2019:12).

As evidence referred to early, previous research on homeless older persons has predominantly been conducted in countries such as Canada and the northern part of the USA; therefore, there is a lack of knowledge and research pertaining to homelessness of older persons in the South African context. Current knowledge and research regarding homeless older people, from the studies mentioned above, have identified types of homelessness, the causes of homelessness, and have called for more knowledge regarding homelessness. Previous studies have also focused on homelessness among older women, homelessness among young adults, geriatric syndromes and homelessness and also the characteristics, circumstances and needs of homeless older persons. However, little is known about their resilience and more specifically, the resilience of homeless older persons in the City of Tshwane. Van Kessel (2013:123) asserts that much of the concept of resilience has been investigated in studies dealing with adults or children, so there is uncertainty regarding the concept when it comes to older persons. Research is therefore needed that focuses specifically on determining the resilience of homeless older people as it has not yet been addressed in South African research.

After current knowledge and practices regarding homelessness have been considered, previous studies on the resilience of older persons will be discussed.

2.4 PREVIOUS STUDIES ON THE RESILIENCE OF OLDER PERSONS

From the available literature it was gathered that previous studies have been conducted to explore and describe the resilience of older persons; however, the studies excluded homeless older populations. Yet again, a dearth was identified in terms of studies on the resilience of older persons, within the South African context.

Wells (2010:47) conducted a study with older persons, aged 65 years and above. Participants were recruited from the voter registration lists of urban, suburban and rural residents in New York, USA. The purpose of this study was to determine whether levels of resilience differ among community-dwelling older people residing in rural, suburban, or urban locations (Wells, 2010:46). The study aimed to determine whether differences exist in resilience levels among community-dwelling adults according to their location of residence and to determine if the relationships of socio-demographic factors, such as age, income, education, marital and employment status, social networks, physical and mental health status, and resilience vary according to the location in which community-dwelling older persons live. The study found that resilience levels were high in older persons irrespective of whether they reside in rural, suburban, or urban areas (Wells, 2010:52). Protective factors, such as strong social networks and good physical and mental health were associated with higher levels of resilience across all locations (Wells, 2010:52). Wells (2010:52) concluded that resilience is an important concept that needs further study in the population of older persons as it focuses on promoting their well-being.

Janssen, Van Regenmortel and Abma (2011:145) conducted a study in the Netherlands with 30 individuals aged 55 years or more. These individuals were all receiving long-term professional care from one care or social health organisation, with the purpose of exploring the sources of strength that gave rise to resilience among older persons. The main sources of strength that were identified among older persons were found in three domains of the analysis, namely the individual, interactional, and contextual domain (Janssen et al., 2011:146). Pride, acceptance, vulnerability, mastery of skills, help, support, vision and not seeing oneself as a victim were found to be sources of strength that exist on an individual level (Janssen et al., 2011:146). Sources of strength identified in the interactional domain were empowering formal relationships and the power of giving, while sources of strength on the contextual domain were identified as access to services and the availability of resources and social policies (Janssen et al., 2011:146). Janssen et al. (2011:153) assert that the research results may be helpful with the development of positive, proactive interventions that aim to enable older persons to strengthen the pre-existent positive aspects of their lives.

Fontes and Neri (2015:1478) systematically reviewed 73 international and Brazilian research articles relating to resilience and aging and grouped the focus of each study together in categories. In one focus category which related mostly to psychological and social coping resources, better resilience was related to having good quality relationships, better integration into the community and also frequent utilising of coping skills to solve problems (Fontes & Neri, 2015:1479). The connections between resilience and the effect of personal and social resources were found to be evident in multiple studies that were reviewed (Fontes & Neri, 2015:1479).

Religiosity and spirituality, including belief, identity, religious affiliation, involvement, benefits and practices, were also mentioned as being sources of support that were associated with higher resilience as they are used as a method of coping with misery and are linked to improved self-perceived health (Fontes & Neri, 2015:1479).

In other studies that focused on emotional regulation, aging was associated with a decrease in experiences of daily stressors and better emotional regulation (Fontes & Neri, 2015:1480). Studies have shown that capacities for emotional regulation vary; however, that individuals who are better at regulating emotions, are less vulnerable to anxiety and depression and are more optimistic (Fontes & Neri, 2015:1480). Older persons who are capable of emotional regulation are accordingly more resilient than those who are not able to regulate their emotions effectively. Another category on which the literature review focused was resilience and successful aging. Resilience was associated with a realistic acceptance of reality as well as daily well-being (Fontes & Neri, 2015: 1485). Resilience was also associated with motivational skills that had been developed during the course of life and is therefore also considered to be a protective factor for mental impairment and psychological well-being, contributing to the development of resilience among older persons (Fontes & Neri, 2015:1485). Resilience among older persons was found to be related to development, the idea of individual flexibility, the potential for personal transformation and resistance in dealing with limits and those losses which occur over the course of one's life (Fontes & Neri, 2015:1486). A prevalence of geriatric notions, such as positive ageing, psychological well-being, social support, life satisfaction, religiosity and spirituality, were associated with resilience (Fontes & Neri, 2015:1486). Aspects that encourage a resilient character such as hopefulness, sense of control, a positive self-concept, and having the capacity for emotional regulation, also contribute to higher levels of resilience in individuals (Fontes & Neri, 2015:1488).

Even though resilience is associated with the individual resources that were outlined in the literature review by Fontes and Neri (2015), the conceptualisation of resilience necessitates a consolidated approach in which the concept is articulated as a collection of individual resources, characteristics and capabilities, social circumstances, such as social support; and developmental problems or change such as loss (Fontes & Neri, 2015: 1489).

Gulbrandsen and Walsh (2015:760) conducted a study among women who were 55 years and older at the time of the study, with the purpose of describing the resilience of women in older adulthood, according to their explanations of their experiences and the circumstances of their lives. The participants were recruited by means of an electronic recruitment advertisement which was sent to members of local women's organisation and the local social work professional association and data was collected by means of interviews (Gulbrandsen & Walsh, 2015: 765). The research results showed that women's resilience was dependant on the nature of change they had experienced throughout their lives, consequently, responding to change and hardship was recognised as the all-embracing theme within the research study (Gulbrandsen & Walsh, 2015:766). Four sub-themes contributing to the development of resilience, were also identified, namely, accepting changes and the consequences that go with aging, adjusting to adverse temporary or permanent changes, recovering from hardships or changes in circumstances, and attaining personal growth after experiencing change or difficulties (Gulbrandsen & Walsh, 2015:766). The research results concluded that resilience is a consciousness and personal understanding of how one accepts, adjusts to, recuperates from or surpasses, change or adversity (Gulbrandsen & Walsh, 2015:771). Resilience also includes an interpretation of the meaning of individuals' experiences of transformation or difficulty, and it contains the organisation of internal and external resources in reaction to adversities and change (Gulbrandsen & Walsh, 2015:771).

As identified in studies discussed above, factors such as strong social networks, quality relationships, good physical and mental health, acceptance, vulnerability, mastery of skills, help, support and vision, and coping skills, serve as protective factors and are associated with higher levels of resilience. Sources of strength identified in the interactional domain were empowering formal relationships and the power of giving, while sources of strength on the contextual domain were identified as access to services and the availability of resources and social policies. Older persons who are capable of emotional regulation are more resilient than those who are not able to regulate their emotions effectively. Positive ageing, psychological well-being, social support, life satisfaction, religiosity and spirituality, are all aspects associated with resilience among older persons.

Resilience is an interpretation of the meaning of individuals' experiences of transformation or difficulty, and it is comprised of the organisation of internal and external resources in reaction to adversities and change.

The concept of resilience will be discussed in further detail in Chapter 3, which is the theoretical framework underpinning the study. After the discussion of previous studies on the resilience of older persons, types of homelessness will be considered next.

2.5 TYPES OF HOMELESSNESS

From the literature reviewed, the following types of homelessness could be distinguished:

2.5.1 Economic homelessness

Economic homelessness comprises the biggest percentage of homeless individuals in South Africa (City of Tshwane, 2017:24). Individuals who come to the city to attain a sustainable way of life and then end up unemployed and eventually resort to living on the streets, can be referred to as economic homeless individuals (Tshwane Homelessness Forum, 2015:5). Individuals who fall into the category of economic homelessness, are often individuals who have been forced from their homes because they have been unable to earn an income (City of Tshwane, 2017:24).

2.5.2 Situational homelessness

Situational homelessness refers to individuals who are temporarily homeless (City of Tshwane, 2017:24). Situational homelessness is a type of homelessness resulting from acts of abuse, domestic violence or family conflict, as well as individuals who have been imprisoned or have been released from a hospital with nowhere to go (Tshwane Homelessness Forum, 2015:5).

2.5.3 Chronic homelessness

Chronic homelessness refers to individuals who are living on the streets due to conditions of substance abuse or mental health problems, as access to employment is an obstacle for them (Tshwane Homelessness Forum, 2015:5). Individuals who experience chronic homelessness find themselves living on the streets for extended periods, often permanently, due to mental illness, substance abuse or by their own free choice (City of Tshwane, 2017:24). Chronic homelessness refers to individuals who have been homeless throughout their lives and who carry on with this pattern as they grow older (Grenier et al., 2016:32).

2.5.4 "Near" homelessness

"Near" homelessness refers to individuals who are at risk of becoming homeless such as vulnerable individuals and families (Tshwane Homelessness Forum, 2015:5). It also includes individuals who are living on the edge of becoming homeless, individuals who share an overcrowded room with others, or individuals who were previously evicted from their homes (City of Tshwane, 2017:24).

2.5.5 Late-life homelessness

Late-life homelessness refers to individuals who become homeless later in their lives and this is an increasingly common pathway into homelessness for older persons (Grenier et al., 2016:32).

2.5.6 Other types of homelessness

Situational homelessness and economic homelessness can also be grouped as **transitional homelessness**, which refers to those individuals who normally move quickly through the homeless assistance system, as their main need centres around housing and income (City of Tshwane, 2017:24).

Gould and Williams (2010:174) indicate that individuals are likely to experience homelessness in three ways. First, individuals may become chronically homeless and spend a considerable period of their lives, sometimes until death, in unstable shelter settings; second, becoming episodically homelessness and quickly finding a safe haven or becoming part of those who are chronically homeless; and third, other individuals who experience homelessness are homeless for a short period of time before they are able to transition to more stable living arrangements (Gould & Williams, 2010:174).

The ETHOS (European Typology of Homelessness and Housing Exclusion) model, was developed by Edgar, Doherty, and Meert (2000), for defining living circumstances as homelessness, housing exclusion or adequate housing (Amore, Baker & Howden-Chapman, 2011:25). According to the physical, legal, and social spheres, a population can be classified into three groups at the time of recording information, namely the homeless population, the population experiencing housing exclusion, and the population who have adequate housing and are therefore not suffering homelessness or housing exclusion (Amore et al, 2011:25). The model further provides for grouping categories of homelessness under four headings namely, roofless, houseless, insecure, and inadequate housing. (Amore et al., 2011:27).

Roofless housing refers to those individuals living in a night shelter or in a public space (on the streets), while **houseless housing** refers to individuals living in accommodation for the homeless, women living in women's shelters, individuals living in accommodation for immigrants, individuals who are to be released from medical institutions without a place to go to and also individuals living in long-term residential care because they are without a place to stay (Amore et al., 2011:27). **Insecure housing** refers to those individuals who are residing with family or friends on a temporary basis or individuals living under a threat of eviction, while **inadequate housing** refers to individuals living in unfit housing or in conditions of extreme overcrowding (Amore et al., 2011:27). The roofless and houseless categories together define homelessness, while the terms insecure and inadequate refer to instances of housing exclusion. The model defines a living situation as homeless if it lacks a private, safe and physically adequate personal space (Amore et al., 2011:27).

For the purpose of this research study, the researcher will focus on individuals who are experiencing homelessness and are over the age of 60 years, therefore, finding themselves without a permanent residence for at least three months, as this will involve many older persons experiencing homelessness. Following the discussion of the different types of homelessness, the focus shifts to the causes of homelessness.

2.6 CAUSES OF HOMELESSNESS

Identifying factors that contribute to homelessness may provide insight into the needs and challenges of older people who are homeless. Factors such as illness, imprisonment, joblessness, military war service, positive HIV diagnosis, post-traumatic stress disorder, sexual discrimination, social isolation, substance misuse, divorce, trauma and violence are all identified as risk factors contributing to homelessness (Georgiades, 2015:631; Makiwane, Tamasane & Schneider, 2010:40).

According to Grenier et al. (2016:31), the following factors, on a micro (individual) and macro (societal) level, are all viewed as being factors contributing to the epidemic of homelessness, namely:

> inadequate affordable housing; fewer available jobs; poverty; policies that prevent the access of particular populations to health, disability, pension benefits, dangerous employment, poor mental and physical health, decreasing social connections, psychiatric conditions, lower levels of education, incarceration, higher experiences of victimisation as well as traumatic life changes, which may be extremely complex for older people.

Thompson, Bender, Windsor, Cook and Williams (2010:201) describe family conflict, family transitions, maltreatment and victimisation as factors that contribute to homelessness among youth. Continuous family conflict is often regarded as an important factor contributing to youth's decisions to leave their family home (Thompson et al., 2010:202). Changes in family composition can give rise to family tension as adapting to single-parent households and being introduced to stepparents or new guardians, as it results in a lack of respect towards parents and bitterness and anger due to the family changes, which further results in rebelliousness and a lack of respect for parental authority (Thompson et al., 2010:202). Family dysfunction often escalates the conflict into maltreatment which includes physical abuse, sexual abuse and/or neglect, which may result in serious psychological consequences (Thompson et al., 2010:203). A lack of reasonably priced housing and the increasing cost of health care services are contributing to a bigger risk of homelessness among older persons (Gebeyaw, Kotecho, Adamek, 2021:347).

Older persons are considered to be at risk of becoming homeless as follows: when they are evicted, when they are not able to remain living with family members, when they are faced with high-priced rent in the private rental market, when they are unable to continue living in inaccessible rental housing and when they experience a breakdown in a significant relationship (Petersen & Parsell, 2015:368). Crane (2005) (in Petersen & Parsell, 2015:369) has indicated that housing crises in later life were often caused by life events such as becoming a widow or widower, a breakdown in a marriage, termination of employment, being evicted and also mental illness. The disintegration of a marriage, passing of a significant other, financial distress caused by retirement and the inception of mental illness are triggers of homelessness for older persons (Petersen, Parsell, Phillips & White 2014:13; Gebeyaw, 2021:349; (Makiwane et al., 2010:40).

Research results of previous studies on homelessness have indicated that poor economic conditions, the lack of job opportunities, substance misuse and mental health problems as the most prominent causes of homelessness (Phillips, 2015:7; Sermons & Henry, 2010:4; (Makiwane et al., 2010:40).

Attention should be given to how current economic and additional public policies can lead to increases in homelessness, which will further contribute to the growth of chronic homelessness, and how improved policies and a more equitable economy may mitigate homelessness and its resulting social problems (Gould & Williams, 2010: 187). Volunteering and acting as a supportive community member by donating to homeless individuals can be an important contributor to solutions to homelessness.

Drug and alcohol management, mental health interventions, educational programmes and also job training courses were also identified as resources to overcome and decrease homelessness (Phillips, 2015:9). Phillips (2015:4) identified a need for more recent research to be conducted on the perception of individuals who are, and were, homeless as well as on how they perceive ways in which communities can assist to put an end to homelessness.

Various other factors also contribute to homelessness among older persons such as injustices of the past, political dislocation with regards to refugees, victims of the housing backlog who become homeless as well as a breakdown in family structures (City of Tshwane, 2017:25). Homelessness in South Africa can be attributed to the dislocation that was caused by the challenging demands for labour and land from farming, mining, and industrialisation (Makiwane et al., 2010:40). Homelessness in South Africa can also be attributed to a loss of the individual's previous economic position due to some or other personal crises, the inability of an individual to achieve an initial position in the economy, where individuals leave home in search of work but fail and are wary of returning home where they feel their presence contributes to hardship, as well as displaced youth and children who do not have any alternative options for shelter (Cross & Seager, 2010:148).

It can be concluded from the literature that the most common reasons for homelessness, are unemployment, health difficulties, mental health problems, substance misuse, family conflict, family and domestic violence, a lack of affordable housing, financial constraints, lack of social support, disabilities, traumatic life changes, maltreatment and breakdowns in personal relationships. Many of the causes of homelessness interlink with one another and may influence each other.

After the causes of homelessness have been discussed, various pathways into homelessness will be identified

2.7 PATHWAYS INTO HOMELESSNESS

Various pathways into homelessness had been studied by the researcher from the available literature obtained from studies by Petersen and Parsell (2015), Chamberlain and Johnson (2011) and Makiwane et al. (2011). The research study by Petersen and Parsell (2015) identified three wide-ranging pathways into homelessness, which consist of: individuals with predictable housing histories, individuals who had experienced long-term housing exclusion and homelessness, and individuals with temporary employment and housing histories (Petersen & Parsell, 2015:375).

Most of the individuals in the group of individuals with predictable housing histories, also referring to the first pathway into homelessness, had either rented a home privately, or were the owners of home and for various reasons experienced a housing crisis which resulted in homelessness or becoming at risk of being homeless for the first time in their life (Petersen & Parsell, 2015:376). Being evicted, being unable to live with friends or family, relationship breakdowns and housing opportunities that were inaccessible and unaffordable all contribute to homelessness in this regard (Petersen & Parsell, 2015:377).

The second group was made up of individuals who had experienced ongoing disruptions in their housing situations as well as financial constraints (Petersen & Parsell, 2015:376; Chamberlain & Johnson, 2011:64). It also included individuals who had lived in shelters for lengthy periods or individuals who had found themselves living on the streets, which resulted in the prevalence of mental illness, alcohol and drug misuse, imprisonment and chronic health problems among this group (Petersen & Parsell, 2015:376; Chamberlain & Johnson, 2011:60). Low-income families frequently experience financial difficulties and have to make decisions in terms of which bills to pay (Chamberlain & Johnson, 2011:64). Other individuals had experienced job loss, collapse of a small business and selling household goods to survive, which brought on their financial crisis (Chamberlain & Johnson, 2011:64; Makiwane et al., 2010:43). Poor financial positions often result in homelessness.

The third group consists of individuals who have secured work and temporary housing in different places, which meant that they frequently needed to move for work and family reasons (Petersen & Parsell, 2015:376). The research study concluded that; in order to have a full understanding of those at risk of homelessness or at risk of experiencing homelessness for the first time later in their lives, it is necessary to observe their current living circumstances as well as their entire life course (Petersen & Parsell, 2015:388).

Another pathway into homelessness, known as family breakdown, is characterised by domestic violence, which leads to the eventual breakdown in the family system (Chamberlain & Johnson, 2011:64; Makiwane et al., 2010:43). This results in mostly the women and children leaving the home, as well as the failure in family relationships, leading to one party of the family leaving the home with no alternative destination (Chamberlain & Johnson, 2011:64). Individuals who have become homeless due to financial difficulties or breakdowns in family functioning, often do not make close friendships with other homeless individuals and have to overcome serious obstacles to get out of homelessness, which most are able to do if they are given the appropriate assistance (Chamberlain & Johnson, 2011:70).

Substance misuse has also been identified as a pathway into homelessness. The use of substances controls an individual's life at the cost of other activities and results in negative mental and/or physical side effects (Chamberlain & Johnson, 2011:65). These individuals typically have difficulty maintaining a job, they easily get into debt or find themselves selling all of their possessions in order to sustain the habit, leaving them at risk for becoming homeless (Chamberlain & Johnson, 2011:65). Many substance users remain homeless for long periods of time as they are focused only on using, rather than seeking employment or finding alternative accommodation (Chamberlain & Johnson, 2011:70).

Mental health difficulties can also lead to homelessness, as individuals suffering from mental health problems become homeless due to a lack of family support, because of their often troublesome and unpredictable medical conditions (Chamberlain & Johnson, 2011:66). These individuals often remain homeless for long periods of time as they do not have many social networks and are discriminated against due to their mental health (Chamberlain & Johnson, 2011:72).

Another pathway into homelessness can be described as the youth to adult pathway into homelessness. Individuals on this pathway, often aged 21 or older, had an experience of becoming homeless when they were 18 years or younger, with many of those individuals making the shift from youth to adult homelessness, as they have been in state care or in the child protection system (Chamberlain & Johnson, 2011:66; Makiwane et al., 2010:43). These individuals and other on this pathway into homelessness, had often suffered traumatic family experiences, were victims of sexual and physical abuse, were exposed to drug addiction by their parents and family violence, and ultimately made the decision to leave their homes (Chamberlain & Johnson, 2011:66). Individuals on the substance use and youth to adult pathway often move into the homeless culture quickly as they begin engaging with other homeless substance users and, through these relationships, are able to gain information on available services and where to secure food and other basic material items (Chamberlain & Johnson, 2011: 70).

By observing the entire life course and recognising that housing disadvantages are formed over time and involve a collaboration of personal, policy and societal influences, one is able to comprehend the significant points at which intervention will hinder the development of housing disadvantages.

Therefore, a need for more research exists in order to integrate critical theoretical viewpoints on ageing that explain an individual's life course, availability of resources and the social, cultural and policy context, to further advance our understanding of homelessness among older persons (Petersen & Parsell, 2015:388; Chamberlain & Johnson, 2011:61).

Various researchers have found and agreed that the most common pathways into homelessness are housing crises, mental illnesses, substance misuse, temporary housing arrangement leading to homelessness, breakdowns in family relationships and poor financial circumstances. These factors have all been identified as being a cause of homelessness.

Following the discussion of the pathways into homelessness, the challenges experienced by persons who are homeless will be discussed.

2.8 CHALLENGES EXPERIENCED BY PEOPLE WHO ARE HOMELESS

The City of Tshwane is experiencing an increase in homelessness among older persons as the phenomenon of homelessness in South Africa has drastically changed from 1994 to 2015 (Tshwane Homelessness Forum, 2015:3).

Not much is known about homelessness as there are limited formal statistics in this regard (Tshwane Homelessness Forum, 2015:3). Not much research is available on how homeless people cope with their severe daily adversities; however, some research may show that individuals with higher self-efficacy are able to overcome homelessness easier than others (Georgiades, 2015:631).

Thompson et al. (2010:195) assert that the most prominent effect of living on the streets is suffering from emotional distress. Many homeless individuals find themselves feeling lonely and having no support as they try to navigate their lives on the streets (Thompson et al., 2010:195). Homeless adolescents tend to suffer from more mental health symptoms such as anxiety, developmental delays, low self-esteem and depression (Thompson et al., 2010:195; Petersen & Parsell, 2015:370). These symptoms often carry over into adulthood and late adulthood for individuals who remain living on the streets and are unable to escape the vicious cycle.

Physical health problems have also been reported by homeless adolescents as they have reported to suffer from sexually transmitted infections and debilitated immune systems, while their lack of financial resources and insufficient health care have put them at additional risk for health problems (Thompson et al., 2010:196; Grenier et al., 2016:30).

Mental and physical health challenges may also include mental distress, such as anxiety and depression, as well as illnesses, skin diseases and chronic diseases such as hypertension and diabetes (Rewathy, 2018:198; Petersen & Parsell, 2015:370). Homeless older persons develop conditions related to aging earlier than individuals in the general population, including difficulty with the basic activities of daily living that are essential for independence, such as bathing and dressing (Brown et al., 2019:2). Engaging in substance misuse is also a prominent behaviour that is evident with homeless individuals (Thompson et al., 2010:197). Poor education and rates of criminal behaviour have been found to be elevated in homeless youth, while they are also predisposed to becoming victims of various crimes such as assaults and theft as they cannot store or protect their personal belongings (Thompson et al., 2010:200; Rewathy, 2018:198; Petersen et al., 2014:12).

Homelessness leads to the marginalisation of individuals (City of Tshwane, 2017:25). Homeless older persons are vulnerable to discrimination, more likely to be overlooked by law enforcement and are three to four times more likely to die earlier than individuals of the general population (National Coalition for the Homeless, 2009:2; Rewathy, 2018:198; Thompson et al., 2010: 204; Petersen et al., 2014:12).

Individuals, who are unable to provide a proof of residence, face more obstacles in terms of employment, shelter, banking services, medical treatment and purchasing of a cell phone (City of Tshwane, 2017:25). Homeless older persons face further challenges of poverty, lack of employment, lack of education, lack of access to recreational activities and bathroom facilities, lack of food and a lack of motivation, which keeps them trapped in their situation (Alowaimer, 2018:3; Rewathy, 2018:198).

In the City of Tshwane, a few shelters exist that provide accommodation and basic care to homeless persons. The Tshwane Leadership Foundation is also an organisation known for their focus on the promotion of access to resources for homeless persons to sustain life.

As challenges in terms of, and among, older people who are homeless have been discussed, the mandate for social service delivery to older people should be taken into account.

2.9 MANDATE FOR SOCIAL SERVICE DELIVERY TO HOMELESS OLDER PERSONS

There are various mandates that guide service delivery to older people. The mandate for gerontological social services will be discussed, with specific reference to the international, regional/African and domestic mandates that are available for gerontological social services.

The international mandate will be discussed first, thereafter the regional/African mandate and the domestic mandate will be reviewed

2.9.1 International mandate

The Political Declaration and Madrid International Plan of Action on Ageing will be discussed first, where after the Universal Human Rights of the UN will be discussed as it relates to older persons.

2.9.1.1 The Political Declaration and Madrid International Plan of Action on Ageing

The Political Declaration and Madrid International Plan of Action on Ageing (also known as the Madrid plan) was adopted in Madrid, Spain in April 2002 (UN, 2002:5).

The Madrid Plan symbolises a revolution in the way the world addresses the core challenge of constructing a society for people of all ages. The aim of the Madrid Plan is "to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights" (UN, 2002:17). Social workers can contribute towards this aim by realising the human rights and freedoms, empowerment of older people, facilitating lifelong learning, eradicating discrimination and violence against older people, reaching gender equality among older people and providing health care, social support and protection for older people to name a few objectives (UN, 2002:18).

The rights of homeless older people need to be advocated for, and their access to services should be enhanced. Homeless older people should experience a supportive environment in order to enhance their well-being.

The Madrid Plan has developed three policy directions, which guide the formulation of policy, and its implementation, towards detailed goals of positive adjustment to an ageing world (UN, 2002:18). The success of such policy directions can be measured in terms of social development, improvement in the quality of life of older persons, sustainability of those systems available to older persons that support the well-being of older persons (UN, 2002:18). The three priority areas, namely older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments, will be discussed below:

- **Older persons and development**

The first policy direction focuses on older persons and development, which emphasises that older persons should be participants in society and processes of development (UN, 2002:19).

Involving older persons as participants in their society and development will reduce the marginalisation of older people and strengthen their economic and social roles (UN, 2002:19). Older persons must also be allowed to participate in income generating activities for as long as they want and for as long as they are physically able to; therefore, employment opportunities for older persons should be prioritised (UN, 2002:22). Developing countries, such as South Africa, have large numbers of individuals who reach old age with little skill in numeracy and literacy, which restricts their capacity to earn an income, therefore, education and training is required for the involvement of older persons in employment (UN, 2002:26).

A fundamental aim of the Madrid Plan is also to eradicate poverty by establishing income security and social security such as pensions and health benefits (UN, 2002:30). Homeless older people often do not have access to employment opportunities to ensure income security, neither do they have regular access to education and training opportunities that could enable them to become employable. Homelessness among older people should first be addressed because poverty cannot be eradicated without addressing homelessness and unemployment as a priority.

- **Advancing health and well-being into old age**

The second policy direction of the Madrid Plan is to advance health and well-being into old age, which emphasises that older persons should enjoy full access to health care services (UN, 2002:33). The second policy direction can be reached by means of policies that are designed to prevent diseases and disabilities with regards to older persons, by ensuring that they have access to food and adequate nutrition and by the provision of universal and equal health care services (UN, 2002:36).

Primary health care services should be developed and strengthened to meet the needs of older persons and the social and economic inequalities facing older persons should be addressed (UN, 2002:38). The mental health needs of older people should also be attended to through inclusive mental health care services and treatment services for older persons (UN, 2002:43). Homeless older people are still faced with economic and social inequalities. Stigma also exists with regards to the mental health of older persons, which may lead to discrimination. The extent of, and the access of, homeless older persons to health care services, are unclear and very limited.

- **Ensuring enabling and supportive environments**

The third policy direction of the Madrid Plan is ensuring enabling and supportive environments (UN, 2002:43).

Enabling and supportive environments can be reached by means of adequate housing, support and care for care-givers of older persons, elimination of all forms of abuse, neglect and violence against older persons and establishing a positive view of ageing among communities (UN, 2002:50). Homeless older persons often do not experience enabling and supportive environments as they do not have adequate housing and their basic needs are being neglected. The availability of shelters, it's accessibility and possibility of being admitted to a shelter in the City of Tshwane may act as a supportive and enabling environment to homeless older persons. A positive view of ageing will be difficult to establish when homelessness among older persons exists.

These policy directions should be in place to ensure that people are treated with dignity and that their rights are protected. Homeless older persons might not be experiencing what the Madrid Plan wishes to offer to them such as adequate income, supportive environments, access to services, participation in decisions that affect them, adequate housing, access to health care services, social security and income security.

Therefore, research is required that will focus on the full inclusion of the participants in the study in order to record the most accurate view of their experiences and circumstances, so that such information may be able to influence how service delivery towards homeless older persons can be improved.

2.9.1.2 Universal Human Rights of the UN

The Universal Declaration of Human Rights was adopted on the 10th of December 1948 by the General Assembly of the United Nations, which serves as a common standard of achievement for all individuals and nations, with the purpose of striving, through coaching and education, to encourage respect for these rights and liberties and to secure the effective and universal recognition for these rights (Universal Declaration of Human Rights, 1948:1).

Some of the rights contained in this declaration are the following: the right to being born free and equal in dignity and rights; the right to be recognised as an individual before the law; the right to equal treatment; the right to participate in the government of one's nation; the right to social security and the realisation of one's economic, social and cultural right;, the right to work in just and fair conditions; and the right to have a standard of living that is adequate for one's health and well-being, including access to food, clothing, medical care and housing (Universal Declaration of Human Rights, 1948:1).

All these rights should be applied without any discrimination based on the race, gender, religion, language, culture or other status of the individual (Universal Declaration of Human Rights, 1948:1).

Older persons accordingly have a right to participate as active members of society and have an influence in matters concerning their own well-being. Older persons should not be discriminated against based on aspects such as gender, religious beliefs, culture, language or race; and all forms of discrimination should be advocated against. Older persons have a right to access to food, clothing, medical care and housing, as well as the right to a standard of living that is satisfactory to their health and overall well-being. Older persons should be treated equally and any form of injustices against older persons should receive great attention from government institutions in order to ensure that the rights of older persons are realised.

Following the review of the international mandate for gerontological social services, the regional/African mandates will be discussed.

2.9.2 Regional/African mandates

The African Union Policy Framework and Plan of Action on Ageing and the African Charter on Human and People's Rights will be discussed with specific reference to older persons.

2.9.2.1 The African Union Policy Framework and Plan of Action on Ageing

The African Union Policy Framework and Plan of Action on Ageing was adopted in July of 2002, with the purpose of providing a guideline for the improvement of the lives and well-being of older persons (African Union, 2002:5). This policy is intended to guide members of the African Union States in their design, implementation, monitoring and evaluation of suitable unified national policies and programmes to meet the individual and shared needs of older people (African Union, 2002:7).

This policy maintains that the fundamental rights of older persons should be recognised and member states should bind themselves to eradicate all forms of discrimination based on age (African Union, 2002:8). They should commence to guarantee that the rights of older people are protected by suitable legislation and they should undertake all the essential steps to ensure that older people can access all their rights (African Union, 2002:8). The needs of older persons should also be integrated into policies and legislation, while issues that affect older persons should be addressed effectively (African Union, 2002:10).

Older persons' right to health care, food and nutrition and access to safe, affordable housing should be guaranteed, while practical, realistic and appropriate social welfare strategies, that include the concerns and meet the needs of older people, should be developed (African Union2002:17). Older persons should also have access to training and education (African Union, 2002:21). The above-mentioned rights of older persons can be realised by various actions as set out in the African Union Policy Framework and Plan of Action on Ageing.

The rights, as set out in the African Union Policy Framework and Plan of Action on Ageing, are particularly applicable to homeless older persons as these rights for them have not been protected and guaranteed. Legal assistance should be provided to homeless older persons to protect their rights and legislation should pay more attention to the unique needs of homeless older persons. Training can be provided to social workers and other professionals working with homeless older persons to ensure that their rights are adequately included and protected. Homeless older persons should be empowered and provided with opportunities to be actively involved in policy development to ensure that their needs and rights are taken into consideration. Poverty reduction programmes may also assist in working towards solutions for homelessness among older persons.

2.9.2.2 African Charter on Human and People's Rights

The Organisation of African Unity (OAU) (currently known as the African Union) have developed the African Charter on Human and People's Rights in 1981 for the achievements of the personal aspirations of the individuals of Africa (OAU, 1982:1). This charter sets out the duty to promote human and individuals' rights and freedoms (OAU, 1982:2). Some of the rights of humans and individuals contained in this charter are as follows: recognising all rights, duties and freedoms and undertaking to create legislation that can give effect to these rights and also, every individual is entitled to the enjoyment of the rights and freedoms recognised in the policy (OAU, 1982:3). Individuals should be treated equally before the law and are entitled to respect for their own life and identity (OAU, 1982:3).

Individuals have the right to participate in their governments and to have equal access to public services of the country (OAU, 1982:5). Individuals have the right to enjoy states of good physical and mental health, to receive medical attention when required, and to receive education (OAU, 1982:5). They have the right to cultural, social and economic development as well as the right to having an environment that is favourable to their development (OAU, 1982:7).

The above-mentioned rights to a favourable environment, access to medical services, good states of physical and mental health and economic development, are not always recognised and protected in the case of older homeless persons. Homeless older persons are deprived of many fundamental rights as set out in the African Charter on Human and People's Rights of 1981. Legislation needs to be developed that recognises the unique needs of homeless older persons and identifies methods by which their rights can be realised, in order to improve their overall well-being.

Following the review of the African Union Policy Framework and Plan of Action on Ageing and the African charter on Human and People's Rights, with specific reference to older persons, the domestic mandates for gerontological social services will be discussed.

2.9.3 Domestic mandates

The following domestic mandates that guide gerontological social services will be discussed namely, the Constitution of the Republic of South Africa, the White Paper for Social Welfare, the Framework for Social Welfare Services, the South African Policy for Older Persons, the Older Persons Act, Act 13 of 2006 and the Street Homelessness Policy for the City of Tshwane. The Constitution of the Republic of South Africa will be discussed first.

2.9.3.1 The Constitution of the Republic of South Africa

The Constitution of the Republic of South Africa (1996:11), in its Bill of Rights, makes provision for the following basic human rights to housing for all individuals, proposing that:

"(1) Everyone has the right to have access to adequate housing.
(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right.
(3) No one may be evicted from their home, or have their home demolished, without an order of court made after considering all the relevant circumstances. No legislation may permit arbitrary evictions."

Homelessness in South Africa, as well as homelessness among older persons, should be viewed as a violation of human rights, and this violation should be eradicated through interventions and provision of social services.

2.9.3.2 White Paper for Social Welfare

The White Paper for Social Welfare was adopted in August 1997. “It offers ethics, guiding principles, commendations as well as suggested strategies and programmes for developmental social welfare in South Africa” (RSA, Ministry for Welfare and Population Development, 1997:1).

The vision of the national developmental social welfare strategy that is contained in the *White Paper for Social Welfare* is to create a welfare system which enables the growth of human capacity and self-sufficiency within a considerate and empowering socio-economic environment (RSA, Ministry for Welfare and Population Development, 1997:9).

One of the national goals of this strategy is to ensure that the correct developmental social welfare services are provided to all South Africans, specifically to those living in poverty, those who are vulnerable, and those with special needs (RSA, Ministry for Welfare and Population Development, 1997:9). Such services should include reconstructive, preventative, developing and protective services and accommodations, as well as social security, including programmes focused on social relief, programmes focused on social care, as well as the enhancement of social functioning environment (RSA, Ministry for Welfare and Population Development, 1997:10). Improving older persons’ quality of life requires that they are not discriminated against, that their human rights are protected and respected, that they receive quality services, that they have access to welfare services, that they are treated equally to other population groups, that they enjoy an improved quality of life, that their human rights are adhered to, that policies directed at older persons are people-centred, that services are accessible to them, and that they are treated with transparency and appropriateness (RSA, Ministry for Welfare and Population Development, 1997:9-11). The plans that are contained in the White Paper for Social Welfare, inform the reorganisation of services and social welfare programmes in the public and the private sectors (RSA, Ministry for Welfare and Population Development, 1997:2).

The White Paper for social welfare suggests that the current dispensation on ageing in South Africa does not take into account the demographic realities of older persons (RSA, Ministry for Welfare and Population Development, 1997:69). Demographic forecasts indicate that the proportion of older persons in the population will increase over the next 29 years and that individuals older than 80 years of age are predominantly vulnerable (RSA, Ministry for Welfare and Population Development, 1997:69). Economic conditions in South Africa are unfavourable with few available job opportunities.

Many South Africans are unemployed, or are employed in informal sectors, or work for very low wages, therefore lacking the means to save for their retirement, while those who are employed in formal sectors, are not able to prepare adequately for retirement (RSA, Ministry for Welfare and Population Development, 1997:69). The availability of incentives for financial provision for retirement is not enough and as a result, older persons are vulnerable and require social support (RSA, Ministry for Welfare and Population Development, 1997:69). A change is required from the view of "care of the aged'' to "ageing'', which is an all-inclusive and positive approach, that views ageing as being a normal phase of life (RSA, Ministry for Welfare and Population Development, 1997:70). The main principle fundamental to ageing is to empower older persons to live active, healthy and self-determining lives for as long as possible, with the family potentially acting as the central support systems for older persons (RSA, Ministry for Welfare and Population Development, 1997:70). Social structures for the provision of essential social services to older persons should be developed and a social obligation to a holistic method to address the needs of older persons is required (RSA, Ministry for Welfare and Population Development, 1997:70).

Various principles, guidelines and recommendations support the proposed transformation approach to ageing, namely, that every individual is personally responsible for making provisions for their retirement and old age, organisations in public society have the societal duty for the provision and care of older members in need, while government is responsible for making provision for the needs of deprived, impoverished and frail older persons who require 24-hour care and do not have the means to attend to their own needs (RSA, Ministry for Welfare and Population Development, 1997:10). Old age homes should provide essential outreach services in the community, and more solutions in terms of accommodating homeless older persons are needed (RSA, Ministry for Welfare and Population Development, 1997:70).

Increased access to reasonably priced primary health care and other basic social services for older persons should be advocated for, home-care of older persons should be encouraged, programmes focusing on capacity-building for caregivers should be provided and the protection of the rights of older persons should be strengthened (RSA, Ministry for Welfare and Population Development, 1997:70).

Homeless older people should be empowered with access to those services that they need in order to improve their quality of life. Homeless older people have human rights, which also need to be protected and advocated for.

2.9.3.3 The Framework for Social Welfare Services

The Framework for Social Welfare Services was compiled in 2013 by the Department of Social Development. It seeks to direct the implementation of an all-inclusive, cohesive developmental social welfare services that are in line with a rights-based approach and available resources (RSA, Department of Social Development [DSD], 2013:9). Various values and principles guide service delivery to older persons, namely; acknowledging and respecting their potential to grow and change; recognising their right to self-determination; facilitating social processes that build effective relationships and healthy communities and creating a combined responsibility for the delivery of cohesive developmental social welfare services (RSA, DSD, 2013:10). Older persons are identified as a vulnerable group in the South-African society, which needs to be protected (RSA, DSD, 2013:30). Services such as "prevention and promotion, social assistance and relief, protection and statutory, social support, therapeutic, restorative and rehabilitative, continuing care, reintegration and aftercare as well as economic development services" are prioritised in the policy (RSA, DSD, 2013:35).

The prioritised services should be delivered in terms of the life cycle of a person (RSA, DSD, 2013:30). From a rights-based viewpoint, services aimed at older persons should include intercessions such as protecting their rights as they are at risk of oppression and marginalisation, promoting their rights by means of providing education on their rights and duties, simplifying access to rights as well as challenging policies and social systems that deny them their rights (RSA, DSD, 2013:14). Social services should imitate a combination of human capital, social capital and economic capital growth, while short-term assistance for immediate poverty relief such as food parcels and social grants needs to be replaced by a decrease in poverty, supportable livelihoods, empowerment and involvement (RSA, DSD, 2013:14).

Social workers should contribute to the objectives of this framework by following a human rights-based approach to service delivery, by strengthening participation and democracy and by providing intervention in the applicable life cycle of vulnerable target groups such as older persons (RSA, DSD, 2013:9). Hence, research should focus on homeless older people and enable them to participate and contribute to improvements in their quality of life. Research should inform readers about the extent of access and availability of social services that exist for older homeless persons and should ensure that their experiences are prioritised.

2.9.3.4 South African Policy for Older Persons

The South African Policy for Older Persons of 2005, is a policy that was developed to facilitate services according to the prescribed norms and standards and that are available, equitable and affordable to older persons (RSA, DSD, 2005:4).

The DSD (2005:4) states that by providing these services, older people should be empowered to live meaningful lives in a world that sees them as vital sources of expertise, enrichment and community support. The South African Policy for Older Persons also recognises the need for changes in attitudes and practices at all levels and sectors of society so that the huge the potential of ageing may be realised, and it also endorses the view that older persons should age with security and self-respect and be empowered to participate within their families and communities (RSA, DSD, 2005:3).

The vision of this policy is to create a society in which individuals are able to age with dignity and security and to be able to participate continuously in their communities as residents with complete rights (RSA, DSD, 2005:17). The mission of this policy is to provide services to older persons that they are able to access, that are equal, that they can afford and that are in line with the agreed norms and standard that improve their quality of life (RSA, DSD, 2005:17). The goals of the South African Policy for Older Persons are to allow older persons to live healthy, active, independent lives, to develop an empowering and supportive environment for older persons and to provide ongoing care to older persons in need (RSA, DSD, 2005:17).

Homelessness among diverse groups of older persons is a significant form of social marginalisation that should be a persistent concern for decision-makers, gerontologists, and housing activists (Grenier et al., 2016:36). As homelessness among older persons is expected to increase, more people are experiencing homelessness for the first time in later life, or are remaining in circumstances of homelessness as they age. A lack of research information leaves policy-makers and practitioners with few directives from which they can start to address the needs of homeless older persons. The South African Policy for Older Persons needs to take into account the obstacles that face older persons in accessing services that are intended for them to improve their quality of life. Homeless older persons do not experience supportive environments and, therefore, they may not be able to live healthy, active and independent lives as envisioned by the policy.

2.9.3.5 Older Persons Act 13 of 2006

The Older Persons Act, Act 13 of 2006, was promulgated to deal with the challenges that face older persons and it provides a framework aimed at empowering and protecting older persons, while promoting and maintaining their status, rights, safety, security and well-being (Older Persons Act 13 of 2006).

Further objectives of the Older Persons Act are to fight against the abuse of older people and to control the process of registering, establishing and managing those services and residential facilities that are available for older people (Older Persons Act 13 of 2006). The Act also aims to emphasise community-based care, rather than institutional care, in order to guarantee that older persons remain in their homes in the community for as long as they are able to (Older Persons Act 13 of 2006).

The Older Persons Act further provides that all actions and decisions pertaining to older people must protect, promote, respect and fulfil the rights of the older person, as well as being in the best interest of the older person (Older Persons Act 13 of 2006). Furthermore, the inherent dignity of older persons must always be respected. Older persons must always be treated fairly and equitably and older persons must always be protected against any form of discrimination (Older Persons Act 13 of 2006). The rights of older persons in terms of the Older Persons Act, complement the rights that an older person has in terms of the Bill of Rights.

The Older Persons Act 13 of 2006 provides that older persons enjoy the rights that are stipulated in Section 9 of the Constitution of the Republic of South Africa (RSA, 1996), and they may not unjustly be denied the right to:

1) participate in community life in any manner that is suitable to their capabilities and interest;
2) participate in inter-generational programmes;
3) participate in and establish assemblies and relations for older persons;
4) participate in activities that may improve their capacity to generate income;
5) live in an environment that caters for their changing capabilities; and
6) access opportunities that promote their ideal level if social, physical, mental and emotional well-being.

Services that are provided to older persons must recognise their social, cultural and economic contributions, promote participation of older persons in decision-making processes, recognise the unique needs of older persons, ensure older persons have access to information by education or training, promote the deterrence of exploitation of older persons, enhance the respect and dignity of older persons, ensure that older persons are a priority when it comes to the provision of basic services, and ensure that services and facilities are reachable to older persons (Older Persons Act 13 of 2006).

As homelessness can be regarded as a violation of human rights, this research study will lobby for homeless older persons by advocating and enhancing their rights. Older persons need to be protected against discrimination, which may include homelessness, and therefore the importance of this study to make recommendations in terms of service delivery to homeless older persons is paramount.

2.9.3.6 Street Homelessness Policy for the City of Tshwane

The Street Homelessness Policy for the City of Tshwane was developed to ensure that the implementation of integrated mechanisms that are designed to address street homelessness in the City of Tshwane is effective (City of Tshwane Metropolitan Municipality, University of Pretoria, University of South Africa & Tshwane Homelessness Forum, 2019:25). The policy aims to decrease and prevent street homelessness by means of effective, suitable and inclusive approaches that address crises and create long-term infrastructure to break the cycle of homelessness (City of Tshwane Metropolitan Municipality et al., 2019:29).

The objectives of the policy are to improve the approach to street homelessness, to identify needs for support and care, to facilitate the provision of suitable care, to prevent homelessness and to provide long-term solutions to homelessness by means of an inclusive re-integration strategy and action plan (City of Tshwane Metropolitan Municipality et al., 2019:29). Further objectives of the policy are to provide suitable long-term solutions and to integrate homelessness into policies and plans within all sectors and institutions of government (City of Tshwane Metropolitan Municipality et al., 2019:29).

The policy also aims to design and execute programmes regarding street homelessness, and to inform policymakers, the programme design, implementation, monitoring and evaluation of such programmes, by means of research and up to date information regarding homelessness (City of Tshwane Metropolitan Municipality et al., 2019:29).

Housing opportunities, economic opportunities, infrastructure for health care, education, advocacy and awareness campaigns, as well as institutional infrastructure, are prioritised when interventions for homelessness are considered (City of Tshwane Metropolitan Municipality et al., 2019:30). Various action plans on how to achieve each of the policy directives are also outlined in this policy (City of Tshwane Metropolitan Municipality et al., 2019:32). The issue of homelessness is sufficiently addressed in this policy document, and valuable action plans are put in place in order to address homelessness as a phenomenon.

This policy document suggests that a methodology for continuous implementation and innovation should be created and that meaningful and innovative answers to homelessness need to have their roots in community practices as, in this manner, the methodology will facilitate continuous monitoring and evaluation, the documenting of lessons learned and recommendations for ongoing revisions and innovations to the policy (City of Tshwane Metropolitan Municipality et al., 2019:41).

The priorities and plans that are set out in the Street Homelessness Policy for the City of Tshwane make sufficient provision for services and changes that are required to improve the circumstances of and advocate for homeless older persons. The policy addresses the physical, psycho-social and economic dimensions of street homelessness, therefore adequately making provision for addressing the needs of homeless older persons and implementing services for homeless older persons. The effectiveness and efficient implementation of this policy does, however, require the commitment of all required stakeholders such as the government, private sectors, NGOs, the Tshwane Homelessness Forum and all its partners.

Grenier et al. (2016:28) assert that “current knowledge, policies, and practices on homelessness largely focus on younger populations, while research and policies on ageing typically overlook homelessness. Interventions in terms of homelessness among older people should be able to speak to the complex needs of health, income security and housing.”

Creating a general understanding of homelessness among older people is needed as there are variations in the methodologies and samples of the various research, in which studies mostly focused on homeless women or men, with particular routes such as substance use, violence or mental health, and tends to be specific to a certain area (Grenier et al., 2016:29). Furthermore, the heterogeneity of the homeless population makes it difficult for researchers to make a distinction between the impact of age in combination with other demographic aspects, such as race, class, gender, health status and service availability (Grenier et al., 2016:29).

Self-development, self-understanding, distancing and denial, use of drugs, gambling and spirituality as well as leisure activities such as dance and art, have all been shown to serve as typical coping mechanisms among homeless persons (Georgiades, 2015:631).

Petersen and Parsell (2015:368) assert that growing numbers of older persons experiencing homelessness will be accompanied by increased demands on the government to offer housing and support, and it will also result in heightened morbidity, disability and medical fragility among the older homeless population. When looking at service delivery with regards to homeless older persons as a whole, such services should include basic services such as food, housing and clothing as well as medical services, drug treatment interventions, counselling services and training in self-regulating living skills (Thomspon et al., 2010:204). Family-based interventions that enable homeless older persons to return to live with their family is an ideal arrangement as it may result in more positive outcomes (Thompson et al., 2010:206).

The providers of services to homeless older persons should be well-informed on engagement issues with homeless older persons and they should have a sound awareness of the barriers that exist in terms of homeless older persons' access to such services (Thompson et al., 2010:206).

The Street Homelessness Policy for the City of Tshwane focuses specifically on interventions and service delivery to homeless older persons that particularly focuses on their unique needs and difficulties they are experiencing in their current circumstances, making the policy effective in terms of providing solutions to homelessness among older persons.

2.10 SUMMARY

Chapter 2 has focused on the literature review on homelessness among older persons. The life stage of older persons has been discussed, with specific reference to their physical development, cognitive development, social development, as well as aspects related to death, dying and bereavement. Current knowledge and statistics regarding the biopsychosocial circumstances of older persons in South Africa have also been discussed. Current knowledge on homelessness among older persons has been reviewed and has mainly focused on previous studies that was conducted in Canada and the USA. Previous studies on the resilience of homeless older persons were also considered and found that the presence of protective factors was associated with higher levels of resilience, amongst others.

Types of homelessness were discussed with a specific focus on economic homelessness, situational homelessness, chronic homelessness, near homelessness and late-life homelessness. The causes of homelessness, pathways into homelessness and challenges of homelessness among older persons were outlined. Various mandates that guide service delivery to older persons are available such as international mandates, namely the Political Declaration and Madrid International Plan of Action on Ageing, regional mandates, such as

the African Charter on Human and People's Rights and the African Union Policy Framework and Plan of Action on Ageing and domestic mandates, such as the Constitution of the RSA, the White Paper for Social Welfare, the Framework for Social Welfare services, the South African Policy for Older Persons, the Older Persons Act 13 of 2006 and the Street Homelessness Policy for the City of Tshwane. Chapter 2 was concluded with an overview of social work services with homeless older persons with a specific focus on case work, group work and community work.

Next, the theoretical framework underpinning the present study will be discussed in Chapter 3.

CHAPTER 3: THEORETICAL FRAMEWORK - RESILIENCE THEORY

3.1 INTRODUCTION

The research study was underpinned by the resilience theory. The resilience theory was adopted as it enabled the researcher to gain an understanding of the lived experiences and interactions of homeless older persons. As individuals age, they are likely to be exposed to more risks that are associated with aging. Resilient older people are able to adjust to adversities in life with less disruption to their lives. Resilience is seen from an eco-systemic perspective and it focuses on promotive and protective factors on which the individual can rely. The availability of promotive and protective factors may result in positive outcomes, which are better than what is expected for the individual, while they are faced with adversity.

The chapter will include a conceptualisation of the resilience theory, a discussion on the historical perspectives and origins of resilience, divergent theories of resilience, the characteristics of resilience, such as promotive and protective factors and processes as well as risk factors, the social ecologies of resilience, previous studies on resilience, critique on the resilience theory, looking at homeless older persons from a resilience perspective; and lastly, a brief overview of resilience interventions.

3.2 CONCEPTUALISING RESILIENCE

Ungar (2019:2) defines *resilience* as “the capacity of a biopsychosocial system (including a person, family or community) to navigate to the resources necessary to sustain positive functioning under stress, as well as the capacity of systems to negotiate for resources to be provided in ways that are experienced as meaningful.” *Resilience* is also defined as “a stable trajectory of healthy functioning after a highly adverse event” (Bonanno, as cited in Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014:1). Resilience, therefore, refers to the capacity of individuals to maintain a state of positive functioning under stress. It relates to their capacity to recover from adverse circumstances and to achieve positive outcomes while being confronted with adversity. Being resilient may be one aspect that may assist older persons to adjust to the difficulties that are associated with aging. Determining the resilience of homeless older persons may assist in identifying those who are most at risk for adapting poorly when they are exposed to stressors, and early interventions can be promoted to help build resilience.

After the concept of resilience has been defined, the historical perspectives and the origins of resilience will be discussed.

3.3 HISTORICAL PERSPECTIVES AND ORIGINS OF RESILIENCE

Resilience is defined as the ability of an individual to recover after suffering from hardship, frustrations and bad luck and it is important for the effective functioning of an individual (Ledesma, 2014:1). Resilience theory has its origins in the study of adversity and focuses attention on how adverse life experiences impact negatively on individuals (Van Breda, 2018:2). Studies on human resilience have their roots in stories of survival, in the context of life-threatening situations, and they attempt to understand the influences that could explain exceptional patterns of surviving (Ungar, 2019:1). Research on resilience has focused on helplessness of individuals and breakdowns in social functioning, which often proved that vulnerability can contribute to negative outcomes in life (Van Breda, 2018:2). However, such negative outcomes were not universal, as many people are able to recover and show no weakening in their functioning but rather accomplish high levels of adaptation (Van Breda, 2018:2).

The resilience theory has developed extensively over the years. In earlier years, the theory focused on children from marginalised families, children who were institutionalised, and war-affected children (Ungar, 2011:3). Research on resilience then moved in different directions focusing more on biological aspects that were able to envisage positive developmental outcomes in stressful situations as well as on the investigation of strengths, resources and cultural differences, that play a role in positive development (Ungar, 2011:3). Further investigations that followed shifted the focus to a process of interaction of people with their environment and the environment with the person (Ungar, 2019:1).

Shean (2015:4) provides a literature review focusing on current theories related to resilience and young people, and asserts that Michael Rutter, Norman Garmezy, Emmy Werner, Suniya Luthar, Ann Masten and Michael Ungar are regarded as the key theorists in the field of resilience on an international level. In the context of South Africa, research on resilience has mostly been conducted by Linda Liebenberg, Linda Theron and Adrian van Breda amongst others.

3.3.1 Various waves in the development of the resilience theory

Four waves in the development of the resilience theory have been identified by Masten (2007) and will be discussed accordingly (Masten, 2007 in Bond, 2017:53). These four waves will be described below:

3.3.1.1 First wave in the development of the resilience theory

The first wave of resilience research moved away from understanding resilience as a character trait, towards a broader conceptualisation of resilience, which embodied a deeper understanding of the dynamic interaction of risk factors and resilience over a period of time and that such factors included individuals, families and broader sociocultural aspects (Bond, 2017:54).

Early bodies of research on resilience led to the conceptualisation of resilience, which has been described as instances of individuals who are able to adjust to unexpected situations, attaining favourable and unanticipated results while being faced with adversity (Van Breda, 2018:3). Surviving, recovering and thriving, which refers to an individual's capability to exceed his or her normal level of functioning and to grow, despite continuous exposure to stressful situations, are associated with resilience and refer to the phase at which an individual may be during, or after, facing adversity (Ledesma, 2014:1). Research focusing on the conceptualisation of resilience focused its attention on significant concepts and frequently noted associations of resilience and protective factors, which have persisted consistently over time (Wright, Masten & Narayan, 2013:15).

The descriptions and consequences of resilience have vastly changed throughout history with much of human actions being dedicated to surviving in a frequently fearsome world that is full of illness, unexplained deaths and misery (Korn, 2014:4). This pursuit aimed at survival has engaged the thoughts of innumerable practitioners, researchers and theorists (Korn, 2014:4). The concepts of health and strength have been used together with explanations of resilience, which has often had grave and devastating consequences for those individuals who were judged to be healthy and as such, those individuals were regularly believed to have an absence of resilience and other positive qualities (Korn, 2014:4). Warfare, diseases and public health have played important roles in the development of the ideals towards well-being and strengths (Korn, 2014:4). Early experts on health frequently viewed sickness and diseases as being causes of external forces which are outside of the control of an individual, while the Age of Enlightenment led to new concepts of well-being, public health and personal responsibility (Korn, 2014:5). Resilience was developed as a construct which consists of two important aspects, namely noteworthy adversity and positive adaptation (Wright et al., 2013:19). Thus, when we want to assess resilience, two important judgements are made: a vital threat to the growth of the individual has arisen and, despite such risk or threat, the individual has achieved satisfactory functioning or adaptation (Wright et al., 2013:19). The identification of risk and protective factors was an intrinsic feature of the first wave of studies on resilience (Bond, 2017:54).

The first wave of resilience studies also focused on the identification of links or forecasters of positive adaptation alongside experiences of risk or adversity. Consequently, the researchers were also concerned with evaluating individual or situational differences that could explain the differential outcomes among individuals who shared more or less the same hardship or risk factors (Wright et al., 2013:19). The two biggest forecasters of positive adaptation were considered to be the existence of positive factors that were linked with improved adaptation at all levels of risk, as well as factors that appeared to have a specific significance for positive adaptation at high levels of risk, which were characteristically labelled as protective factors (Wright et al., 2013:19).

3.3.1.2 Second wave in the development of the resilience theory

The second wave of studies on resilience focused on processes that motivate, and could account for, the associations of resilience that were identified in the initial literature (Khanlou & Wray, 2014:67). This new and comprehensive approach to resilience focused on contextual problems, and dynamic models of change as well as the role of developing systems which placed new emphasis on the impact of systems and relationships in the development of resilience (Bond, 2017:55). Resilience research has gradually concentrated on background issues and more dynamic models of change, overtly taking into account the role that developmental systems have played in causal descriptions of resilience (Wright et al., 2013:22). This has led to highlighting the role of relationships and organisms other than only family, and tries to deliberate and assimilate biological, social and cultural processes into studies and models of resilience (Wright et al., 2013:22). Khanlou and Wray (2014:66) indicate that the second wave of study on resilience included a growing complexity in the models and definitions of resilience, as it comprised studies on the ability of attachment relationships and family relations to act as factors that could enhance resilience. The second wave of studies therefore became more contextualised, as they took into consideration the interaction of the individual with other systems at various levels and different times over the life course, while also being more cautious of generalising conclusions (Bond, 2017:55).

3.3.1.3 Third wave in the development of the resilience theory

The third wave of resilience research focused on the developing and evaluating programmes that could promote protective processes through pro-active interventions. With the use of randomised control studies, this wave of resilience research gained momentum in the 1990s and helped to shape the current array of evidence-based interventions (Khanlou & Wray, 2014:67).

The third wave of resilience research was thus characterised by an emphasis on proactive intercessions which were intended to enhance protective processes and to promote capability and health, resulting in a transformation in the models for intervention, as strength-based models and defence-based interventions developed and initially predominated the field (Khanlou & Wray, 2014:67). The identification of the complex processes which underlie prosperous adaptation while faced with risk, will lead to the creation of successful interventions in the lives of individuals who are still vulnerable (Wright et al., 2013:29). The calculated judgement of intervention was also a considerable point of concentration during the third wave of resilience research, as evidence suggested that there are spaces of opportunity for altering the path of development, when organisms may be more flexible, or when there is a greater possibility of creating a positive change and lasting effects (Wright et al., 2013:28).

3.3.1.4 Fourth wave in the development of the resilience theory

The fourth wave of resilience research, which was described by Masten and Obradovic (2006), concentrates on integrating the study of resilience across various fields, including levels of examination, types and across disciplines and it reflects an increasing interest in neuro and hereditary disciplines, which form part of larger developments in these fields and the technologies accessible for studies on bio-behavioural processes (Khanlou & Wray, 2014:67). It focuses on the complex dynamics and the numerous processes that connect genes, neurobiological adaptation, development of the brain, behaviour and context at various levels (Wright et al., 2013:30). The fourth wave of resilience research reflects an increasing interest in and understanding of, neural and psychobiological systems that could possibly be able to influence adaptive and resilient behaviour (Khanlou & Wray, 2014:67). It also cautions against overemphasising biology in the explanation of resilience (Khanlou & Wray, 2014:67). Resilience research has therefore expanded into ways in which resilience could be shaped by diverse interactions in various levels of an individual's interaction with his or her environment (Khanlou & Wray, 2014:68).

After the waves in the development of the resilience theory have been discussed, divergent theories of resilience will be considered.

3.4 DIVERGENT THEORIES OF RESILIENCE

The concept, notion and processes of resilience fall into various ideological groupings. Resilience has been considered to be an individual trait, while other perspectives focus more on resilience as a process or outcome. The trait-based perspective and the perspective of resilience as a process or outcome, will be discussed below.

3.4.1 Trait-based perspectives

From a trait-based perspective to resilience, resilience was thought to be embedded within individuals' personality and was therefore understood to be an ideal characteristic of an individual (Korn, 2014:10). This perspective of resilience maintains that an individual just has resilience and that it is not developed over time as it forms part of an individual's character (Korn, 2014:12). Conclusions on whether or not an individual has resilience are made from determining whether or not an individual was able to successfully navigate through a stressful time and survive unharmed (Korn, 2014:13). It is largely considered that resilience is inherently connected to resources such as individual and social factors that an individual can draw on to overcome hardship (Harms, Wood & Silard, 2018:1). Individuals who tend to internalise the causes of events are thought to be more resilient than those who attribute such causes to external events. Accordingly, resilience is thought to be a personality trait (Leys, Arnal, Wollast, Rolin, Kotsou & Fossion, 2018:3). Resilience is viewed as being part of an individual's personality and recovering from adverse experiences is not needed, as it would merely resemble a lack of resilience (Korn, 2014:15).

Trait-based models attempt to determine the presence of resilience in an individual by motivating that an individual does not experience, or did not develop, any kind of psychopathology after having gone through a possibly traumatic experience (Korn, 2014:15). Many researchers have argued that certain personality characteristics, such as agreeableness and openness, favour resilience which can imply that resilience is a personality trait (Leys et al., 2018:3). Definitions of resilience as a trait has, however, sustained much criticism and the idea of resilience has subsequently advanced to a framework that takes into account the interaction between the individual's internal resources as well as external resources in the individual's social environment (Lee, Kwong, Cheung, Ungar, Cheung, 2010:440). Resilience is not a fixed quality of an individual; rather, it is a dynamic process that fluctuates as the conditions of the environment change (Hlungwani, 2017:31).

3.4.2. Outcomes-based perspectives

Resilience has also been viewed as an outcome or process. Kolar (2011:424) indicates that a main difference in operationalising resilience focuses on whether resilience is defined as an outcome or a process. Functionality is viewed as being patterns of effective functioning and it is generally defined in terms of intellectual functioning, mental health, functional capacity and satisfactory social functioning (Kolar, 2011:425). Resilience as a process considers how an individual is able to cope in the face of adversity, and assesses the well-being of individuals over time to determine if they are resilient when faced with stressful events (Harms et al., 2018:2).

The process of resilience is influenced by the interactions between the individual's personal characteristics and the situations and contexts that the individual is surrounded by, with the motivation to be resilient, which usually remains inactive until it is triggered by situations in the individual's environment (Hlungwani, 2017:32). The strength of the motivation to be resilient and the type of behaviour that follows, depends on the extent of the strains that a specific stressful situation presents to the individual (Hlungwani, 2017:32). Skondol (2010:112) refers to individuals who "resile", where 'resiling' is defined as a pattern of emotional activities that consist of a desire to change, and behaviour aimed at coping as well as the associated emotions and reasonings. This process is therefore influenced by the collaboration between internal characteristics of the individual and the various contexts and circumstances that the individual is surrounded by, with the motivation to 'resile', which usually remains inactive until it is stimulated by circumstances in the environment of the individual (Skondol, 2010:113).

Resilience is understood to be a dynamic process that transpires from an interaction between risk and protective factors. Thus, studies based on resilience as a process, attempt to comprehend the processes that assist in modifying the consequences of risk as well as the developmental processes that individuals make use of during processes of adaptation (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003:6). Resilience as a process is thought to develop over time in the context of individual and social factors (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003:6). Kolar (2011:426) indicates that process-based studies have received preference as the acknowledgement of the interaction between risk and protective factors across various fields and over time, makes a process-based approach more appropriate for research in the social sciences.

This view of resilience as a process or outcome is different from the view of resilience as an individual trait, which is developed mainly through character, personality and influences from the environment (Korn, 2014:13). Developmental models of resilience therefore assert that resilience is often defined as a process that requires an individual to experience exposure to risks followed by a period of recovery, which enables individuals to endure problematic surroundings and situations and achieve their goals, despite many threats (Korn, 2014:15). Researchers engaged in developmental approaches towards resilience argue that resilience is a protective factor that is necessary for an individual to achieve developmental outcomes and this suggests that resilience can increase throughout an individual's course of life (Korn, 2014:13). Much of the attention of the developmental approaches to resilience has been focused on supporting and strengthening resilience through skill building programmes such as parenting skills courses, early intervention in schools, empowering communities and positive role modelling (Korn, 2014:13).

Developmental models of resilience attempt to comprehend how resilience has allowed an individual to be competent in the achievement of milestones and growth, in spite of deprived circumstances or events (Korn, 2014:15).

Historical perspectives on the definition of resilience and how it has developed over time enable researchers to take note of previous studies which dealt with basically the same phenomenon, a marvel of a state of good well-being despite exposure to continuous and severe stress (Sikorska, 2014:84). Studies on resilience also identify the outcomes that are to be expected to be affected by promotive and protective factors and processes when looking at resilience. Such outcomes are not necessarily only linked with a decrease in risk exposure and should rather improve the functioning of one or multiple systems (Ungar, 2019: 6).

Outcomes can, therefore, vary from being biological (when an individual is able to better respond to stress), psychological (when an individual has an improved self-esteem), social (when an individual's involvement in productive activities is increased) or environmental (physical environments that enable the safety of its community are increased), where each outcome will probably impact at least one system or numerous interconnected systems (Ungar, 2019:6). Outcomes occur as a result of the interaction between and during transactional-ecological processes wherein risk factors are mediated by available protective processes and factors (Ebersöhn, 2017:3).

Outcomes can be described as being successful or pleasing if individuals are able to develop an agreement with what is culturally expected, if they can learn the skills that they are expected to acquire, the absence of psychopathological behaviour as well as not experiencing too much distress (Sikorska, 2014:87). Successful adaptation outcomes would, therefore, be evident when an individual is able to maintain positive mental health, social capabilities as well as the ability to take action (Sikorska, 2014:87).

The concept of thriving has also been evident in resilience studies. Thriving developed from studies on coping and vulnerability (Ledesma, 2014:2). Thriving is based on an individual's positive transformation as a result of experiencing adversity, as well as the belief that individuals are capable of transforming traumatic experiences in order to increase wisdom, personal growth, constructive character changes and a more meaningful life (Nishikawa, 2006:27). Thriving suggests that individuals may respond to challenges either by surviving the experience, recovering from the experience or thriving as a result of enduring the difficulty (Ledesma, 2014:3). Thriving has the effect that an individual goes through a transformation with a shift in reasoning in response to hardships (Ledesma, 2014:3).

Thriving, however, depends on the ability of individuals to recognise and acquire the resources that they need in order to achieve a state of thriving (Hutcheon & Wolbring, 2013:3).

When researchers recognise the different outcomes that individuals have faced amidst adversity, they began asking the "why" question to gain knowledge of what distinguished individuals with better outcomes from those with poorer outcomes (Van Breda, 2018:4). The resilience question can be phrased as "Why, when people are exposed to the same stress which causes some to become ill, do some remain healthy?" (Van Breda, 2001:14). By asking this question, researchers recognise the possibility of other processes that fall between negative outcomes and adversity (Van Breda, 2018:3). Much of the previous research on resilience focused on identifying individual factors that distinguish whether individuals would be able to reach better-than-expected outcomes or merely poor outcomes (Van Breda, 2018:7).

Divergent theories of resilience have been considered, namely trait-based perspectives and outcomes-baes perspectives. The characteristics of resilience will be discussed next.

3.5 CHARACTERISTICS OF RESILIENCE

"Resilience is a broad conceptual umbrella, covering many concepts related to positive patterns of adaptation in the context of adversity. The conceptual family of resilience encompasses a class of phenomena where the adaptation of a system has been threatened by experiences of disrupting or destroying the successful operations of the system" (Masten, Obradović, 2006:14, in Sikorska, 2014:86). Resilience refers to a process of adaptation during which there is exposure to risk and adversity (Ungar, 2015:3). Resilience can be defined as being the ability of a human system to make their way to available resources that are needed in order to maintain positive functioning during stressful circumstances as well as the ability to access resources in meaningful ways (Ungar, 2019:2).

From a developmental viewpoint, resilience is characteristically analysed in terms of protecting psychological risk factors which enable the development of positive outcomes and healthy character features (Ledesma, 2014:2). Individuals can be referred to as resilient if their normal development has been put at risk; however, they were able to manage the situation and develop successfully, despite that risk (Sikorska, 2014:87). Early childhood has an important impact on the development of resilience as developmental goals that have been accomplished form a foundation for the accomplishment of further goals and, in this process, children gain the skills and capabilities needed for normal development (Sikorska, 2014:97). Effective coping points towards additional development and personal growth (Sikorska, 2014:97).

Resilience entails a process of several biological, mental, social and ecological systems that are in interaction with one another in ways that assist individuals to recover, sustain or improve their well-being when they are confronted by one or many risk factors (Ungar & Theron, 2019:1; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014:2). Resilience is best understood as a process in which a single individual, or a combination of systems, interact in ways that enhance functioning in order to benefit the system or systems with as few consequences as possible (Ungar, 2019:2). Resilience is therefore a process that unfolds in situations or circumstances of uncommon exposure to hardship. An individual who is able to adapt well to stress in a work setting, may not adapt well in his or her private life or in relationships, therefore, resilience may vary over time as a function of development and the individual's interaction with the environment (Southwick et al., 2014:2). Each of the contexts that are interacting with one another, may hold their own degree of resilience and may therefore, be more or less capable of providing support to the individual (Southwick et al., 2014:2).

Resilience was generally understood to be present if no exposure to risk has been identified; however, resilience is now also understood to be present if an individual was previously exposed to some kind of risk or adversity and is in a phase of recovery, or if the person surpasses expectations and functions better than before exposure to a possibly traumatising occurrence (Ungar, 2015:4). Resilience is regarded as a multi-level and complex process, facilitated by both individuals and their social environments, rather than an individual trait (Ungar & Theron, 2015:15; Van Breda, 2018:4). The process of resilience thus takes place across multiple levels or domains of the social ecology, rather than only in the individual, and it lies within the way in which the individual (personality factors), the social environment and the physical environment, transact with one another (Van Breda, 2018:4; Greene, Galambos & Lee, 2014:76).

Resilience is dependent on the ability of individuals and the ability of their social and physical ecologies to facilitate their process of coping in ways that are culturally meaningful (Ungar, 2015:4). Resilience may also be related to the capability of individuals to make use of various coping strategies in a flexible way, depending on the trials they are experiencing, and to use helpful feedback to alter those strategies of coping (Southwick, 2014:12).

The components of resilience namely, promotive and protective factors and risk factors, will now be discussed.

3.5.1 Components of resilience

Exposure to risk, promotive and protective factors and processes, developmental and behavioural outcomes, and how they are in interaction with each other, represent features of an individual's life that need to be comprehended in order to be able to clarify how certain individuals do better when they are faced with adversity (Ungar, 2019:2).

Even though individual thoughts and attributions shape an individual's experience of the outside world and has a direct effect on mental health outcomes, resilience studies have shown that in settings where an individual is faced with high exposure to adversity, those who have sufficient resources display more resilience than those individuals who appear more rugged (Ungar & Theron, 2019:1). Components of resilience include aspects such as promotive and protective factors and processes as well as risk factors, which will be discussed below.

3.5.1.1 Promotive and protective factors or processes

Resilience research needs to answer the question, "Which promotive and protective factors or processes are best for which people in which contexts at what level of risk exposure and for which outcomes?" (Ungar, 2019:2).

By asking this question, researchers will be aware of the risk an individual is faced with, the desirability of outcomes and the most appropriate promotive and protective factors that are enabling the individual to recover, adapt and transform (Ungar & Theron, 2019:2). Individuals encompass protective factors, which may include character features and environmental factors that boost resilience (Bolton, Praetorius & Smith-Osborne, 2016:171). Promotive and protective factors shield against the impact of risk exposure and these lead to favourable outcomes for an individual (Ungar, 2019:4).

Promotive and protective factors can either be internal, referring to stress responses and cognitive abilities, or external, referring to the individual's natural, political, social and economic environments, that are enabling them to achieve positive outcomes (Ungar & Theron, 2019:4). Protective factors often shield, prevent or hinder problems from occurring. This has led researchers to believe that individuals are able to be resilient and it has also sparked an interest in understanding how a strengths-based concept of resilience can be utilised to enhance the competencies of individuals (Greene et al., 2014:76). Individuals do not live in isolation, they are in constant interaction with, and influenced by, their social, physical and environmental contexts (Windle, 2011:164).

Promotive and protective factors may, therefore, depend on interactions in the microsystem, mesosystem, interactions between individual factors, exosystem, institutional settings in which an individual operates, as well as the macrosystem, which includes culture, law and policies (Ungar, 2011:3; Ungar, Theron, Murphy & Jefferies, 2021:2). The influence of promotive and protective factors and processes varies according to the individual's life course and it responds to fluctuations in social and political structures (Ungar, 2019:5). On an individual level, positive outcomes may be related to having a high sense of life satisfaction, positive self-esteem and academic success, while on an objective level, positive outcomes may be related to being in a state of good physical health, being fit, following a good diet and experiencing a lack of sickness (Ebersöhn, 2017:3).

Researchers have suggested that the ability to have positive emotions plays a vital role in times of adversity and makes an individual more likely to cope after the loss of a loved one, or with other daily stressors (Korn, 2014:39). As the vulnerability of each system varies, the impact of the ability and opportunities of the individual system to use resources in order to bring about positive or negative outcomes also changes, which is referred to as differential impact (Ungar, 2019:5). Differential impact is affected by the extent of an individual's adversity which is in interaction with the promotive and protective factors and processes that individual encompasses, in order to bring about change (Ungar, 2019:5).

In order to identify whether or not resilience is present, involves an examination of the individual dimensions of surviving such as personality, temperament, reasonings, locus of control, self-regulation and empowerment, which have been the most commonly identified aspects of individual resilience (Ungar, 2015:8). A positive self-esteem, self-assurance, strong coping skills, a sense of unity, self-efficacy, hopefulness, solid social resources, adaptability, being able to take risks, low fear of failure, willpower, persistence and a high tolerance of uncertainty, have been regarded as factors that can serve as promotive and protective factors which contribute to an individual's resilience (Ledesma, 2014:1). An individual's resilience capacity, which is influenced by personal values, personal efficiency, and personal energy, assists in determining an individual's response to hardships and so, an individual's resilience capacity can grow by strengthening these three aspects which may lead to the individual becoming more competent and prepared to handle future difficulties (Ledesma, 2014:3).

A study describing protective factors and processes that foster resilience and shield against psychosocial stress among later life immigrants from Egypt to the USA was conducted by Ihab Girgis in the United States of America with 30 individuals aged 60 years or older (Girgis, 2020:41).

The findings of the research study were grouped into two main themes with various subthemes. The first theme was opportunities and included the following subthemes, namely, basic freedoms, access to health care, access to social welfare benefits and cultural senior services, cultural enclaves as medium for international activities and cultural identity, parenting and grandparenting (Girgis, 2020:52). The second main theme was coping mechanisms such as social capital, intellectual abilities, the use of cultural art and humour, behavioural strategies, practising religious beliefs, attitudes and ceremonies (Girgis, 2020:53). The above-mentioned opportunities and resources, which are rooted in the social environments of the participants, were identified as being factors that slowly allowed the participants to balance a fluctuating degree of the worrying impact of transitioning to new land (Girgis, 2020:67). The accessibility of health care, social welfare benefits and services for senior citizens lessened anxiety for both participants and their caregivers to a large extent (Girgis, 2020:67). The availability, access and use of psychosocial resources may create resilience and act as a protective factor and process through which the individual is safeguarded against stressors (Girgis, 2020:67). Community resources such as churches, shelters, community networking facilities and availability of funding, have also been regarded as resources that foster and contribute to the creation of resilience (Madsen, Ambrens & Ohl, 2019:11).

Individuals who are resilient draw on inner resources such as hope and determination, as well as external resources, such as supportive networks, to cope in the face of adversity (Van Wormer, Sudduth & Jackson, 2011:413). Internal variables that contribute to an individual's ability to be resilient have been identified as hardiness, coping skills, the use of personal resources, mental resources, threat assessment, usefulness, temperaments, positive self-esteem, feeling capable, locus of control, optimism, compassion, understanding, intellectual skills, life mission, determination and perseverance (Ledesma, 2014:4). External variables, such as help from others, quality relationships and intimacy with others, have also been recognised as factors contributing to resilience (Ledesma, 2014:5). Other factors associated with resilience are an awareness of one's self, social awareness, self-management, behaviour directed at achieving goals, social skills, personal accountability, decision-making and hopeful thinking (Sikorska, 2014:96). Self-efficacy, self-confidence, academic abilities, abilities to solve problems, family unity and supportive networks are also regarded as being protective factors (Hutcheon & Wolbring, 2013:1). Protective factors that contribute to the development of resilience may often be developed from birth and these include healthy attachment relationships, good caregiving, skills for regulating emotions, self-awareness, an ability to imagine the future as well as a motivational system for experiencing mastery that inspires individuals to learn, grow and adapt to their unique situations (Southwick et al., 2014:11).

Individuals may have multiple promotive and protective factors and processes, existing on various levels that protect them against the various factors which are threatening to their well-being (Ungar & Theron, 2019:3). Two classifications for promotive and protective factors and processes exist, namely, Masten's list as well as a list compiled by Ungar and colleagues.

Masten's list of promotive and protective factors and processes entails factors such as attachments, self-regulation, faith, ways of making meaning, hope, agency and mastery, problem solving and intelligence as well as collective efficiency (Ungar & Theron, 2019:3). Ungar and Theron (2019:3) assert that the classification of promotive and protective factors and processes by Ungar and colleagues includes relationships, experiences of being in control, experiencing usefulness, social justice, having access to basic resources, having a strong identity and experiencing a sense of unity and cultural devotion. Both factors of having strong attachment relationships and having quality relationships with important individuals in a person's life all relate to such attachments and relationships with important others such as parents, caregivers, relatives and social networks. Having a stress response system, being able to self-regulate, having the ability to solve problems and therefore experiencing being in control of one's emotions can also assist in shielding the individual against harm (Ungar & Theron, 2019:3).

Being motivated towards the accomplishment of tasks and experiencing the availability of reward systems helps to contribute to the feelings of agency and mastery for the individual (Ungar & Theron, 2019:3). Cultural rituals and experiencing a sense of unity contribute to the creation of collective efficiency which acts as a protective factor for individuals (Ungar & Theron, 2019:3).

Promotive and protective factors and processes are either internal, relating to the individual's neurological abilities, his or her responses to stress, microbiome and cognitive abilities, or external, relating to the social, political, economic, natural and built environments (Ungar & Theron, 2019:4). Social reflections such as gender, cultural standards and the availability of resources also all place an element of value on the aspects of resilience various settings (Ungar & Theron, 2019:4). Achieving functional outcomes is the primary goal that is sought after through the process of resilience. Resilience is dependent on the ability of the individual's physical and social environment to achieve positive development under stress (Ungar, 2015:15). The resilience of an individual system is thought to be composed of different parts which are subordinate to other systems, which means that these individual systems as well as larger systems, such as policies and culture, are just as important in being able to change those behaviours which influence an individual's microbiome (Ungar, 2019:3).

Without a thorough observation of an individual's environment, the real mechanisms that contribute to resilience may be disregarded (Ungar, 2019:3). Various protective and promotive factors or processes safeguard individuals against the different forces that threaten their well-being (Ungar & Theron, 2019:3). Flocking and hidden resilience are concepts that too have been related to promotive and protective factors and processes in the enabling of resilience.

- **Flocking and hidden resilience**

Flocking together to share available resources in creative yet practical ways, has been regarded as a promotive and protective process that enables resilience, especially among people on the African continent (Ebersőhn, 2014:2). Flocking is aimed at alleviating mutual risk by combining shared resources to attain shared positive results (Ebersőhn, 2014:5). In this manner, vibrant processes between human and ecological systems can lead to moderately good outcomes regardless of risk, overcoming adversity and reducing susceptibility to environmental risk factors (Ebersőhn, 2014:5).

Hidden resilience, another concept regarded to contribute to protective processes, refers to patterns of existing that may not always fall in line with typical psychological models or community conceptualisation of socially appropriate behaviour; yet it inspires individuals to bounce back from adversity (Ungar, 2004, in Malindi & Theron, 2010:318). Hidden resilience includes a-typical ways, such as theft and prostitution, to access resources for improving health (Malindi & Theron, 2010:319). These ways do not fit in with predominant models of development; however, they do encourage a sense of meaning, power, drive, shared opportunities, belonging and attachment, leisure, financial steadiness and social support (Malindi & Theron, 2010:319).

Both concepts of 'flocking' and 'hidden resilience' can be regarded as promotive and protective factors or processes that enable individuals to reach better-than-expected outcomes in the face of adversity. Previous studies that were conducted by Rutter (1989), Werner and Smiths (1982), Garmeny, Masten and Tellegan (1984) and Schoon (2006) suggested various protective social processes that are more likely to enable humans to flourish despite exposure to unusual levels of anxiety (Ungar, 2019:2). Such studies have shifted the discourse in psychological and social sciences from ailment and dysfunction to the ability of individuals to overcome adversity by means of their everyday views and actions (Ungar, 2019:2). Resilience theory emphasises understanding healthy development despite threats; and it focuses on individual strengths rather than weaknesses (Windle, 2010:152).

Early research on resilience mainly concentrated on risk factors and have gradually led to a shift in the focus onto protective factors and individual strengths that can serve as an aid when faced with adversity (Korn, 2014:28). The resilience theory also looks at the presence of risk factors that may hinder the individual from achieving functional outcomes. Risk factors in resilience research will be discussed next.

3.5.1.2. Risk factors

Studies on resilience that take into consideration a population's exposure to risk, processes and factors that facilitate and lessen the impact of exposure to risk as well as outcomes that are applicable to the population, are more likely to account successfully and wholly for the complexities that exist when studying resilience (Ungar, 2019:3). Risk factors are also defined as circumstances that make it more probable for an individual to have negative outcomes after having been exposed to risk (Hlungwani, 2017:22).

In order to state that any factor or process, on its own, will serve as a substance for recovery, transformation or adaptation, it is crucial to have a thorough and multifaceted description of the risks an individual system is faced with, the desirability of the outcomes as well as the most appropriate promotive and protective factors and processes (Ungar, 2019: 2). When considering an individual's risk exposure, focus should also be given to the quality of the environment and if a specific context is able to provide the right support to individuals with varying risk profiles (Ungar, 2019:2).

Risk assessments in resilience research are needed in order to ensure that those who are participating in the research have previously, or are currently, experiencing abnormal heightened amounts of stress (Ungar, 2019:4). The quality and quantity of risk exposure, which creates a problem in terms of an individual's standard growth and development, also plays a role in how the various systems further interact with one another (Ungar, 2019:4). The impact that risk has on an individual's well-being should also be assessed (Ungar, 2015:5). Risk factors are increasing, with the risk for poor outcomes growing in direct proportion to the amount of risk factors to which an individual is being exposed to, which means that if an individual is vulnerable to being exposed to any risk, such as war, he or she is at further risk of developing poor outcomes such as anxiety, post-traumatic stress disorder or depression, to name a few (Chartier, Walker, & Naimark, 2010, in Ungar, 2015:5). Ecological approaches to resilience indicate that poor health, low socioeconomic status, experiences of violence, ill-treatment or trauma can be regarded as risk factors (Hutcheon & Wolbring, 2013:1). The quality of an individual's exposure to risk, will influence which promotive and protective factors will mostly contribute to positive developmental outcomes (Ungar, 2015:5).

In order to identify an individual's resilience, there are various dimensions of adversity that must be assessed. Firstly, there needs to be an exposure to risk, thereafter one must evaluate the quality of adverse experiences, their chronicity and severity, the levels at which exposure occurs (biological, social, cognitive or environmental), the individual's attributions of causation and the cultural relevance of the stressors they are faced with (Ungar & Theron, 2019: 4; Ungar, 2015:5). If an individual is exposed to more severe and long-lasting forms of adversity, it may increase his or her vulnerability to stress, while stressors that occur on multiple levels may burden an individual more than a less difficult situation affecting only a single system (Ungar, 2015:6). Resilience may be present if at least one dimension of adversity suggests a noteworthy obstacle to well-being and if, in relation to the level of exposure to adversity, evidence exists of individual and contextual promotive and protective processes that contribute to well-being (Ungar, 2015:6).

The characteristics and components of resilience have been discussed, the social ecologies of resilience will be discussed next.

3.6. SOCIAL ECOLOGIES OF RESILIENCE

The social-ecological perspective of resilience will be the vantage point from which resilience will be discussed and interpreted in the present study. The socio-ecological perspective articulates to the fourth wave of resilience research as it reflects an increasing understanding of how neural and psychobiological systems could possibly influence adaptive and resilient behaviour (Khanlou & Wray, 2014:67). The socio-ecological perspective of resilience and the fourth wave in the development of the resilience theory, considers how resilience can be shaped by diverse interactions in various levels of an individual's interaction with their environment (Khanlou & Wray, 2014:68). Ungar (2011:1) places an emphasis on the definition of resilience as being more a quality of the individual's social and physical ecology, rather than an individual trait.

Regarding resilience as a set of individual aspects that may or may not make an individual capable of change, imitates an individualistic view that restricts the understanding of resilience to only a few potential aspects and fails to acknowledge social contexts and processes that may contribute to risk or growth of the individual (Ungar, 2012:14). Ungar, Ghazinour and Richter (2013:349) state that during the mid-1980s, researchers who focused on studying human development began to notice cohorts of participants in their research who demonstrated better than expected outcomes. The concept of what would seem to be the resilience of an invulnerable child, developed into a more socio-ecological process directed definition of resilience (Ungar et al., 2013:349).

Ungar argues that resilience is two-fold and includes: “the individual’s ability to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in a culturally meaningful way” (Ungar, 2008:225). Resilience research should therefore examine the environment of the individual first and the individual him or herself second.

Ungar (2005:3) states that children need three important resources to enable them to develop resilience, namely basic necessities such as food and a home, socio-political structures that guarantee security and access to services as well as relationships that encourage healthy attachments and allow the child to be viewed as competent. The social ecology theory of resilience indicates that resilience is therefore more focused on a living environment in which a child’s basic needs are met, being able to go to a respectable quality school and having helpful and encouraging relationships (Bond, 2017:64).

According to socio-ecological explanations of resilience, resilience is a process that is co-facilitated by individuals and their physical and social environments (Ungar & Theron, 2019:1; Sikorska, 2014:88). Socio-ecological perspectives on resilience consider the ways in which contextual realities and cultural norms impact on an individual’s resilience process (Ungar & Theron, 2019:1). As the socio-ecological stance to resilience is complex, researchers need to deliberate various risk factors that people are exposed to, as well as the promotive and protective factors and processes that are normally associated with positive outcomes subsequent to a stressful event (Ungar & Theron, 2019:1). The socio-ecological perspective on resilience argues that, as resilience occurs even in the presence of risk factors, a greater emphasis needs to be placed on the role that social and physical ecologies have in developmental outcomes faced with substantial extents of stress (Ungar, 2011:1).

Resilience is therefore not only associated with the capacity of the individual to overcome adversity, but also with how physical and social ecology factors influence this capacity of the individual (Ungar, 2011:4). There are four principles that form the basis for an ecological explanation of resilience namely: decentrality, complexity, atypicality and cultural relativity, which emphasise the environmental precursors of positive growth (Ungar, 2011:1).

These four principles explain how individual characteristics that are linked to coping under stress are activated, to the extent to which an individual’s social and physical ecologies can facilitate processes that protect the individual against harm and enhance positive development (Ungar. 2011:4). These four principles will be discussed below.

3.6.1 Decentrality

Decentrality suggests that resilience research should focus on the individual, and the change that takes place as well as the nature of protective factors that are in interaction with risk factors in order to alleviate the impact of such risks (Ungar, 2011:4). It is thus proposed to view the interaction between individuals and their environments to determine those sources of resilience. This shifts the focus from individual outcomes that are created by the individual's environment (Ungar, 2011:4). This principle emphasis that the individual's environment is not secondary in the process of resilience which allows the quality of an individual's environment to be considered as a source of positive growth (Ungar, 2011:5). By decentring the individual, one is able to consider how, when faced with hardship, the locus of change does not depend on the environment or the individual alone, but rather in the process by which the environment provides the individual with resources to use (Ungar, 2011:6).

3.6.2 Complexity

The prevalence of positive development, while and individual is faced with hardship, and the impact of protective factors that enable such development, is merely too complex to contribute to the forecast of singular development courses (Ungar, 2011:6). This principle indicates that one cannot assume that a resilient person will be functioning well every time under all supposable circumstances (Ungar, 2011:6). Links between protective factors and coping well are also susceptible to attributions of causality related to personal characteristics which may change as individuals move between situations and time (Ungar, 2011:7). When resilience is conceived of as a complex process, personal characteristics are understood to be unstable and receptive to the situation (Ungar, 2011:7). This shows less or more capability to sustain such characteristics (Ungar, 2011:7). Processes that promote resilience only seem to create expectable outcomes, while the probability of good outcomes is actually influenced by the risk that a changing environment produces (Ungar. 2011:7). The principle of complexity calls for contextually and temporally specific models to be developed that can explain outcomes associated with resilience (Ungar, 2011:7).

3.6.3 Atypicality

Atypicality emphasises that protective processes that are linked to resilience do not need to result in a set of dichotomous outcomes as contexts assist in determining how useful a specific set of qualities are which are related to resilience (Ungar, 2011:7). Research on the process of resilience needs less attention on present outcomes which are used to determine the success of development trajectories. More focus should be placed on understanding the functionality of behaviour when other ways to development are obstructed (Ungar, 2011:8).

It is therefore imperative to focus on environments just as much as the focus in resilience studies is on individuals, as resilience will be evident in ways that are due to the social ecologies in which individuals survive (Ungar, 2011:8). It is reasonable to assume that changes to the environment would create more socially acceptable methods of coping; however, such coping is likely to depend more on environment conditions than individual qualities (Ungar, 2011:8).

3.6.4 Cultural relativity

Positive processes of growth, while faced with adversity, are culturally and historically rooted (Ungar, 2011:9). Culture is a productive force for psychosocial well-being, and makes significant contributions to resilience processes as research suggests that, the more the individual and the individual's cultural defined expectations fit one another, the greater the probability that the individual will be regarded as resilient (Ungar, 2011:9). The individual and the individual's ecology become accustomed to each other, with protective factors being sensitive and variable to culture and contexts (Ungar, 2011:10). Recognising the influence of culture on an individual's protective processes, could lead to understanding that positive development while faced with adversity is a process that is culturally rooted (Ungar, 2011:10).

The social ecological perspective of resilience studies the relationships between individuals, groups, communities and other role players and contemplates the continuous transactions between them (Dickens, 2016:100). Individuals influence their environments and vice versa; therefore, the exchanges between individuals and their environments are bi-directional (Dickens, 2016:100). The resilience of an individual is determined by the communally helpful relations between individuals and their environments, which are created by mobilising material and human resources to attain a stable and desirable state (Dickens, 2016":101). Thus individuals make changes in their behaviour in order to create a fitting stance between themselves and their environments (Dickens, 2016:101).

Ungar's notions of a social-ecological perspective to resilience is not an individual, internal trait, but rather a process that can be enabled by the individual's environment (Dickens, 2016:102). Resilience is therefore accordingly on associations in the environment which are seen to enhance well-being and is not merely related to factors that an individual has, or does not have (Dickens, 2016:102).

Critique on the resilience theory will follow after the social ecologies of resilience has been discussed.

3.7 CRITIQUE ON THE RESILIENCE THEORY

The resilience theory has been critiqued for providing poorly conceived descriptions of the concept of resilience (Kaplan, 2005 in Ungar, 2019:2), for demonstrating prejudice towards the individual's obligation for change (France, Bottrell, & Armstrong, 2012 in Ungar, 2019:2), for demonstrating an absence of methodological consistency (Southwick, 2014:2), and for being insensitive to culture and backgrounds (Atallah, 2016; Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011; Ungar, 2008). Not much research is available that can assess the applicability of resilience to social work which is quite unfortunate, as social workers mainly work with individuals and groups who live in conditions of changing risk and this provides the possibility to argue that resilience theory in social work training should be included (Bond, 2017:63).

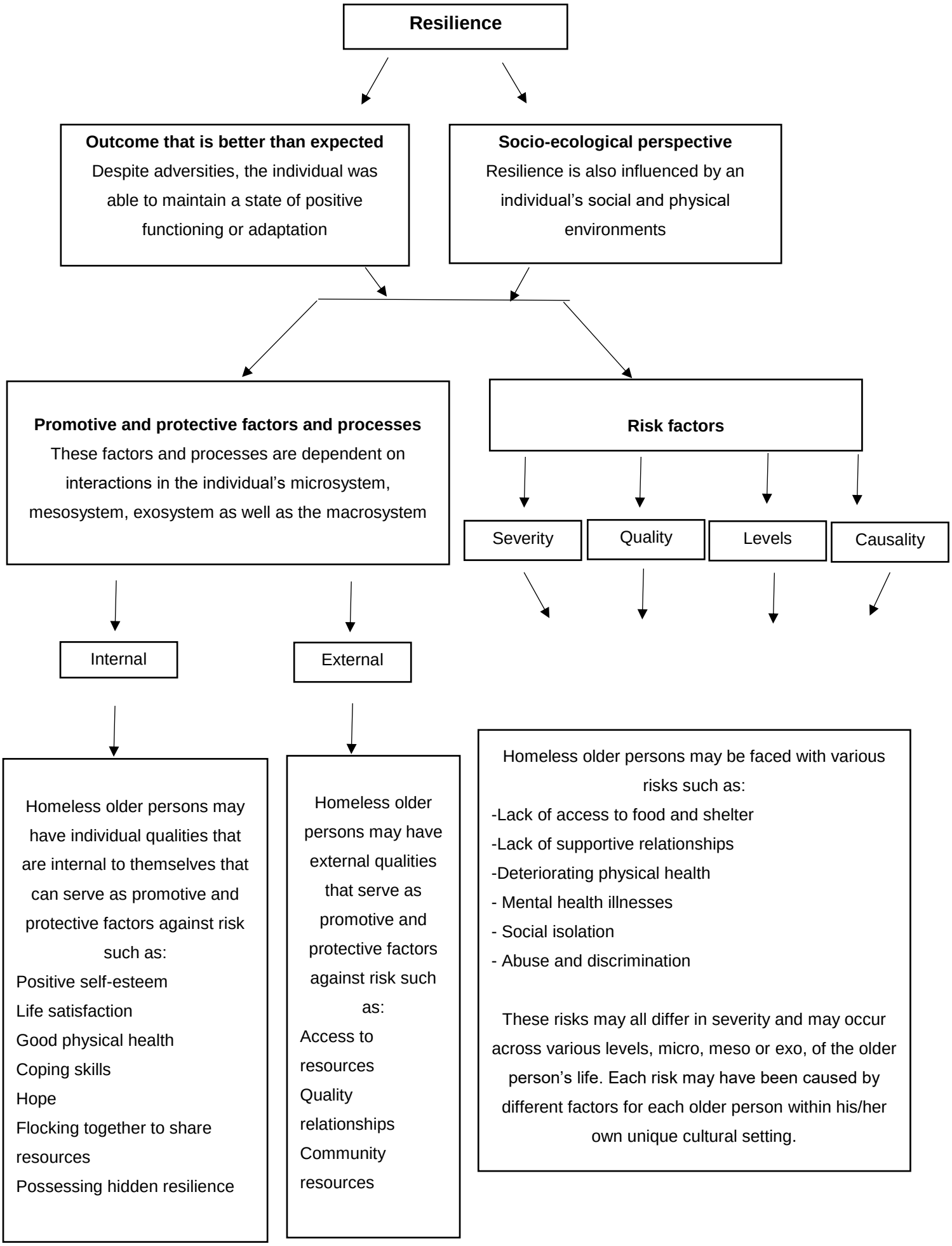
Conclusions about resilience are also critiqued as being more ideological than scientific, where science is able to point to greater complexity than the findings of individual studies (Ungar, 2019:2). Definitions of resilience often ignore significant aspects of the lived experiences of individuals (Hutcheon & Wolbring, 2013:3). It does not allow for the context of resilience to be explored and such definitions do not provide individuals with the opportunity to self-define as having or not having resilience (Hutcheon & Wolbring, 2013:3). Existing concepts of resilience are excessively rigid in that they describe socially and culturally endorsed manners of functioning, while concealing other ways of living in the world (Hutcheon & Wolbring, 2013:4).

The concept of resilience has also been critiqued for being stigmatising as it replicates a neo-liberal understanding of individual accountability for victory, and disregards the organisational and institutional barriers with which young individuals are living on the margins are confronted (Allen, Hopper, Wexler, Kral, Rasmus & Nystad, 2014:602). More attention needs to be focused on how aspects such as gender, developmental stages and systematic disadvantages interconnect (Ungar & Theron, 2019:5).

After critique on the resilience theory has been discussed, a schematic representation for homeless older persons from a resilience perspective is provided.

3.8 HOMELESS OLDER PERSONS: FROM A RESILIENCE PERSPECTIVE

Based on the literature consulted, the researcher proposes the following schematic representation for considering homeless older persons from a resilience perspective:



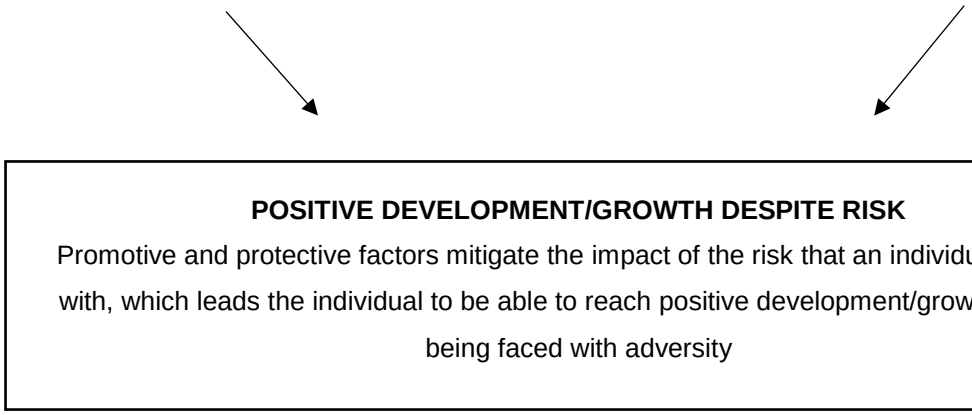


Figure 1: Schematic representation for considering homeless older persons from a resilience perspective

Individuals have what resilience theory refers to as internal or external promotive and protective factors or processes. Internal promotive and protective factors may include aspects such as coping abilities, positive self-esteem, experiencing good health, adaptability, hopefulness, self-regulation and problem-solving skills, to name a few (Ungar & Theron, 2019:3). External promotive and protective factors and processes exists in the individual's social, political, natural and economic environments and includes quality relationships, for example, and enables the individual to achieve positive outcomes (Ungar & Theron, 2019:4). These internal and external factors shield the individual against problems or prevent them from occurring, which causes the individual to be able to maintain a positive state of functioning, despite being faced with risks (Greene et al., 2014:76).

An individual's exposure to risk should be evaluated in terms of the quality of the experience, the severity, and the level at which exposure occurs as well as the causality that individuals attach to the experience of adversity (Ungar & Theron, 2019: 4; Ungar, 2015:5). Promotive and protective factors and processes enable individuals to adapt while they are faced with adversity (Ungar, 2019:4). This process of functioning and adapting as an individual is exposed to adversity occurs as a result of individuals' interactions with their environments, leading to the development of resilience (Ungar, 2019:4). Socio-ecological explanations of resilience posits that resilience is a process that is co-facilitated by individuals and their physical and social environments (Ungar & Theron, 2019:1; Sikorska, 2014:88). Physical and social ecology factors influence the capacity of the individual to overcome adversity and therefore plays a role in how resilience is defined from a socio-ecological perspective (Ungar, 2011:4).

Resilience with regards to older persons refers to their ability to recover physical and psychological health and well-being while being faced with adversities (Van Kessel, 2013:127). Homeless older persons who are capable of problem-solving, accepting their circumstances, are able to look to the future and manage their emotions, may be more likely to demonstrate resilience (Van Kessel, 2013:127). Research has indicated that aging demands adaptation to complex challenges in order to accomplish unique personal goals, while resilience may be a factor that aids an individual in overcoming such challenges (Bolton et al., 2016:171). Identifying factors that contribute to the resilience of homeless older persons, will allow them to become aware of their own resilience. This awareness leads to the empowerment of homeless older persons and further empowerment to ensure that their rights and needs are being met. This researcher will therefore determine how homeless older persons have been able to overcome setbacks and become strong again.

The resilience theory as a theoretical framework will enable the researcher to understand homeless older persons in their environments and to evaluate the interactions they have with their environments. From a socio-ecological perspective of resilience, these environments and interactions may serve as promotive and protective factors, whether internal or external, which may result in better-than-expected outcomes in the face of adversities for homeless older persons.

The resilience theory will aid the researcher in exploring and describing the resilience of homeless older persons because it takes into account risk exposure, promotive and protective factors in interaction with one another on social, economic, environmental, biological and psychological levels as well as the potential outcomes that are related to recovery, adaptation and transformation, which results in resilience. Through the above-mentioned explorations and by determining how resilient homeless older persons are, the researcher will be able to formulate resilience-informed policy guidelines to address homelessness among older persons in the City of Tshwane for the Tshwane Homelessness Forum.

3. 9 RESILIENCE INTERVENTIONS

Resilience enabling interventions should aim at influencing more systems at the same time, which will more likely result in the building of the psychological capacity that individuals need to cope with exposure to adverse circumstances currently and in the future (Ungar & Theron, 2019:6). Interventions and research focused on resilience should also heighten the focus on promoting individual's access to resources that will increase his or her resilience and interventions should be tailored to the cultural and contextual norms of various communities (Ungar & Theron, 2019:6).

Policy-makers should be encouraged to take into account aspects that encourage resilience and multi-disciplinary teams should be motivated to work with one another to endorse resilience as to ensure that the multiple systems are influenced at the same time (Ungar & Theron, 2019:6). Prevention, involvement and the creation of a protective system are important actions that have a significant part in implanting resilience in individuals who are living in circumstances that are harmful to their normal development (Sikorska, 2014:88).

Individual resilience interventions should focus on addressing individual personality factors, external environments, or a combination of personality and social factors; however, available resources should first be considered before embarking on resilience building interventions as the appropriateness and the availability of resources is central in sustaining the adaptation and changing behaviours of individuals (Lewis, Donaldson-Feilder & Pangallo, 2011:8).

Resilience enabling interventions for homeless older persons can focus on offering programmes and services that build personal, social and emotional competence skills, promoting the self-efficacy of homeless older persons by involving them in the development of services they receive, ensuring secure relationships, and supporting older persons in building social capital and interconnectedness with resources in their environments (LeMoine & Labelle, 2015:5). Unique services focused on race, class, gender and other social divisions for homeless older people could be catered for in service delivery.

3.10 SUMMARY

Chapter 3 has focused on the resilience theory as the theoretical framework of the research study.

The chapter included a conceptualisation of the resilience theory, a discussion on the historical perspectives and origins of resilience and divergent theories of resilience, which were discussed in terms of resilience as a trait and resilience as a process. This chapter further included a discussion of the characteristics of resilience, with specific focus on promotive and protective factors and processes as well as risk factors. The social ecologies of resilience, critique on the resilience theory, considering homeless older persons from a resilience perspective and lastly, a brief overview of resilience interventions was discussed.

As the theoretical approach to the proposed study has been discussed, the following Chapter, Chapter 4, will focus on the research methodology of the study.

CHAPTER 4: RESEARCH METHODODOLOGY

4.1 INTRODUCTION

This chapter will include a discussion on how the qualitative research approach was applied. It will explore and describe the resilience among homeless older persons in the City of Tshwane through photovoice. This chapter will focus on the methodology informing the present study's design and implementation with reference to the research approach, the type of research, research design study population and sampling. Furthermore, data collection will be discussed with reference to photovoice and face-to-face interviews. The process of data analysis, strategies to ensure data quality, the pilot study and ethical considerations will also be described.

Firstly, this chapter focuses on the research approach that was adopted in the study.

4.2 RESEARCH APPROACH

Fouché and Schurink (2011:310) indicate that constructionists believe that there is a narrative reality that changes continuously and, therefore, reality can only be socially and personally constructed while the research participant is actively involved. In this research study, constructionism, as a research paradigm, was implemented. Padgett (2017:7) adds that constructionism is the belief that human occurrences are socially constructed, rather than precisely factual. Constructionism, as a research paradigm, requires that the participants become active and involved in all phases of the research process as the participants themselves seek an understanding of the world in which they live and work (Fouché & Schurink, 2011:310).

By being actively involved in the process, by taking pictures of their environments and experiences and participating in an interview to record their perceptions, the participants were able to influence the course of the process and to raise their voices and opinions (Fouché & Schurink, 2011:310). From a constructionist paradigm it is understood that individuals create their own understanding and knowledge of the world through experiencing things and reflecting on those experiences (Adom, Yeboah & Ankrah, 2016:2). The constructionist paradigm is based on the analogy, or basis, that people form or construct much of what they learn through experience. Working from constructionism could ensure the full empowerment of the participants in the research project as it creates an open and democratic relationship between the participant and the researcher (Fouché & Schurink, 2011:310).

Working from a constructionist paradigm has enabled the researcher to achieve the goal of the present study as the participants were involved in the process of capturing their unique experiences, challenges and positive aspects, as well as sharing their views on their experiences and how they feel about their situations, which ensured that information was obtained directly from the participants (e.g. Photovoice) (Fouché & Schurink, 2011:310).

By using constructionism as a research paradigm, a qualitative research approach was considered to be the most appropriate for the present study. The qualitative research approach has a purpose of understanding and interpreting social interactions (Creswell, 2015:308). Researchers typically go into the areas where the participants live to collect their stories and to write a convincing account of their experiences (Ivankova, Creswell & Plano Clark, 2016:309). The qualitative approach enables exploration to take place in order to understand how the individuals, groups or communities construct their world, while also assisting the researcher to identify their activities and what is happening to them, identifying telling social problems, and offering a valuable insight to their world (Flick, 2018:4).

Photovoice, which will be discussed as a method of data collection, is congruent with the constructionism paradigm because it allowed the participants to be active and involved in the research process as they were responsible for creating and narrating their own reality and experiences. The use of photovoice as a method of data collection enabled the participants to reflect on their own protective factors and adversities, while also providing them with the opportunity to discuss matters of importance in the community, to produce shared knowledge and to reach policymakers. The use of photovoice invited the participants to construct their own reality and meaning by means of photographs that were taken and discussed. By actively involving the participants in the research process, the outcome and findings of the research were enhanced as information was derived directly from the participants. The research findings will be used to formulate a policy document directed at the needs of homeless older persons as well as service delivery.

The research purposes of the study were both exploratory and descriptive. The exploratory purpose of the study had the objective of gaining insight into a situation, phenomenon, community or individual because of a need to address the lack of knowledge in an area of interest and to become acquainted with the situation in order to formulate a problem (Fouché & De Vos, 2011:95). Explorative research investigates how events are occurring in the participants' natural setting (Baran & Jones, 2016:69). There is a lack of research on the resilience of homeless older persons in the South African context and, therefore, the study focused on the resilience of homeless older persons.

Researchers typically concern themselves with exploratory studies when they are examining a new field of interest, or when the subject of the study is relatively new (Babbie, 2017:92). Explorative research was appropriate for the research study as it enabled discovery in terms of the resilience of homeless older persons. The study focused on describing a phenomenon in greater detail, for example, the circumstances and resilience of the homeless older persons, which is typically the aim of many studies in the social sciences, therefore, the study had a descriptive purpose (Babbie, 2017:92). Baran and Jones (2016:68) also indicate that descriptive research focuses itself on specifying data that is able to address specific challenges that may be hindering individuals, groups or communities from normal or optimal development, as well as how these individuals, groups or communities are coping with, or addressing, such challenges. The study aimed to explore and describe the resilience of homeless older persons in the City of Tshwane through Photovoice. By means of the purposes of the study, the researcher was able to explore and describe the exposure to and severity of risk/adversities of homeless older persons as well as promotive factors (both internally and externally) that contributed to the resilience of homeless older persons in the City of Tshwane. The use of descriptive research was appropriate as it provided the researcher with information concerning the research population and their circumstances. More specifically, the descriptive objective was to describe the resilience of homeless older people in the City of Tshwane. 'How' and 'why' questions were used to describe the characteristics and circumstances of homeless older people (Fouché & De Vos, 2011:96).

4.3 TYPE OF RESEARCH

The type of research that was conducted, was applied research. Applied research is focused on solving specific policy problems or assisting practitioners with accomplishing tasks (Fouché & De Vos, 2011:95). Applied research stresses the importance of application and solving of problems in practice (Sarantakos, 2005 in De Vos, Strydom, Fouché & Delport, 2011:95). Applied research was the most suitable type of research for the study as it could provide practitioners with insight into the resilience of homeless older persons. It also provided insight related to how older homeless persons are able to cope with their daily adversities and their perspectives on the specific services and service delivery that are available to them, which in turn can influence service delivery and possibly policies regarding older persons in the city.

4.4 RESEARCH DESIGN

The research design that was used in the present study was the case study design.

Yin (2009:18) describes case study research as "an empirical inquiry about a contemporary phenomenon set within its real-world context, especially when the boundaries between the phenomenon and context are not clearly evident".

Case study research has, amongst others, both an exploratory and descriptive purpose and it has the advantage of close collaboration between the researcher and participants, which allows the participants to share their stories (Nieuwenhuis, 2016a:82). With the use of the case study research, the researcher wished to develop a close or in-depth understanding of a small number of cases that are set in real-world contexts (Bromley, 1991 in Nieuwenhuis, 2016a:83). Case study methods mostly focus on the collection of data in natural settings and this allows for learning to take place about real-world behaviours and the meaning thereof (Nieuwenhuis, 2016a:83). The case study research design was thus the most suitable design to use in order to achieve the objectives of the study.

In this research study, the researcher made use of the multiple case study design. Multiple case studies allow the researcher to identify and explore differences amongst various cases (Nieuwenhuis, 2016a:82). Cases are chosen for comparisons to be made between cases and in turn, theories can be extended and validated (Fouché & Schurink, 2011:322). The researcher acquired new knowledge regarding the particular social issue (i.e. homelessness among older persons) in order to further the researcher's understanding thereof and also for the researcher to be able to analyse information obtained from the various cases (for example, different shelters and different neighbourhoods in Tshwane) (Fouché & Schurink, 2011:322). Photovoice and interviews, as methods of data collection, linked with the nature of multiple case study research design because data was collected from participants in their natural environments and led to the creation of knowledge on the experiences of participants, in order to inform policy and service delivery directed at homeless older persons, guided by their unique needs and lived experiences.

By employing the case study design in this research study, the researcher was able to develop an intensive understanding of the resilience of some homeless older persons and their experiences of their circumstances.

4.5 RESEARCH METHODS

The following research methods will be discussed: the study population and sampling, data collection, data analysis, data quality and the pilot study.

4.5.1 Study population and sampling

The study population for this research study included all homeless older persons in the City of Tshwane. A population refers to "the totality of events, persons, organisation units, case record or other sampling units with which the research problem is concerned" (Strydom, 2011a:223).

The researcher made use of non-probability sampling, and specifically implemented purposive sampling as the sampling method. Purposive sampling observes samples that are selected based on the researcher's judgement of the sample that will be the most useful or representative of the total population (Babbie, 2017:200). Purposive sampling is also defined as a process in which the researcher selects participants for a study, based on fixed conditions relating to the degree that the particular participants could make contributions to the study (Vaughn, Schumm & Sinagub, 2013:3). Participants who presented with specific characteristics that related to the study were selected for the study. The researcher worked in conjunction with the Tshwane Leadership Foundation, as gatekeepers, to obtain access to, and to recruit potential participants. (see Addendum D).

The following inclusion criteria were employed in the proposed study:

- The participants had to be homeless older persons of 60 years and older.
- The participants had to have been homeless, therefore finding themselves without a permanent residence for at least three months at the time of data collection.
- The participants had to be located in the City of Tshwane, with more specific reference to the suburbs of Pretoria Central, Salvokop, Sunnyside, and Burgerspark
- There were no limitations with regards to gender or race of the participants.
- Participants had to be able to converse in Afrikaans or English, or any other language that the researcher, an outreach worker (translator) and the participant could converse in together and have an understanding of each other.
- The participants had to provide informed consent.

Data was collected from the participants up to the point of data saturation, which refers to the point where all themes and categories have been saturated and no new data can be generated from the participants (Nieuwenhuis, 2016a:84). The researcher concluded the process of data collection after interviewing 11 participants, as informed by information power (Malterud, Siersma, Guassora, 2016:1754). The combination of participants was highly specific for the study aim, as the participants were selected based on certain criteria, and therefore a smaller number of participants could be involved in the study (Malterud et al., 2016:1756). Data saturation was therefore reached after 11 participants have participated in the Photovoice activity and semi-structured interviews in which their views and feelings of their unique experiences and situations had been obtained.

The 11 participants were recruited from the following research sites: One participant was located at the Gillead shelter, three participants were located at the Rivoningo shelter, two participants were located at The Inn shelter, two participants were located at the TAU shelter and three participants were living on the street in Pretoria Central and Burgerspark.

4.6 DATA COLLECTION

Allen (2018:3) states data in a qualitative study consists of words and language. The researcher had to prepare for the process of data collection in order to implement the data collection methods.

4.6.1 Preparing for data collection

It was important for the researcher to identify organisations working with homeless persons in the City of Tshwane and to request permission to conduct the study in preparation for data collection. Permission to conduct the research study was subsequently received from the Tshwane Leadership Foundation, who also acted as gatekeepers for regulating the access of the researcher to the participants. As homeless individuals are often described as hard-to-reach participants, the Tshwane Leadership Foundation which is involved in the provision of social services to homeless individuals, was helpful in terms of gaining access to the participants.

Throughout the process of data collection, the participants were informed regarding what the study was about and the goal that the study wished to achieve. The information was verbally explained to the participants. Participation in the study was completely voluntary and the participants were informed regarding their choice to participate. The participants who voluntarily agreed to participate were requested to sign an informed consent form. The participants' choice to participate or withdraw their participation from the study was also accepted (see Addendum E). In total, 15 participants were approached to participate in the study; however, four indicated that they were not interested to participate in the study.

4.6.2 Methods of data collection

Data was collected from the participants by means of Photovoice and face-to-face interviewing with all the participants. The data collection process started with Photovoice. During the discussion of the photographs, the researcher and participants also embarked on face-to-face interviews, both which will be discussed below.

4.6.2.1 Photovoice

Photovoice is a tool for the facilitation of engagement with people and communities, as the participation in arts-based research can support advocacy and bring about social change (Jarldon, 2019:1). Photovoice is a data collection method that participants enjoy and can learn from as they participate in the research and have a sense of ownership over the knowledge that they create (Jarldon, 2019:3).

Wang and Redwood-Jones (2001:560) state that Photovoice makes it possible for participants to record and reflect on their community's strengths and concerns, to discuss matters of importance in the community to encourage shared discussions and produce shared knowledge, and lastly to reach policymakers. The participants were able to identify challenges and strengths in their community and they were able to reflect on their experiences of such challenges and strengths and how these relate to their lives. A benefit of using Photovoice is that the data that will be produced will likely engage individuals who would normally be unlikely to connect with academic research results (Jarldon, 2019:3). The Photovoice technique enabled the researcher to engage with homeless older persons and gain an in-depth understanding of their unique experiences and environments.

When participants are enabled to create knowledge that is based on their lived experiences, they can develop new ways of seeing and understanding the context of social problems, they can challenge stereotypes and discover alternative explanations of the cause of, and solutions to, social problems, such as homelessness (Jarldon, 2019:13).

Wang (1999), the originator of Photovoice, formulated a set of guiding questions for participants when they work collectively as a group to analyse their images, which is known by the acronym, SHOWeD (Wang, 1999:188, in Jarldon, 2019:65). Jarldon (2019:65) outlines the acronym for this set of questions below:

S – What do you **S**ee here?
H – What is really **H**appening here?
O – How does this relate to **O**ur lives?
W – **W**hy does the situation, concern or strength **e**xist?
D – **W**hat can we do about it?

The guiding questions can serve as an effective approach for participants to analyse their own data (Jarldon, 2019:66).

Some researchers have argued that the SHOWeD acronym should not be too prescriptive and that its structure may be modified for the purpose of consciousness-raising in the research project (Jarldon, 2019:66). For this research study, it was useful for the researcher to provide the participants with a short explanation of the purpose of Photovoice and what it entails. The researcher offered the participants a choice between whether they wanted to take the required photos with a cell phone camera provided by the researcher or if they wanted the researcher to take the photographs on their behalf. Should the participants have indicated to the researcher that they did not prefer to work with the camera or found the use of such technology overwhelming, they were able to instruct the researcher, to take the photos according to their instructions.

Irrespective of the choice of the participants, they were required to have photographs taken which depicted their experiences and such photos were contextualised by eliciting information from the participants in terms of what they have represented in the photographs.

Asnair, Hatthakit and Wironpanich (2011:166) outline various advantages of using Photovoice as a method of data collection, namely:

- The discussion of photos could facilitate unique conversations with participants.
- The participants are able to determine what data were collected and to shape its meaning.
- Social and unconscious processes could shape the identities and meanings of sensitive topics.
- One can gather richer data than in traditional interviews.
- New and unforeseen dimensions of analysis could be opened.
- Photovoice facilitates the building of rapport with the participants.
- With the use of Photovoice, the researcher can balance power, create a sense of ownership, foster trust and build capacity.

Limitations of using Photovoice as a method of data collection are that there may be time constraints, the participants' access to cameras may be limited, it may be an expensive method to utilise and participants may not return cameras to the researcher (Asnair et al., 2011:166).

Other disadvantages of this method may be that some individuals are not comfortable using cameras, situations may be misinterpreted through the photos, it is time-consuming, many resources may be needed, facilitators need to be able to manage situations where safety and emotional well-being may be threatened and understanding the concept of 'Photovoice' may not be easy for all the participants (What Works, 2019). The researcher initially offered the participants a disposable camera with which they were required to take photographs; however, this had a cost implication to the researcher as the participants were unable to share the camera as they were not knowledgeable to identify how many pictures a camera had left. Leaving a disposable camera with the participants also posed a challenge as the participant, in the pilot study, did not seem to understand what photos were required of him and took photos that were not relevant to the purpose of the study.

The researcher then altered the approach of the Photovoice technique and offered the participants a choice on whether they want to take photos by themselves with a camera offered by the researcher, while the researcher was present, or if they preferred the researcher to take photographs on their behalf. The researcher thus remained involved in this process by guiding the participants on what photos were required and discussing what was in their photos with them as the data was obtained. This immediately allowed the researcher to engage in discussions with the participants about the type of photos that they wanted to photograph and the significance thereof and created an interactive relationship between the researcher and the participants.

The use of Photovoice as a method of data collection led to the empowerment of participants. It allowed participants' voices to be heard within the community and it enabled the participants to inform and affect policy change. At the end of the research project, the photos and stories will be published as part of the research findings. After the participants had engaged in either taking their own photos or the researcher had taken photos on their behalf as instructed, face-to-face interviewing was used to narrate the photographs and to facilitate further conversations with the participants (see Addendum A).

4.6.2.2 Face-to-face interviews

Interviewing was also used as a method of data collection. Interviews enable the researcher to look at the world through the eyes of the participants and to gain rich descriptive data that will assist in understanding the participants' construction of knowledge and social reality (Nieuwenhuis, 2016a:93). Interviewing involves asking questions and getting answers from participants in a study (Kabir, 2016:211).

Semi-structured interviews were conducted with the participants. By means of semi-structured interviews, certain open questions are asked and then further probing and clarification takes place which requires that researchers should be attentive to the responses (Nieuwenhuis, 2016a:93). Semi-structured interviews also provide participants with more freedom to express their views (Pennbrant, 2017:7). By using semi-structured interviews, the interviewer and participants engaged in an interview whereby the interviewer developed and used an interview guide (Kabir, 2016:212).

The interview guide (see Addendum A) consisted of a list of questions and subjects that had to be dealt with during the conversation, usually in a specific order. The researcher followed the guide; however, the researcher was also able to follow topical routes in the conversation that might not be according to the interview guide, when it was deemed to be appropriate (Kabir, 2016:211). Probes were also used following the open-ended questions to explore the words of the participants and to create questions that pursued supplementary descriptions or clarifications (Lewis-Beck, Bryman & Liao, 2011:872)

Semi-structured interviews enabled the researcher to gather the responses of the participants from the use of the Photovoice method of data collection. Semi-structured interviews also enabled the researcher to explore specific topics that relate to resilience in order to explore and describe the resilience of the participants. Semi-structured interviews enabled participants to express their views freely in their own terms. This provided reliable, comparable qualitative data (Kabir, 2016:213). The limitations of using face-to-face interviews as a method of data collection are that there is a high risk of interviewer (researcher) bias, the cost may be high and there may be a time and cost constraint in training interviewers if the researcher is not the only individual doing the data collection (Maree & Pietersen, 2016:177). An outreach worker was asked to assist the researcher as an interpreter where any language barriers existed. Three of the participants were able to understand English, but preferred to answer in their home language. An outreach worker from the Tshwane Leadership Foundation was asked to act as an interpreter during the process and assisted the researcher with the translation of the interviews and the Photovoice activity. The researcher did not experience any challenges by using an interpreter as the information that was obtained by the participant through the interpreter was sufficient and relevant to the study; however, the accuracy of the interpretations could not be unequivocally guaranteed The participants all understood English and so the researcher was still responsible for asking the questions and explaining what was required of the participants, while the participants appeared more comfortable in the process, as they could give their answers in their home language (see Addendum B).

The use of face-to-face interviews was an appropriate method of data collection for this research study as it enabled the researcher to obtain rich information from the participants in the study. As the participants were homeless older persons, functional literacy could not be guaranteed.

4.7 DATA ANALYSIS

The process of reflexive thematic analysis, according to the process of Clarke, Braun and Hayfield (2015), was used in the present study. Relexive thematic analysis is a method for "identifying, analysing, and reporting patterns (themes) within data" (Braun & Clarke, 2006:6). As described in Clarke, Braun and Hayfield (2015:225 – 226) thematic analysis can take various forms; however, the form of semantic thematic analysis will be utilised in this study. Semantic thematic analysis places attention on the superficial meaning of the data, such as things that are clearly stated and obvious notions and concepts in the data (Clarke et al., 2015:226). Data is also interpreted in order to understand its particular significance (Clarke et al., 2015:226). Maguire and Delahunt (2017:3355 – 33512) describe the process of reflexive thematic analysis as follows.

4.7.1 Step one: Become familiar with the data

The first step in any qualitative research study involves reading and re-reading the transcripts. The initial interviews were audio-recorded and then written transcriptions were used for the analysis (Kabir, 2016:212). Researchers should immerse themselves in the data, by repeatedly reading through the data and searching for meaning and patterns in the data, in order to become familiar with the depth and scope of the content (Braun & Clarke, 2006:16). Nowell, Norris, White and Moules (2017:5) state that keeping all the records of the raw data can provide an audit trail and a standard against which data analysis and interpretations can later be tested for adequacy. Reading of the data should occur at least once before the researcher begins with the process of coding, because ideas and identification of probable patterns may be formed as researchers become familiar with all parts of the data. The researcher became familiar with both the visual and textual data collected by reading through the textual data and by becoming familiar with the visual data and its explanations in order to become informed of the scope of all the data collected. The researcher made notes while perusing the data of ideas that came to mind from the data. The researcher also used verb hinting as a strategy to elicit more information regarding the images to be used in the analysis of this. To remain focused, the researcher referred back to the research question, theoretical framework as well as the goal and objectives of the study (Isaacs, 2014: 321). Each participant was assigned a colour and data relevant to the study was highlighted before the researched attempted coding.

4.7.2 Step two: Generate initial codes

In the second phase, the researcher starts organising the data in a meaningful and systematic way by means of coding. After the researcher has familiarised herself with the data and a preliminary list of ideas has been generated about the data and their interesting features, the second phase can start, which involves the creation of initial codes from the data (Braun & Clarke, 2006:18). Codes classify a feature of the data that is of interest to the researcher and it refers to the most basic part of the raw data that can be evaluated in a significant way with regards to the phenomenon (Braun & Clarke, 2006:18). Qualitative coding is a "process of reflection and a way of interacting with and thinking about data" and it allows the researcher to simplify the data and to focus on certain characteristics thereof (Nowell et al., 2017:5). The production of codes from the data is a hypothesising activity that entails continuously going back to the data as the researcher needs to identify significant parts of the text and ascribe labels to them as they relate to a certain theme in the data (Nowell et al., 2017:6). Braun and Clarke (2006:18) recommend that researchers should systematically work through the complete data set, by giving total and equal attention to each item in the data, and identify interesting aspects in the data which may form the foundation of themes across the data set, as they represent the phenomenon of interest. The researcher worked through the visual and textual data collected from the participants and identified interesting aspects across the data set, which were grouped together, that represented the resilience of the participants. The researcher looked at each transcript individually and coded data in the margin. The researcher read through each transcript three times to ensure that all the appropriate data had been identified. New codes were added if the data did not fit into an existing code. Statements or photos from the data were then selected to support each code and such statements or photographs could be traced back to the transcript of origin through page referencing and colour coding.

4.7.3 Step three: Generate themes

When all data have firstly been coded and collated, and there is a list of the different identified codes across the data set, the phase of refocusing the analysis at the wider level of themes involves sorting the different codes into potential themes and organising all the applicable coded data extracts within the identified themes (Braun & Clarke, 2006:19). A theme is a pattern that emphasises something important or interesting about the data and it is characterised by its significance. Nowell et al. (2017:8) assert that this phase involves an inductive approach where themes that have been identified are strongly linked to the data, and it involves a process of coding the data without trying to fit the data into a coding frame that already exists. The codes that had been gathered in the previous step, were grouped together in themes that represented the lacuna of the research study.

4.7.4 Step four: Review themes

The fourth step involves reviewing, modifying and developing the initial themes that were identified in step three and data that is relevant to each theme is now gathered. It also involves the refinement of the identified themes and it will become evident that some possible themes cannot relate into themes, while others might fall into each other (Braun & Clarke, 2006:20). Phase four involves reviewing the themes at the level of the coded extracts as well as across the entire data set (Braun & Clarke, 2006:21). The validity of individual themes is then considered to determine if the themes can accurately reflect the meanings evident in the data set as a whole (Nowell et al., 2017:9). At the end of this phase, researchers will be knowledgeable regarding the different themes, how they fit with each other as well as the total story they tell about the data and should be able to show without doubt how each theme was generated from the data (Braun & Clarke, 2006:21). The themes that had been gathered regarding homeless older persons and their resilience, were reviewed and their validity was considered.

4.7.5 Step five: Naming and defining themes

The researcher now does the last modification of the themes to identify the essence of each theme. During this phase, the researcher defined and further improved the themes that she wished to present for the analysis, and also analysed the data within them; this means that the researcher had to identify the core of what each theme was about (Braun & Clarke, 2006:22). The names of the themes had to give the reader a sense of what the theme was about and by the end of this phase, researchers should be able to clearly define what the themes were and what they were not (Nowell et al., 2006:10). The themes that had been gathered and reviewed, were named and defined in order to have a clear idea about the context and meaning of each theme and sub-theme.

4.7.6 Step six: Writing-up / Producing the report

Step six is normally the end-point of research where the research is published in a report such as a journal article or dissertation. The writing of the report needs to tell the complex story of the data in a way which will convince the reader of the value and validity of the analysis (Braun & Clarke, 2006:23). Nowell et al. (2017:11) state that the writing of a thematic analysis into a report should offer a brief, intelligible, rational, non-repetitive and thought-provoking account of the data within and across themes.

4.8 DATA QUALITY

In qualitative studies, data quality is achieved by the trustworthiness of the study. Guba (1981) in Nieuwenhuis (2016b:123) describes four criteria which he believes should be considered by qualitative researchers who wish to conduct a trustworthy study, which will be discussed below.

4.8.1 Credibility

Credibility focuses on questions such as how congruent the findings of the study are with reality and how one ensures that those reading the study will believe the findings (Guba, 1981 in Nieuwenhuis 2016b:123). The credibility of a study can be enhanced through establishing early familiarity with the participants, making use of well-defined purposive sampling, detailed data collection methods and triangulation, peer debriefing sessions and member checks (Guba, 1981 in Maree 2016:123). Data triangulation refers to the use of two or more sources to attain an all-inclusive representation of a permanent point of reference, and by collecting data from multiple sources. In this research study, specifically referring to Photovoice and face-to-face interviews, qualitative researchers are able to elicit an exhaustive response to the research question (Lietz & Zayas, 2010:193). Other strategies to ensure the credibility of the study included member checking and peer debriefing. Member checking refers to verifying the research findings by looking for feedback from the research participants (Creswell & Miller, 2000, in Lietz & Zayas, 2010:193). Member checking can also include selected research participants in the data examination, or returning to a sample of participants with a draft of the findings to establish their sense of agreement with the findings (Lietz & Zayas, 2010:194). After the themes and sub-themes had been identified, the researcher met with two participants who had the opportunity to review the themes that had been identified by the researcher, and to make comments thereon. The member checking process has the ability to empower the participants as the participants can identify with the themes that are shared. To achieve credibility, qualitative researchers should manage the risk of research bias and research reactivity, of which the latter refers to the possibility for the researcher to exert an influence on the participants and in so doing, to alter the findings of the study (Lietz & Zayas, 2010:191). Member checking was specifically undertaken as it articulates with the research paradigm underpinning the study. Researcher bias includes how researchers' socio-political positions and predetermined ideas may outline the way they design the study and engage in analysis, which may lead to a misrepresentation of the data (Lietz & Zayas, 2010: 192).

In this research study, follow-up sessions with two of the participants took place to permit their explanations on the portrayal and interpretation of the research findings, which ensured that the findings were representative of the experiences of the participants'.

This enabled the researcher to improve the credibility of the findings as the accuracy thereof could thus be improved. The participants were required to interpret their own photographs and the researcher made use of member checking to ensure that the findings were in fact a result of the opinions of the participants and that they had not been not influenced by the opinions of either the researcher or the interpreter.

4.8.2 Transferability

According to Guba (1981) (in Nieuwenhuis, 2016b:124) transferability invites the readers of the research to make connections between their own experience or research, and the elements of a research study. In order to achieve transferability, research should focus on how typical the participants are of the context being studied and the context to which the findings apply (Nieuwenhuis, 2016b:124). Transferability can be achieved through the use of thick descriptions, providing the readers with a thorough and purposeful account of the context, participants and research designs in order for the readers to make their own decisions regarding transferability, or it can be achieved through purposeful sampling (Guba, 1981 in Nieuwenhuis, 2016b:124). Transferability is also achieved when the findings can be applied to another setting, to theory, to practice, or future research (Lietz & Zayas, 2010:195). Transferability is achieved if the researcher can apply the findings of the research to a similar situation in practice (Morrow, 2005:252). The researcher reported on the research methods used, which improved the transferability of the study as it allowed the potential replication of the study in similar research settings. Transferability was achieved in this research study as the findings are reported in detail in Chapter 5 (i.e. thick descriptions).

4.8.3 Dependability

The dependability of a study is established through the research design and the implementation thereof, the operational specifics of data gathering and the reflective assessment of the project, which can be achieved by keeping a journal, or making notes of all the decisions that a person as a researcher need to make throughout the research process (Guba, 1981 in Nieuwenhuis, 2016b:124). Dependability also refers to the degree to which research processes are documented, which allows an individual who is not involved in the project to follow and critique the research procedure (Lietz & Zayas, 2010:195).

The dependability of a research study can be achieved by keeping an audit trail, a written version of the research procedure that includes reporting what occurred throughout the research project and demonstrating research reflexivity, and by using peer debriefing (Lietz & Zayas, 2010:196).

In order to comply with the requirement of dependability, the researcher made use of detailed transcripts and kept notes of all the steps and decisions that had been taken throughout the process. The researcher furthermore consulted with the research supervisor throughout the study.

4.8.4 Confirmability

Confirmability can be described as the degree of impartiality, or the degree to which the findings of a study are actually formed by the opinion of the participants and are not influenced by the bias, motivation or interest of the researcher (Guba, 1981 in Nieuwenhuis 2016b:125). In order for the possibility of researcher bias to be reduced, the researcher needs to be aware of, and admit his or her own predispositions (Guba, 1981 in Nieuwenhuis, 2016b:125). If a study can demonstrate that the findings and data are clearly linked, it achieves confirmability (Lietz & Zayas, 2010:197). The researcher should also keep an audit trail, in order to allow any observer of the research study to trace the course of the research step by step, by means of the decisions made and the procedures recommended (Guba, 1981 in Nieuwenhuis, 2016b:125). Strategies such as member checking and peer debriefing, also provide collaborators outside of the research team with an opportunity to evaluate or confirm the research processes (Lietz & Zayas, 2010:197). Two participants were involved in the process of member checking to confirm that the findings of the study had been created by the experiences and feelings that were shared by the participants. The research findings were also compared to existing literature which was able to support the findings of the study, therefore, confirmability was achieved.

4.9 PILOT STUDY

A pilot study is a requirement for the research project to be successfully executed and completed and it attempts to increase our knowledge of the interventions used and the effects thereof on our clients (Royse, in Strydom, 2011a:236). A pilot study is the initial step of the entire research project and usually consists of a smaller-sized study that assists with the planning and adjustment of the main study (In, 2017:602). Barker (2003) (in Strydom, 2011a:237) states that a pilot study is a procedure for testing and validating an instrument by administering it to a small group of participants from the intended test population. The pilot study leads to the identification of possible problems or challenges when the researcher is collecting the data prior to starting with the larger study (Lewis-Beck et al 2011:854). The pilot study is an essential part of the research process as it functions to formulate the exact research problem, the tentative planning of the modus operandi and the range of the investigation (Strydom, 2011a:236).

To improve the success and effectiveness of the investigation, researchers must conduct a pilot study that will enable them to become aware of criticisms or remarks by the participants, which the researcher can then use to alter or improve the main investigation (Strydom, 2011a:241). A pilot study is performed to reflect all the processes of the main study and to validate the feasibility of the study by assessing the entire process (In, 2017:602). The process and outcome of the pilot study will be discussed accordingly.

4.9.1 Process of the pilot study

The research study was tested with two individuals who formed part of the larger research study. Two homeless older persons, who complied with the inclusion criteria, were selected to pilot test the data collection instruments. These two participants were found at a shelter for homeless persons in Pretoria CBD. The two participants were recruited through the Tshwane Leadership Foundation and they were briefed regarding the purpose and processes of the study. The participants were also asked to sign an informed consent form (see Addendum E).

After the participants had been briefed and had knowledge about what the study entailed, they were asked to take photos of their immediate surroundings, everyday experiences and circumstances. They were also required to participate in a face-to-face interview. The researcher offered the participants the option to take the photographs by themselves, or for the photographs to be taken with the assistance of the researcher; however, still by the guidance of the participants. Interviewing was then used to discuss the photographs. The pilot study was implemented for a period of 21 days, which enabled the researcher to become aware of the procedures involved in the main study. This assisted in the selection of the research method that was the most appropriate for answering the research question in the main study (In, 2017:602).

Both participants indicated that they understood what the study was about and why it was being done. Both participants indicated that they wished to take part in the pilot study. The participants had to take photographs of their daily lives, and things they experienced as challenges as well as things they regarded as obstacles in their daily lives. One participant took photos with a camera provided by the researcher, while the other participant did not feel comfortable with the use of technology and wanted the researcher to take the photos. The participants were informed that interviews would take place after the photographs had been taken and that such interviews would be recorded. The participation of the participants remained voluntary. The pilot study was helpful in determining if any part or process involved in the data collection process should be altered in order to achieve better results.

No questions had to be changed for the main study, only the procedure of Photovoice was altered, e.g. the researcher took the photographs as instructed by the participants.

4.9.2 Outcome of the pilot study

The first participant was hesitant about working with the disposable camera and asked the researcher to take photos on his behalf. The researcher then made print outs of the photos for the purpose of discussion with the participant. The researcher discussed these photographs with the participant by means of the SHOWeD technique that is used with Photovoice as a method of data collection. The second participant made use of the disposable camera, but did not seem to understand the instructions about what he needed to photograph and the first set of photographs could not be used for the purpose of a pilot study. The researcher therefore scheduled another appointment with the second participant to retake his photographs. When re-attempting the photovoice activity with the second participant, the participant took the photographs on his own and the researcher was involved throughout this process if the participant needed assistance. An outreach worker was also involved in this process to assist the researcher with translation where needed. The researcher discussed the photographs with the participant by means of the SHOWeD technique and also completed the face-to-face interview with the participant.

The researcher realised that further probing would be necessary after the above-mentioned questions had been answered, in order to gather more in-depth information of the participants' lived experiences and resilience. The researcher scheduled a follow-up interview with the participant and commenced with a face-to-face interview that consisted of semi-structured questions from an interview guide

Starting the interview with easy, non-threatening questions regarding useful biographical information shaped an encouraging environment for the participants to engage with the researcher (Doody & Noonan, 2013:30). The interview guide was effective in gathering information from the participants pertaining to the lacuna of the research study.

The researcher, however, noticed that the use of disposable cameras for each participant has cost implications and therefore, the main study was revised in such a way that the participants were still required to take the photographs on their own, or with the assistance of the researcher, with the same camera the researcher provided to each participant. The researcher remained involved in the process of the participants photographing their experiences, challenges and aspects that stood out in their communities.

Throughout this activity, the researcher and the participants engaged in unstructured dialogue regarding the photographs which led to further gathering of information from the participants.

4.10 ETHICAL CONSIDERATIONS

There are various ethical considerations that the proposed study needed to adhere to, as the participants of the study involved human beings. The researcher obtained ethical clearance from the Research Ethics Committee of the Faculty of Humanities of the University of Pretoria (see Addendum C; reference number: HUM033/0820). The research also obtained permission for the research study from the Tshwane Leadership Foundation (see Addendum D).

The ethical considerations that were adhered to in the research study were the following:

4.10.1 Publication of the findings

Strydom (2011b:126) indicates that the findings of a research study should be revealed to the respondents as a method of recognition and to maintain good relations with the community concerned in the future. For this research study, the participants were made aware that the results of the study would be published in the form of Master of Social Work research report, a conference presentation, a journal article and lastly the findings will also be made available to both the Tshwane Homelessness Forum and the Tshwane Leadership Foundation.

4.10.2 Informed consent

Individuals should base their voluntary participation in research projects on a complete comprehension of the potential risks that are involved by participating in a research study (Babbie, 2017:65). The participants of the proposed study were required to sign an informed consent form which outlined what the study was about, how it would be done, the reason for the study, the risks associated with participating in the study and finally consent to take part in the study by agreeing to the terms and conditions. The participants also agreed that the data will be archived for 15 years at the University of Pretoria (see Addendum E).

4.10.3 Voluntary participation

A norm that applies to social research is that no person should be forced to participate in the research (Babbie, 2017:63). Throughout the research study, it was the participants' own choice to participate in this research study and they were not to be forced or obliged to do so. All the participants who provided voluntary consent, took part and completed the research process.

4.10.4 No deception of respondents

It is beneficial for researchers to identify themselves as a researcher to those they want to study and to inform the respondents why the research is being done or for whom (Babbie, 2017:70). The researcher was honest about what would be done and the aim of the research, which in the context of this study was to explore and describe the resilience among homeless older people in the City of Tshwane.

4.10.5 Avoidance of harm

Human research should never harm the people who are being studied, whether or not they are volunteering to participate in the study (Babbie, 2017:64). Babbie (2017:64) rather indicates key principles that research should adhere to which are: respect for the respondents, respondents must benefit from research, and the consequences and benefits of the research should be shared to all those involved. Emotional harm was a possible risk as the participants reflected on their homelessness; however, emotional harm throughout the study was limited since debriefing was used by the researcher in order to help the participants to recover after discussing their experiences in the data collection phase.

4.10.6 Confidentiality

A research project promises confidentiality when a researcher can identify a specific respondent's answers, but promises not to reveal this publicly (Babbie, 2017:67). An informed consent form was drafted for this study and it indicated that no data or any conclusions that might be conveyed, would include any information which might identify a participant except if obliged to do so by law. The researcher ensured confidentiality with all the data that was received.

4.10.7 Debriefing

Debriefing can be described as a process in which the general purpose of the study and the implications of a study are discussed with the participants of the study (Sharf & Kimonis, 2015:1). Participants of the study were informed what the research study was about and they were given a thorough explanation of all the processes it entailed. The participants were debriefed and any participant that wished to require further counselling would have been referred to a social worker at the Tshwane Leadership Foundation for this purpose. None of the participants requested further counselling after the completion of the study.

4.10.8 No compensation

Compensation can be viewed as reimbursing the respondents for costs they might incur such as taking time from work to participate in the study, spending free time on the research study or transportation (Strydom, 2011b:121). However, participants of the proposed study did not receive any compensation for participating in this research study, which was also indicated in the informed consent form.

4.10.9 Gatekeepers

A gatekeeper can be defined as somebody who maintains control over access to an organisation or an institution such as the principal of a school, a director or manager (Singh & Wassenaar, 2016:42). Gatekeepers have a right to know about the planned research processes and the potential consequential impact that these might have on the usual operational functioning of the organisation (Singh & Wassenaar, 2016:43). The researcher worked with the Tshwane Leadership Foundation, as gatekeepers, to obtain access to and for the recruitment of homeless older persons. The researcher engaged in thoughtful consultations with gatekeepers in order to adhere to ethical responsibilities.

4.10.10 Social impact/ Use of photographs

The photographs that were taken by the participants will be published as part of the research findings. The participants were allowed to decide whether they wanted their photographs published and made available to the public or not. All agreed that their photographs could be used. To comply with confidentiality, all identification of participants has been obscured. The photograph of the participants would also be put together in a document (presentation) with brief extracts of the participants' accounts of the photographs, which would be shared with them. The participants were empowered, their voices heard and the participants were enabled to inform and possibly affect policy change.

4.11 CHALLENGES AND LIMITATIONS

The first challenge that the researcher identified was that of language barriers between the researcher and the participant. Some of the participants' understanding of and ability to speak English was limited and they preferred communicating in their own languages. This challenge was overcome by enlisting the assistance of an outreach worker who assisted with translation of the discussions between the researcher and the participants.

The participants found it difficult working with the disposable camera and the use of the disposable camera also had a time implication as the photos that were taken with the disposable camera took six weeks to develop.

The use of a disposable camera also had a cost implication to the researcher and was therefore found to be not feasible for the main study. The researcher therefore decided to provide the participants with a cell phone camera and assisted the participants with taking their photographs where assistance was needed.

The researcher also experienced challenges in terms of locating participants on the street. The researcher enlisted the help of an outreach worker who accompanied the researcher to participants on the street. The study was undertaken during the COVID-19 pandemic. As a result, many homeless older persons were moved to temporary shelters (hence numerous participants from shelters), while others were re-united with their families. As such, within the context of the international pandemic, the potential numbers of street homeless older persons were considerably less than was anticipated.

When involving street homeless older persons, the Photovoice activity and the interviews had to be done with the participants on the same day as the researcher faced the risk of not locating the particular participant on another day as homeless older persons on the street frequently relocate to another setting where they can perhaps find more warmth, or an improved shelter, or they walk around making it difficult to find them at the same spot. Completing the data collection process with the participants on the street had the same effectiveness as it had with other participants who were found in shelters. The participants were still open to participating and shared their views and feelings without any obvious discomfort or hesitance.

A limitation experienced by the researcher was the lack of previous research on the resilience of homeless older persons. The lack of research on the topic limited the researcher in terms of literature to consult during the discussions and corroboration of the research results. Eleven participants were recruited to participate in the study; however, only eight participants agreed to Photovoice as a method of data collection. The participants who did not wish to take photos of their surroundings, indicated that they felt uncomfortable with the use of technology and did not wish to enlist the assistance of the researcher with regards to taking their photos. As a result of the COVID-19 pandemic, many homeless individuals had been taken off the street and accommodated in various shelters in the City of Tshwane. Most of the data collected was collected from participants who were residing in a shelter and therefore, the data collected from participants who live on the streets, was limited.

Only one female participated in the research study. Many other females whom the researcher encountered who were homeless, did not meet the inclusion criteria as they were under the age of 60 years. Most of the data collected and interpreted, is from the perspective of male participants.

4.12 SUMMARY

This chapter included a discussion of how the qualitative research approach was applied to explore and describe the resilience of homeless older persons in the City of Tshwane. This chapter focused on the research methodology informing the current study's design and implementation with reference to the research approach, the type of research, research design, study population and sampling. Data collection was discussed with specific reference to Photovoice and face-to-face interviews. The process of data analysis, data quality, the pilot study and ethical considerations were also discussed.

Chapter 5, the next chapter, focuses on the analysis of the data and offers an interpretation thereof from extant literature and the theoretical framework.

CHAPTER 5: RESEARCH FINDINGS AND INTERPRETATION

5.1 INTRODUCTION

In this chapter, the research results of the study are presented and an interpretation thereof provided. The demographic profile of the participants is firstly outlined, followed by the qualitative data in the form of those themes and sub-themes that were generated from the data.

The research question the present study seeked to answer is: "*How resilient are homeless older people in the City of Tshwane?"*

The study further seeked to answer the following sub-questions:

- To what extent are homeless older persons exposed to risk from a socio-ecological point of view?
- What are the promotive and protective factors and processes (both internally and externally) that older homeless persons use to navigate and negotiate towards better-than-expected outcomes?
- What are the desired outcomes, despite being faced with adversities, that homeless older persons envisage?

5.2 DEMOGRAPHIC INFORMATION OF PARTICIPANTS

Based on an interview guide, the researcher collected demographic information from the participants during face-to-face interviews. The demographic information refers to the age, gender, religion, home language, number of children in the participants' family of origin, the participants' position in their family of origin, employment status, relationship status, highest level of education attained, as well as the number of times the participants have been homeless or admitted into a shelter. The demographic information is presented in Table 1. The information is compared with current information available on older persons in South Africa as well as interpreted from extant literature.

TABLE 1: DEMOGRAPHIC INFORMATION OF PARTICIPANTS

	Age	Sex	Religion	Home language	Number of children in family of origin	Position in the family structure	Employment status	Relationship status	Highest education	Times homeless	Admission in a shelter
Par* 1	69	Male	Christian	Afrikaans	3	Eldest	Unemployed	Divorced	Matric/Grade 12	1st time	1st time
Par 2	63	Male	Christian	English	2	Youngest	Unemployed	Divorced	Grade 10	1st time	2nd time
Par 3	83	Male	Christian	Afrikaans	3	Eldest	Unemployed	Widowed	Matric/Grade 12	1st time	1st time
Par 4	63	Male	Christian	Afrikaans	7	Third born	Unemployed	Divorced	Grade 10	2nd time	3rd time
Par 5	61	Male	Christian	isiZulu	4	Second born	Unemployed	Single	Grade 3	2nd time	2nd time
Par 6	62	Male	Christian	Afrikaans	6	Eldest	Unemployed	Widowed	Grade 10	1st time	1st time
Par 7	61	Female	Christian	Afrikaans	4	Second born	Unemployed	Divorced	Matric/Grade 12	2nd time	2nd time
Par 8	74	Male	Christian	Sepedi	4	Eldest	Unemployed	Married	Grade 9	1st time	4th time
Par 9	61	Male	Christian	Afrikaans	2	Eldest	Unemployed	Divorced	Matric/Grade 12	1st time	1st time
Par 10	62	Male	Esoteric	Afrikaans	3	Second born	Unemployed	Single	BA Languages	2nd time	2nd time
Par 11	61	Male	Christian	Setswana	4	Eldest	Unemployed	Single	Grade 8	1st time	1st time

*Par = Participant

The participants were all homeless older persons, meaning that they were all 60 years of age and older. The participants were located in the following suburbs of the City of Tshwane: Pretoria Central Business District (CBD), Sunnyside, Salvokop, and Burgerspark. StatsSA (2020:20) has indicated that 8.5% of the total population are older persons residing in Gauteng.

Figure 2: Map of City of Tshwane with demarcated areas

There were 11 participants in the study who could all be considered as homeless, that is, living on the street or residing in a shelter on a temporary basis for at least three months. Two participants were living on the street, while five participants were living in a shelter after being homeless and spending a reasonable time on the street. Another four participants had been admitted into a shelter after being discharged from a medical facility. The participants were considered to be homeless as they do not have any form of permanent residence and had found themselves living on the streets or temporarily in a shelter.

Different categories of homelessness exist such as economic homelessness, which refers to those individuals who were forced from their homes because they have been unable to earn an income (City of Tshwane, 2017:24), and situational homelessness, which refers to individuals who became homeless due to acts of abuse, domestic violence or family conflict, as well as individuals who had been imprisoned or have been released from a hospital with nowhere to go (Tshwane Homelessness Forum, 2015:5). Chronic homelessness refers to those individuals who live on the streets for extended periods as a result of mental illness, substance misuse or by their own free choice (City of Tshwane, 2017:24), and late-life homelessness, refers to individuals who became homeless later in their lives (Grenier et al., 2016:32). The participants were considered to be homeless as they all fell into the above-mentioned categories of homelessness.

One of the 11 participants identified herself as female, while the other ten participants identified themselves as male. Male older persons make up 44.9% of the total population of older persons in Gauteng, while female older persons make up 55.1% of the total population of older persons in Gauteng (StatsSA, 2020:9). The number of elderly females nationwide is increasing; however, only one female, who met the inclusion criteria, participated in the study. Ten of the 11 participants reported themselves to be of Christian faith, while only one participant identified with esoteric beliefs, which he referred to as a Western form of spirituality that recognises the importance of the efforts of the individual to increase his spiritual knowledge, whereby an individual is challenged with the heavenly aspect of existence. Seven participants identified their home language to be Afrikaans, one participant identified his home language as English. One participant identified his home language as Sepedi, while Setswana was also identified as a home language by one participant and one participant indicated isiZulu to be his home language.

Six participants reported that they were the eldest of the children in their family of origin, three participants said they were the second born of the children in their family of origin, while one participant claimed to be the third born and one participant reported to be the youngest in his family of origin.

All of the participants reported that they were unemployed. Only 1% of the total population of older persons in Gauteng are reported to be unemployed, while 81.8% are reported as being not economically active (StatsSA, 2019:49). Five participants indicated that they were divorced, two participants reported to be widowed, while three participants reported to be single, i.e. they had never been. Only one participant reported to still be married.

StatsSA (2019:15) indicates that in 2019, 66% of elderly males and 31% of elderly females reported to still be married, 4.6% of elderly males, and 6% of elderly females reported to be divorced or separated, 16.1% of elderly males and 47.9% of elderly females reported to be widowed, while 8.5% of elderly males and 13.1% of elderly females reported that they were never married.

Four of the participants had passed matric/Grade 12, while three participants had completed Grade 10. Another three participants completed a lower grade and one participant went on to tertiary education. The education profile of older persons shows that most of the older persons in South Africa do not have any formal education; however, the percentage of those who have no schooling has reduced from 47% in 1996 to 28% in 2011 (StatsSA, 2011b:5). The number of older men who have achieved a higher level of education is almost double that of older women (11.4% and 6.4%, respectively). The finding signals how an unfair educational system during the Apartheid regime predisposed educational outcomes between white and other racial groups (StatsSA, 2011b:5). StatsSA (2019:37) further indicates that 23.5% of the total population of older persons in Gauteng have completed matric, 29.8% have completed some secondary education, only 5% completed primary school, while 17.7% achieved a higher qualification. Five participants stated that they were homeless for the first time in their lives while four participants indicated to be homeless for the second time in their life. One participant reported to have been homeless for the third time in his life and another participant reported that he was homeless for the fourth time in his life. All the participants had been admitted into shelters during the COVID-19 pandemic in an attempt by the Tshwane Leadership Foundation to get homeless older persons off the streets, yet some moved back to live on the street. All of the participants reported to be unemployed.

The following section will include the qualitative data of the study, which will be interpreted from the literature and the theoretical framework of the study.

5.3. QUALITATIVE DATA AND INTERPRETATION

The qualitative data will be discussed with reference to the themes and sub-themes generated from the data. The themes will be represented by short, catchy phrases (Braun & Clarke, 2013:121). The researcher will include verbatim quotations (originating from the semi-structured interviews) and photographs (originating from the Photovoice data collection method) from the participants to illustrate the themes and sub-themes. The data will be interpreted using the resilience theory which served as the theoretical framework of the study. An overview of the themes and sub-themes is presented in Figure 3 below, where after the first theme will be discussed.

Theme 1: It runs in the family	Theme 2: An ongoing battle	Theme 3: Alone in the world	Theme 4: What I need	Theme 5: All hope is not lost	Theme 6: Desired outcomes
•**Sub-theme 1.1:** Conflict, discord and abuse •**Sub-theme 1.2:** The effects of disappointment •**Sub-theme 1.3:** Uncondu-cive living circumstances	•**Sub-theme 2.1**: Mental health challenges •**Sub-theme 2.2**: Job loss •**Sub-theme 2.3:** Challenges we experience	•**Sub-theme 3.1:** Me, myself and I •**Sub-theme 3.2:** Talking to my thoughts •**Sub-theme 3.3:** Completely dependant on myself	•**Sub-theme 4.1:** The importance of socialisation •**Sub-theme 4.2:** Care for the vulnerable	•**Sub-theme 5.1:** Higher power •**Sub-theme 5.2:** Support structures •**Sub-theme 5.3:** Internal protective factors	•**Sub-theme 6.1:** Back to the roots •**Sub-theme 6.2:** Ideal solution

Figure 3: Overview of themes and sub-themes of the study

Theme 1: It runs in the family

The first theme gives an overview of aspects in the participants' family life and upbringing that the participants experienced as having been contributors to their homelessness. The sub-themes focus on specific aspects in the participants' family of origin and upbringing that shaped their experiences. These themes include causes such as conflict, discord and abuse, family expectations and subsequent disappointments, as well as family history.

Sub-theme 1.1: Conflict, discord and abuse

The aim of this sub-theme is to describe experiences of conflict, discord and abuse that occurred in the participants' family of origin and throughout the course of the participants' life and which the participants identified as causes for their pathway into homelessness.

The following statements indicate how the participants perceived their family history, situations of instability and family circumstances to have contributed to their homelessness.

***PAR 4**: "I grew up in a home where my parents were alcoholics. There was a lot of conflict in the house due to their drinking and they also experienced financial difficulties. I left school at an early age (16) with the hope of becoming employed in order to contribute to the family household."*[1]

[1] All quotations are offered in English. Where participants expressed themselves in other languages, the quotations were translated into English. Their words have been returned exactly as spoken in order to convey and preserve the particular tone and emotion.

PAR 2: *"I did not experience much stability growing up. My parents got divorced when I was 2 years old. I mainly stayed with my mom. I went to eight different schools while staying with my mom as she frequently relocated. My mom suffered from mental health issues and I suffered a lot of trauma due to this and being exposed to my mother's difficulties."*

PAR 5*: "…but the family situation and us being too many family members in one home did contribute to my situation. My sisters were always in fights and there was a lot of conflict. This was also not good for me emotionally. My sisters would invite boyfriends and friends to stay at the house. It was not a place that needed to be shared by everyone."*

PAR 6: *"I lived with my sister and her husband in Hercules [a neighbourhood in Tshwane]. I did not get along with her husband. Some of the things he did and said I did not agree with. He is someone who has everything and while living with them, I had nothing as I was unemployed. This made me feel worthless. There was a lot of conflict between me and him as he felt that I was not contributing while I was not able to. I tried helping around the house. He also drank a lot. I left the house and came to Pretoria, Silverton [a neighbourhood in Tshwane], in the hopes [sic] of becoming employed."*

PAR 7: *"My father was an alcoholic and a gambler. His addiction was severe. One day we would have a car, the next day the car would be gone. One day we would have a fridge, the next day the fridge would be gone. My mother worked very hard to provide for us, while my father was drinking constantly. I experienced a lot of instability growing up."*

PAR 8: *"Yes, my father passed away when I was 7 years old. My mother remarried. My stepfather was not a good person. He was an alcoholic and he physically abused my mother. My family life was unstable. I was chased away from home by my stepfather many times when he was drunk and abusive. It all was just too much for me and I decided to leave at the age of 16 when I also left school to try to make a life of my own. My father passed away and my mother was never supportive of us children. She did not stand up against my stepfather. I did not have any family to turn to when I needed anyone. I was forced to be alone and try to make a way for myself."*

PAR 9: *"Although my parents got divorced when I was three, I had a good childhood, until my mother remarried. I was assaulted by my stepfather since the age of 13 years old. This experience of abuse contributed to my depression. My mother did not do anything. I coped with everything and never stood up for myself until I was in matric and I fought back against my stepfather and hit him. I left the home after completing matric and since then was left on my own to find my own way."*

PAR 10: *"I went to stay with my sister; however, family conflict made the living situation unbearable. Being a gay man, I was not accepted in my family or in my culture. My family could never accept my sexual orientation and it was hard for me to fit in with the cultural norms of a traditional family as well as with the norms of our community. This isolated me in a way."*

PAR 11: *"I was also fighting with my family as my brother's wife was not faithful and I saw everything that was happening at home when other men came to visit."*

The quotations above indicate that many of the participants perceived family conflict, living in a home where abuse was present or experiencing family instability throughout their childhood, as factors which caused them to find alternative ways of living and to fend for themselves, which in turn contributed to their homelessness.

Thompson et al. (2010:201) have described family conflict, maltreatment and victimisation as factors that contribute to homelessness among individuals and have concluded that continuous family conflict is regularly identified as an important factor that contributed to the decision of individuals to leave their family home. The participants indicated that their decisions to leave home was a well-planned decision over a period of time. The participants' experiences of family conflict and discord reached a point where being homeless became a more attractive situation. Hill, Taylor, Richards and Reddington (2016:195) state that most of the children and young individuals who leave their family homes, attribute their reasons for doing so to problems and difficulties in family relationships. Homelessness is often linked with situations in which family bonds do not exist and families are not a big form of social support (Barker, 2012:735).

Kolar (2011:423) indicates that neglect, emotional and or physical abuse at family or social levels, poorly resourced housing, and problematic attachments to family and instability have been regarded as risk factors when considering the resilience of an individual. These risk factors have the potential to create harm in an individual's life if they are confronted with such situations and may impact on their ability to be resilient, if they do not have the advantage of any protective factors that may curb against this risk (Kolar, 2011:423). The conflict, abuse, instability and substance use of parents, have exposed the participants to adversity from a very young age.

Sub-theme 1.2: The effects of disappointment

The aim of this sub-theme is to describe how the participants' experiences of not fitting into the norms and values of their family system has contributed to their situations of homelessness.

This sub-theme also aims to describe how the participants' feelings of being a disappointment to their family has contributed to them becoming homeless. The following quotations indicate experiences of disappointment that the participants have identified as contributing factors to their homelessness.

PAR 8: *"In the black community, if you are a man and you are not working, you are not seen or regarded as a man. I lost my manhood through losing my job and being unable to provide for my family. Losing my job and the family conflict that happened after that. My family did not look to me as the man of the house anymore."*

PAR 10: *"I left my family home at the age of 19 as I was not accepted for being gay. I had to get away from home."*

PAR 11: *"I did not have a job living with my brother and his wife. In my community you cannot stay home if you do not have a job. I left my home to look for a job."*

Bizimana (2018:8) argues that gender shapes rules that are governing various social institutions in life such as families, employment, marriage, sports and the legal system. The act of gender stereotyping typically leads to the expectations of a group to conform to specific behaviours that are pre-determined for that group and subsequently punishing those individuals who behave in a manner that is contradictory to the expectations of the group (Bizimana, 2018:8). Men are often expected to be career-focused, providers, independent and competitive (Bizimana, 2018:9). It has in most cultures been expected of men to marry and maintain the position of being the main breadwinner through providing food, clothing and shelter for their families and being responsible for decision-making within the family (Jardine & Dallalfar, 2012:18). African males are often so tightly bound to societal domination that it impacts on their ability to take responsibility in the family (Jardine & Dallalfar, 2012:20). From the above-mentioned statements, it is evident that the participants did not fit into what was socially and culturally expected of them as individuals which led to disappointments and rejection in their family system, or their perception of being rejected, and thus leading to their homelessness. These cultural and gender expectations made it difficult for the participants to feel as if they still had a role in the family system, and therefore their decisions to leave their family in the hopes of finding employment would help them earn their position and respect again. Furthermore, individuals considered sexual minorities (e.g. LGBTIAQ+) are also faced with significant difficulties as they grow up in a society where heterosexuality is habitually regarded as being the only acceptable orientation (Subhrajit, 2014:318). Individuals from sexual minority groups also tend to experience hostility from their family due to their sexual orientation (Subhrajit, 2014:318).

These experiences of estrangement and rejection have contributed to the homelessness experienced by one participant. The quality of an individual's environment and appropriate support from an individual's specific culture or context, also has the ability to enable a process of adaptation (Ungar, 2019:2). From the statements presented above, it does not seem as if the participants experienced their environment and/or their culture as supportive in terms of their unique experiences, and thus exposed the participants to risk on a societal level.

Sub-theme 1.3: Unconducive living circumstances

The aim of this sub-theme is to describe how the previous living circumstances of the participants led to them leaving home in search of a better future or to support their families. Unfortunately, their search for better circumstances did not realise which left them homeless. The following have been identified as causes which necessitated the participants' departure from their family home and led to their experiences of homelessness.

	**PAR 5:** "*This picture shows my daily life. This is my room. This is where I can think of what to do to improve my life. I think this situation (being homeless) differs for many people. For me it exists because of my family background and coming from an overcrowded home. I came here to find a job and it did not work out so I ended up in the shelter*."

PAR 4*: "I left school at an early age and was forced to enter the job market in order to help support the family. I did not get to be with friends my age and was forced to be a grown up very quickly."*

PAR 11: "*I could not stay at my family home. We had a four-bedroom house which was occupied by too many people, my two sisters, their husbands and children. There was not enough space for all of us to live there. The home became overcrowded and it was difficult for those who were working to take care of the entire household."*

Overcrowding has been identified as a contributing factor to homelessness as it creates a lack of space and privacy (Kids Under Cover, 2021:1) Overcrowding can negatively affect an individual's ability to conduct normal social relations due to a lack of space and a chronic lack of sleep, due to dysfunctional living arrangements, can lead to fatigue, tension and stress (Kids Under Cover, 2021:1). The limited access to space and utilities and the absence of privacy can adversely affect an individual's ability to engage in work and socialising, while potentially also giving rise to conflict, and therefore, overcrowding should receive more attention as a contributory factor to homelessness (Kids Under Cover, 2021:1). Family instability and severe poverty are regarded as experiences of adversity and hardship, thus exposing the individual to risk (Shean, 2015:17). Older persons are more susceptible to becoming homeless due to limited viable housing alternatives as well as overcrowding in hospitals and other facilities that might cater to their needs (Grenier et al., 2016:31).

The factors discussed in this theme focused on contributing circumstances to the experiences of homelessness by the participants. The following theme will discuss the challenges that homeless older persons experience in their daily lives.

Theme 2: An ongoing battle

The second theme gives an overview of challenges (i.e. risks) that the participants experience in their daily lives as individuals who are homeless. The sub-themes focus on specific situations in the daily lives of the participants that they find challenging. These sub-themes include factors such as mental health, job loss and other challenges. This theme also identifies risk factors that are present in the lives of homeless older individuals.

Sub-theme 2.1: Mental health challenges

The aim of the first sub-theme is to describe how participants perceive their mental health to be a challenge in their daily life. It also describes how the participants view their experiences of having mental health problems throughout their life, as contributors to their experiences and situations of homelessness.

	**PAR 02:** *"Taking my medication, anti-depressants and an anti-psychotic tablet, allows me to feel like a human-being as it keeps me calm and rational and that is why it is important to me.*

	I need to take my medication everyday as I suffer from a condition (Bipolar disorder). I need to take the medication to control my moods and be in control of myself. Taking my medication offers me the opportunity to lead a 'normal' life. If others can benefit from the use of medication to control or relieve symptoms of their own conditions. I think they should be evaluated by a health professional and offered the choice of medication that can benefit them."

PAR 1: *"I experienced symptoms of depression from a very early age. Due to financial difficulties and debt, we lost our home. This led me to become really stressed and I began seeing a psychiatrist. The psychiatrist diagnosed me with depression and I was admitted into YY [a public psychiatric hospital in the City of Tshwane] for a period of time. After being discharged from YY, I was brought to XX, [a facility that has housing for patients with special needs as well as individuals who are homeless and looking to get back on their feet], as I had no other place to go. I experienced symptoms of depression from a very early age. I grew up in Bloemfontein but lived in the school hostel throughout my school years. I was mainly alone. I think that contributed to me becoming depressed, which has had an influence on my ability to work effectively."*

PAR 2: *"I think the fact that I suffer from Bipolar Disorder was the start of my problems. I used to stay in Bronkhorstspruit. I started a business with a friend. He had a severe drinking problem. He and his wife fought a lot. I stayed with them as well. One night they had a big argument and my friend's wife stabbed him with a knife. I suffered from terrible insomnia after this incident and my work was also affected. The business ultimately broke down. I grabbed at the wrong things to manage my stress (alcohol) and I was eventually admitted into YY."*

PAR 7: *"I had a good job as an accountant, although I was not qualified. I however suffered from obsessive compulsive disorder (OCD) and at times I was extremely paranoid. I began drinking to cope with my anxiety. I felt everyone was looking at me and I heard voices. My paranoia became so bad that I stayed away from work, I had no energy. I was admitted to hospital soon after. I lost my place of residence as a result of staying away from work and could not look after myself."*

Chamberlain and Johnson (2011:66) indicate that homelessness often follows where individuals with mental health problems do not have any form of support. Homelessness can either be caused by mental health difficulties, or it can lead to the creation thereof (Perry & Craig, 2015:19). Homelessness has been associated with higher rates of personality disorders, self-harming behaviours and suicide attempts and, therefore, homelessness and mental health create a vicious cycle where they influence each other (Perry & Craig, 2015:9). The housing circumstances of individuals with mental health disorders are unstable and often characterised by relocation, insecure housing and insufficient accommodation; and so, mental disorders can be regarded as a cause of homelessness (Brackertz, 2019:4). Long-term mental illnesses can lead to strained family relationships and lead to less support from family members which can exacerbate the circumstances of an older person who is homeless (Cummings & Kropf, 2011:177).

Mental health challenges in older persons, which are caused by a dynamic interaction between social, biological and psychological factors, are very common and they often remain untreated and undetected (Gyawali, Khan, Chaudhury & Khadka, 2019:2). It can be seen from the experiences of the participants that mental health challenges often led to job loss and breakdowns in family relationships, which had an effect on the participant finding themselves homeless. Mental health challenges can consequently be regarded as a factor that contributes to homelessness. Promotive and protective factors and processes that have normally been linked to positive mental health outcomes are adaptive strategies such as the ability to self-regulate as well as cognitive coping mechanisms (Ungar & Theron, 2019:1). Good physical and mental health have been associated with higher levels of resilience (Wells, 2010:52). The participants have indicated that they are able to access psychological and medical resources in terms of their mental health challenges, which serve as resilient enabling behaviours, as they assist the participants with constructive coping mechanisms.

Sub-theme 2.2: Job loss

The aim of this sub-theme is to give a description of how the participants experienced situations of job loss and how that has led to them becoming homeless.

PAR 4: *"I lost my place of residence as I lost my job and my rent payments were falling behind. I got evicted with nowhere to go, so I ended up sleeping on the street. I was found in Arcadia where I was sleeping on the street and brought to XX [a shelter in the City of Tshwane]. Losing my job ultimately led to me losing my home as I could not afford the rent anymore."*

PAR 5: *"I left my family home as I was promised a job opportunity in Pretoria. I came here and the man who promised me the job was nowhere to be found. He fooled me. I trusted him for the job."*

PAR 8: *"I lost my job. Since that happened my wife and my family look down on me and I was not respected. I had to leave the family to look for a job."*

PAR 9: *"I lived at my previous place of residence. I was unfairly dismissed without any warning or explanation, which meant that I was also left without a place to stay."*

Unemployment is regarded as one of the leading causes of homelessness on a structural level (Calvo, Carbonell & Badia, 2018:60). Steen, Mackenzie and McCormack (2012:7) agree that homelessness often follows circumstances of unemployment, and unemployment is regarded as one of many triggering causes of homelessness. As reported by StatsSA (2019:4) only 1% of the total population of older persons in Gauteng are recorded to be unemployed, while 81.8% are reported to not be economically active. Experience of unemployment causes individuals to believe that their future employment forecasts will be poor and this insecurity causes feelings of agony (Daly & Delaney, 2013:20). Unemployment also negatively impacts on an individual's self-esteem as it creates feelings of rejection and disappointment (Willemse, 2015:20). The issue of fewer available jobs for older persons has also been identified as a factor that contributes to homelessness among older persons (Grenier et al., 2016:32). Being unemployed causes homeless older persons to experience financial insecurity, which has been regarded as a risk factor that adds to the experiences of psychosocial distress (Girgis, 2020:42). Employment is thus regarded as a social variable that is able to act as a coping mechanism that an individual can use to overcome hardship (Girgis, 2020:45).

Sub-theme 2.3: Challenges we experience

The aim of this sub-theme is to describe other challenges that the participants experience in their daily lives as homeless individuals. These challenges include occurrences of theft in places where the participants reside, as well as their physical limitations as an older individual.

	**PAR 3:** *"This is my room which I share with two others. I sleep in that bed every day. It is also where I hide my money. I am afraid that it will be stolen. It feels as if I need to protect my belongings the whole time. Theft is a common part of our lives. It is an everyday occurrence. People steal when they try to make a life for themselves or try to sustain themselves. We do not have much privacy here."*
	**PAR 5:** *"It would be hard to take a photo of physical limitations and tiredness, but that is what I wanted to show. As an older person, I am not as mobile or physically fit as I used to be. I can become tired very easily and sometimes just making my bed gets hard.* *I think just as I can be physically tired some days I can also feel emotionally tired from feeling alone sometimes or not having something to do."*
	***PAR 7: "****Sometimes when I come to the roof and I watch the street I witness the robberies and the street fights that happen. Sometimes I can see that they stab each other. The police will sometimes come to see what is happening. There will be a big commotion. Crime happens almost every day. It makes you feel unsafe. It sometimes feels as if it (the crime) is happening to me and I feel unsafe."*

Older persons who are homeless encounter violence on the streets and in shelters (Grenier et al., 2016:34).

Older homeless persons have a unique need for safety and if this is not met, they are left vulnerable, while the risk of victimisation is also higher for homeless older persons (Grenier et al., 2016:34). Cognitive impairment and a decline in functional abilities are common among older persons (Gyawali et al., 2019:2). Increasing age has also been linked with increases in disability among older persons (Gyawali et al., 2019:3). As individuals grow older, they are susceptible to experience a deterioration in their physical fitness, that relates to their strength, stamina, suppleness and flexibility, resulting to difficulties in their day to day activities and their standard functioning (Milanović, Pantelić, Trajković, Sporiš, Kostić & James, 2013:551). If older persons do not participate in physical activities, they further face the risk of reduced muscle mass and joint motion (Milanović et al., 2013:551). Older persons suffer from poor health more often as they are fragile and more susceptible to illnesses and disabilities, causing them to experience difficulties in the performance of certain actions such as walking, hearing, seeing, memorising, concentrating as well as self-care (StatsSA, 2014:7).

Aging is usually linked with a decline of an individual's health, and the poor living conditions on the streets may aggravate such health problems (Gebeyaw, 2021:355). Poor mental and physical health has been identified as a contributing factor to homelessness among older persons (Grenier et al., 2016:32). As individuals grow older, their mobility becomes limited, they have weakened senses and cognitive functioning that may contribute to withdrawal from public life, which may force an older person to depend on the support of others in terms of carrying out basic activities (Noronha, 2015:25). Older persons who experienced losses due to age-related disabilities or limitations in their functionality, reportedly experience more difficulties in terms of accessing resources, which strengthens the limitations they experience due to age, and strengthens their dependence as well as their vulnerability (Girgis, 2020:43). The access to and availability of care for the needs of older persons, at shelters, in terms of their declining health and mobility can be influential to the experience of resilience (Van Kessel, 2013:124). Cognitive functioning has also been linked to resilience (Van Kessel, 2013:125). The participants reported to have experienced threats to their safety and vulnerability in terms of their declining physical and mental abilities, which could be considered risk factors hindering their navigation towards resilience.

This theme discussed challenges experienced by homeless older persons. The following theme will discuss how the participants experience isolation and feelings of loneliness.

Theme 3: Alone in the world

Theme 3 gives voice as to how the participants perceive themselves as isolated individuals in the world. It describes feelings of loneliness, estranged relationships and rejection that the participants have experienced throughout their lives.

It includes sub-themes focusing on the homeless person as an isolated individual and being completely dependent on him or herself. These sub-themes are regarded as risk factors that may hinder the ability of the participants to navigate towards resilience.

Sub-theme 3.1: Me, myself and I

The aim of this sub-theme is to describe feelings of isolation and loneliness that the participants experience. Such experiences could be because the participants do not have anyone to talk to, not knowing how to share their feelings or not having any kind of support structures in their lives.

	**PAR 8:** ***"****This is the bench where I sometimes sit for hours during the day. I sometimes feel very alone and isolated just like this bench. We don't always socialise with one another and not having regular visitors can make one feel extremely alone."*
	**PAR 4:** *"This is a picture of the halls [sic] where we stay. Most of the time it looks empty and cold. It makes me feel alone and scared. The picture shows a bit of how I feel."*

PAR 1: *"I am a very shy and reserved person. I did not communicate effectively with my wife when we were having financial difficulties. We became estranged which also left me with no place to go. Being homeless has made me feel completely isolated and lonely. This further contributes to feelings of helplessness and isolation."*

PAR 1: *"It is difficult being without my family, living without my family."*

PAR 2: *"Building and keeping relationships were difficult as I was frequently moved from schools. This might have played a role in the lack of support systems I have today which contributed to my homelessness."*

PAR 4: "*I do not have any contact with my family members anymore. They have rejected me. I miss them."*

PAR 5: "*Since being homeless, I have not had any communication or interaction with my family. We have an estranged relationship. I don't know how they are and they don't know how I am."*

PAR 6: "*Another challenge for me is the extreme loneliness I experience living in the shelter. I am not close or in contact with any friends or family."*

Homelessness has a devastating impact on an individual's mental, emotional and spiritual well-being, and individuals with a lack of support networks may have a difficult time adapting to homelessness which may cause feelings of isolation (Bissel Centre, 2016:1). Aging has adverse effects on the physical and emotional functioning of individuals and may cause them to withdraw from social interactions leading to feelings of loneliness (Noronha, 2015:25). Loneliness may impact negatively on older persons' functionality, health status and may lead to early mortality (Smith, Steinman & Casey, 2020:2). Having relationships with family, friends and adults within an older person's community may be beneficial to the process of resilience (Shean, 2015:20). Social connections and relationships exist on various levels of an individual's life, such as the individual level, community level and social level, and such interactions influence one another (Shean, 2015:22). Social workers were employed at the shelters were the participants were found. These social workers meet with the homeless residents for individual and group intervention, which may serve as a support network and social connection for homeless older persons.

Sub-theme 3.2: Talking to my thoughts

The aim of this sub-theme is to portray how the participants mostly keep to themselves and are left with thoughts that they need to work through on their own as they do not easily share their feelings and emotional situations with others.

	**PAR 1:** *"I do not do much while sitting here. I mainly think. This is an escape from my life. We all have something that we need to escape from or want to escape from. For me it is the misery and loneliness that I experience. It's to escape from my negative thoughts."*
	**PAR 4:** *"This is where I sit every day for hours at a time. We do not always talk to each other. This is what I do to pass the time. I sit and I think about my whole life and things that have happened in my life. I think we all sometimes think about our past and wonder what could have happened or where we could have been if we made other decisions. I think everyone has things they think about."*

PAR 4: "*I do not really open up about challenging emotional situations. I tend to keep to myself and do not really talk to anyone about my feelings."*

PAR 1: *"I am disappointed in myself for the life that I have lost because I did not seek help. I had everything and now I am left with nothing. I think my family is also disappointed and ashamed. I don't really interact with other people enough to know what they think of me."*

PAR 3: *"If I find something hard or upsetting I will just keep to myself. I am quiet and would sit alone and think about everything. I keep calm most of the time."*

Social isolation can involve emotional isolation, which refers to the reluctance to or incapability of sharing your feelings with others (School of Public Health and Tropical Medicine, 2020:1). Socially isolated individuals can become emotionally numb and experience a detachment from their feelings if they lack emotional interactions and support (School of Public Health and Tropical Medicine, 2020:1). Older persons in particular, are more to experiencing social isolation due to the loss of family or friends, retirement, and changes in health and mobility as well as ageism (Smith et al., 2020:2).

Social isolation has adverse health consequences such as sleeplessness and a diminished immune function, while it is also associated with increased rates of anxiety, depression and suicide and leads to decreased cardiovascular health and cognitive functioning (Tulane University, School of Public Health and Tropical Medicine, 2020:1). The experience of social isolation in later life has been linked to poor health, depression, declines in cognitive functioning and also mortality (Smith et al., 2020:2). Declines in cognitive functioning are often due to social isolation rather than due to aging in itself (World Health Organization [WHO], 2002:26). A lack of social support has been linked to mental anguish and a decrease in overall health (WHO, 2002:26). Thus, loneliness is a considerable source of stress that is regarded as a risk factor while close relationships act as an important source of social strength (WHO, 2002:28). The shelters where the participants were recruited, often have visits from churches, pastors, volunteers or students which may provide relief to the loneliness and isolation that the participants experience. Social support is regarded as being a protective factor against emotional and behavioural conflicts, which may positively impact on an individual's resilience (Shean, 2015:8).

Sub-theme 3.3: Completely dependent on myself

The aim of this sub-theme is to indicate how the participants have experienced to be only dependent on themselves and that they do not have anything else or anyone else to depend on.

PAR 3: *"Since being homeless, I have not had any communication or interaction with my family. We have an estranged relationship. I don't know how they are and they don't know how I am. I am restricted in going back home to Newcastle [town in Kwa-Zulu Natal Province of South Africa] as I don't have an income and I know the family situation that side. I do not want to be a nuisance to my family while they are already also struggling."*

PAR 5: *"Homelessness is all about you. You begin to only care for yourself and not worry about anything else or anyone else. You learn to be tough and strong – it is what you need to do to survive. You fight for yourself because if you don't, you will be taken advantage of."*

Opportunities for education, protection against abuse and social support are important factors in the social environment of older persons that may enhance their health (WHO, 2002:28). Aspects such as family support and a supporting natural environment have also been regarded as factors that allow for an individual to develop adaptive behaviour that may enhance their resilience (Ungar & Theron, 2019:1). Resilience is both a quality of an individual and the environment in which individuals find themselves, and resilience is therefore created by interactions in these environments (Shean, 2015:26).

Homeless older persons should have access to activities that may promote their knowledge as this can serve as a resilience enabling behaviour. Having a supportive family as well as a supporting environment, may also enable the participants to be resilient.

The experiences of loneliness and isolation are indicative of overlapping and yet unique experiences of homeless older persons that may exist on a personal or social level. They are interrelated and have the ability to influence and exaggerate one another (Smith et al., 2020:2).

This theme discussed aspects such as isolation and loneliness that the participants experience. The following theme will discuss some of the needs of homeless older persons.

Theme 4: What I need

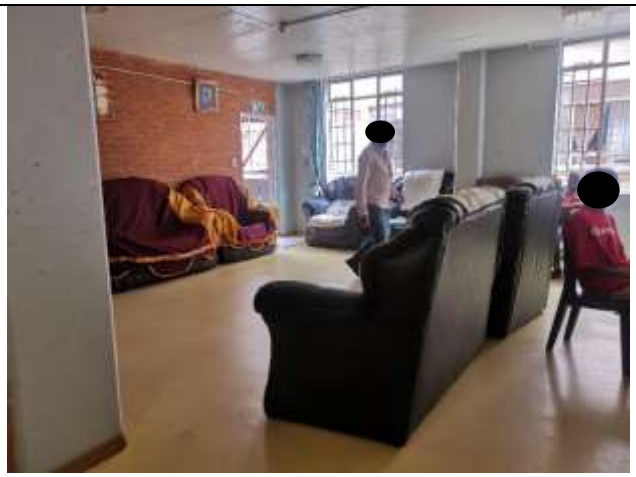
Theme 4 gives an overview of services or activities that are available to the participants or what they require to assist them in their daily life. These factors are indicative of promotive and protective factors that enable older persons to navigate towards resilience and to resile. These factors are able to protect homeless older persons against harm and allow them to cope despite their many challenges.

Sub-theme 4.1: The importance of socialisation

The sub-theme outlines aspects in the community of the participants that are stimulating them and keeping them active. It also takes note of the lack of stimulation in some of the participants' lives.

PAR 7: *"We are able to play these games, build puzzles and watch the movies for entertainment. These activities are something positive and time consuming that helps us to pass the time. This picture shows some of the recreational activities that we have that are stimulating."*

	**PAR 5:** *"A group of us are walking with the physio-therapists as part of our weekly sessions. The physiotherapists visit us weekly and we go for walks. This is something I regard as a strength as it keeps us active and it's also a good thing emotionally to get out of our everyday surroundings at the shelter and get some fresh air and see a different scenery.* *The physiotherapists are helpful in maintaining our health and giving us advice in terms of physical limitations. They are also people to talk to."*
	**PAR 6:** *"The vegetable garden helps the centre to make sure we eat enough vegetables. I think it also saves them money as it is something they do for themselves and do not need to depend on donations to get the vegetables. Perhaps some of the more able residents can take part in the vegetable garden or have certain duties towards the vegetable garden which will keep us busy and maybe we can exercise in that way."*

	**PAR 5:** *"It is not happening now [due to COVID-19] but this is where people come to speak to us about different things and they teach us new things. When people are invited to come and speak to us we are able to learn and it keeps us busy. We might not have the opportunity to hear about things if we are on the streets. At the shelter they want us to learn more and they let us know about new things. The people who come to talk to us is nice. Homeless people should be educated regarding their communities and new things that they can learn to improve their lives."*

PAR 1: *"There is no stimulation in my current community – nothing that I can do to pass time or nothing that I can make to feel that I am doing something. I would like to see us engage in more activities such as playing games, playing chess or playing cards. I think it is important that older people be stimulated and remain active. We currently do not have any projects that we are involved in."*

PAR 2*: "Not everyone here has a friend or even a family member that come to visit them. It saddens me. I try to reach out to those who are alone but it does not always feel as if you are able to make a difference. I think we can establish support systems to improve our lives here at the centre. The support systems can provide emotional support or merely an ear to listen. Volunteers to come and spend time with the residents or do activities with them could be a good idea."*

PAR 3: *"I would enjoy more social gatherings where we can get to know each other better and improve communication.*

The residents need to be more sociable and improve our social lives so that we do not feel so alone and be quiet the whole day. I would have us be more together and do more activities together. More get-togethers."

***PAR 4:** "Better social activities are needed so that we get to know each other and become friends. This will help us to feel less alone."*

Through socialisation, older persons are able to fulfil their need to preserve friendships, which can improve their independence and well-being and may allow them to discover their role and worth in their society (Wardhana, Soemarno & Prijotomo, 2012:48). The positive effects of cognitive stimulation for older persons include enhancements in cognition, functionality, and independence, while it may also reduce symptoms of depression, increase the quality of life, increase life expectancy and lead to the reduction in institutionalisation of older persons due to geriatric difficulties (Apóstolo, Bobrowicz-Campos, Gil, Silva, Costa, Couto, Cardoso, Barata & Almeida, 2019:90). Opportunities for lifelong learning may enable older persons to develop skills and gain the necessary confidence to adapt and remain independent throughout the process of aging (WHO, 2002:29).

Socialisation of older persons is important as it offers fellowship by means of connection, belonging and a sense of intimacy (Noronha, 2015:24). In order for older persons to experience growth, they should be involved in social activities and events, continuous education should be offered and involvement in community building could be beneficial (Noronha, 2015:26). Studies have shown that individuals who experience high exposure to risk and who have sufficient resources are able to display more resilience (Ungar & Theron, 2019:1). Homeless older persons experience high exposure to risk not only because they are homeless but also because of their age and vulnerability. High levels of social support are able to impact positively on an individual's behavioural and psychosocial outcomes (Ungar & Theron, 2019:1). Access to cultural services for older persons have also been identified as being able to foster resilience in older persons (Girgis, 2020:52). Stimulation and socialisation can therefore be regarded as an internal promotive and protective factor that can foster resilience and may be offered to homeless older persons in shelters as part of a weekly programme.

Sub-theme 4.2: Care for the vulnerable

The aim of this sub-theme is to describe some of the physical limitations that homeless individuals experience. It indicates the need for extra care that homeless older persons may require as their physical and mental health as well as their physical abilities deteriorate.

	**PAR 4:** ***"I am looking clumsy and tired. I recently had a stroke and my left arm is weak. I cannot properly lift it or use it. I am not sitting up straight due to my body feeling weak. As my body feels this weak it runs over into my thoughts and being. I feel as if I am not enjoying life any more as I feel tired and weak."***
	**PAR 8:** *"Some residents are completely dependent on a wheelchair and staff members to assist them as they are very frail. Seeing this makes me scared that I will also end up in that way. This shows some of the challenges that older people face. Although it is not me in a wheelchair I am also faced with the risk of my health and physical abilities becoming weaker which might make me dependent on others for support – as I already am by living in the shelter."*

PAR 2: "Some homeless people can become lonely. And those who are not as functional might need some stimulation. Individuals in wheelchairs might need extra care which is not currently in place in situations of homelessness."

PAR 2: "I receive psychological support which helps me to deal and work through my emotions."

Older persons are inclined to experience a decrease in independent mobility due to the process of aging, which may lead to a poor quality of life and an increase in social isolation (Manini, 2013:1). Older persons may be fragile and therefore more prone to developing illnesses and disabilities (StatsSA, 2014:7). Older persons tend to experience a decrease in muscle mass and strength, which furthermore leads to deterioration in functional ability (Clegg, Young, Illife, Rikkert & Rockwood, 2013:755). Access to health care services has been identified as a promotive factor through which individuals are able to receive help for chronic life illnesses and physical ailments (Girgis, 2020:55).

The availability of, access to, and the utilisation of resources at shelters, may enhance resilience and act as a protective factor against stressors that older persons face (Girgis, 2020:71). The participants have indicated that psychological support services are available to individuals who need it. Older persons who need special care such as wheelchairs or assistance with bathing and dressing, have such support and services available in their various shelters. This acts as a buffer against their atypical circumstances and enable them to feel supported. The availability of services that cater to the unique needs of homeless older persons, serves as an external protective factor in the process of resilience.

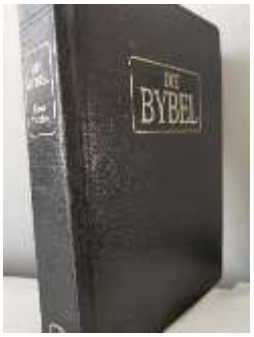
This theme discussed the unique needs of homeless older persons. The next theme will discuss factors that have been identified as promotive and protective factors or processes in the lives of the participants.

Theme 5: All hope is not lost

Theme 5 discusses positive factors in the lives of the participants that serve as promotive and protective factors that assist them in their daily lives, despite the challenges and hardship that they are faced with. Such factors include religion, the availability of support systems and also other internal protective factors.

Sub-theme 5.1: Higher Power

This sub-theme describes how the participants have identified religion as an aspect that assists them in their daily life to help them cope with their challenges and acts as a source of hope and strength for the participants.

	**PAR 11:** *"This is my Bible that I read every day. The Word of the Lord helps me to keep hope and to get through every day. It gives me strength. I think it's important to have something that gives you strength when you are faced with challenges".*

PAR 6: ***"****I pray to God daily and leave all my worries at His feet."*

PAR 8: *"I pray to God when something is difficult for me. When I have difficult days, I pray to Him to help me through. It is tough being out here on the street. Having lost everyone and everything. I have a new life now."*

Religion is often positively linked to mental health and well-being (Papaleontiou-Louca, 2021:2). Ethical guidance, and having faith have both provided individuals with coping mechanisms, opportunities for socialisation and aids in the development of personal identity (Papaleontiou-Louca, 2012:2). Faith has also seemed to be able to protect patients with severe psychosomatic diseases, it enhances the ability of patients to recover from post-traumatic stress (Papaleontiou-Louca, 2012:2).

It adds to individual life meaning, it assists with managing feelings of anger, grief, despair and loss, and it increases people's self-esteem (Papaleontiou-Louca, 2012:2). Tsitsigkos (2012) in Papaleontiou-Louca (2012:2) also notes that faith has been identified as a factor that reduces an individual's fear of dying, increases self-esteem, and contributes to lower rates of suicide in religious societies. Religion has been found to improve mental health, it buffers against depression and aids in faster recovery from physical illnesses (Bonelli, Dew, Koenig, Rosmarin, & Vasegh, 2012:2; Raphael, Rachel, Harold, David & Sasan, 2012:3). Many studies have shown that religious experiences have helped in mental and physical health (Papleontiou-Louca, 2012:2). This aids in the management of stress, enhances well-being and quality of life, quickens the resolution of emotional ailments and reduces substance use (Papaleontiou-Louca, 2012:2). Religion acts as a protective factor to many individuals (Papaleontiou-Louca, 2012:2). Various studies have indicated that religion is linked to physical and psychological well-being amongst older adults (Noronha, 2015:21). Religion and the personal impact of prayer have been identified as a factor able to assist individuals with transitioning out of homelessness (Lewis, 2014:7). Girgis (2020:64) has found that religious beliefs and customs have acted as a significant source of support for individuals faced with adversity. Prayer and other expressions of faith act as vital contributors of strength and resiliency during times of adversity (Lewis, 2014:7). Religiosity and spirituality, including belief, identity, religious affiliation, involvement, benefits and practices, have been identified as sources of support in previous studies on resilience and are therefore linked with higher resilience as they are regarded as being a coping method and further enhance self-perceived health (Fontes & Neri, 2015:1479). Religion can therefore be regarded as an internal protective factor, that exists on a personal level, that helps homeless older persons to cope with adversity, sustains their well-being, and aids the achievement of better-than-expected outcomes.

The contribution of religion in the lives of the participants have been able to assist them to cope with their daily adversities and act as buffers against the impact of daily stressors that the participants experience. Religion is thus a valuable protective factor that leads to resilient behaviours.

Sub-theme 5.2: Support structures

The aim of this sub-theme is to describe the support structures that the participants have identified in their daily lives that assist them to cope with challenges and promotes resilience. The various support structures include family, friends and staff members.

	**PAR 2:** *"*Sandy [pseudo name] is my best friend at the centre. She is an important part of my life as we have grown very close. *Sandy is part of my everyday life. My children are also an important part of my life although they all live abroad. This picture shows that I have companionship. It reminds me that it is nice to have a friend. It helps to have someone you can talk to and someone you can share your feelings with. It's nice to know there is someone you can play chess with or just to have someone near. I also talk to my children on the phone – even though I cannot be close to them it helps to know I can still talk to them."*
	**PAR 5:** *"The social worker is available every day. She is there for us to talk to when we need to and she is there for emotional support. Sometimes we all need to feel supported and need someone to talk to so having this support available makes some days easier. I think the service is valuable and should continue. Perhaps instead of us having to make appointments with the social worker we can have one mandatory appointment in a month.*

	**PAR 4:** ***"****Myself and *John [pseudo name] are standing together. *John is a good friend of mine at XX [name of shelter] who is always there to support me. *John really helps me a lot and I know I can always turn to *John when I need assistance. I wanted to show *John as something that is positive in my daily life. Being at the shelter can become very lonely. I do not have family or friends that visit me or who I can even talk to on the phone. This picture reminds me that there is at least someone I can talk to."*

PAR 1: "*Turning to staff and relying on other residents for emotional support, although it is not always easy to open up about my emotions."*

PAR 2: *"I receive psychological support which helps me to deal and work through my emotions."*

PAR 3: *"I have good friends here who I can talk to so I do not feel that alone. The staff are very helpful and supportive. My family members still come fetch me and take me out for outings such as eating at a restaurant."*

PAR 4: *"We receive medication and have access to medical services."*

PAR 5: *"I have a good group of friends here which are my support system. I can talk to all the nurses on duty and the officer in charge has an open-door policy – therefore we feel supported in our challenges."*

PAR 6: *"I have four children. I am still in contact with them and phone them occasionally."*

PAR 8: *"Homelessness has made it difficult for me to find and maintain a job, which makes you kind of dependent on others for support. I have lost my independence."*

Older persons are inclined to become dependent on the support of other people due to diverse health difficulties, feelings of isolation from their communities, depression, loneliness and helplessness due to ill health of experiences of losses (Unsar, Erol & Sut, 2016:255).

Social networks have the ability to improve the mood and well-being of older persons, while poor social networks lead to a poor quality of life (Ungar et al., 2016:255). Garousi, Garussi and Sadat (2015:362) emphasise that supportive family behaviours act as significant sources of social support and they impact positively on the quality of life of older persons. Strong social networks have been associated with higher levels of resilience in previous studies (Wells, 2010:52).

A lack of social connection may negatively impact older persons' physical activity, sleep, nutrition and agreement to managing their own health (Smith et al., 2020:3). Loving families, which is a socioecological resource, and family unity, have been regarded as factors that contribute to the resilience of individuals (Ungar & Theron, 2019:1). The support of families and family members acts as an important personal protective factor that can aid homeless older persons in handling difficult situations (Girgis, 2020:45). High levels of social support have also been regarded as a factor that is able to positively behaviour and psychosocial outcomes positively (Ungar & Theron, 2019:1). Social support has been identified as a factor that contributes to resilience (Van Kessel, 2013:125). It exists on a personal, social and environmental level and can therefore be regarded as an external and internal promotive and protective factor in the process of fostering resilience.

Sub-theme 5.3: Internal protective factors

The aim of this sub-theme is to describe the internal protective factors that the participants have identified to be of support and assistance to them in coping with their everyday circumstances.

	**PAR 5:** ***"****This is where we can gym. It is nice going outside. It helps me to keep busy and come outside and think peacefully. We can take walks outside and come to exercise. Being able to exercise is good as it keeps us healthy. They younger men use the gym much more. Some of the people who live here are angry and they hit the punching bag. We can become bored when we do not have things to do. That can make us do the wrong things. Having something good and positive to do helps to keep us positive as well."*

PAR 2: *"Friendliness of staff and other residents helps to keep a good spirit."*

PAR 3: *"I am quiet and would sit alone and think about everything. I keep calm most of the time."*

PAR 4: *"I am thankful at the moment for my current circumstances."*

PAR 5: *"I make myself positive by thinking about positive things. I do not get involved in negativity. I need to talk about it or go through something difficult. I speak to the staff and other residents. I do not keep to myself and I am open about my struggles."*

PAR 6: "*Some of us only have our faith and religion to hold on to. Other than that, I frequently go for walks to get my mind clear."*

Internal processes and certain personality characteristics have been indicative of contributing to the experience of resilience (Ungar, 2019:4). These factors include, but are not limited to, cognitive reconsideration, little suppression of emotions and few experiences of aggression (Ungar & Theron, 2019:2). The principle of complexity indicates that personal characteristics may change as individuals move between situations and time (Ungar, 2011:7). Environmental factors also have the ability to enable resilience and lead to favourable outcomes (Bolton et al., 2016:171). Aspects such as being able to exercise, experiencing satisfaction with one's life and circumstances and having a positive self-esteem can lead to positive resilience outcomes (Ebersöhn, 2017:3). Having positive emotions is also an important buffer against adversity and it enables individuals to cope more effectively with other daily stressors (Korn, 2014:39; Van Kessel, 2013:125). The ability of older persons to maintain effective relationships is crucial to the ability to recuperate after hardships (Van Kessel, 2013:126).

This theme discussed promotive and protective factors that contribute to the resilience of the participants. The final theme outlines what the participants expressed as being their desired outcomes to overcome homelessness.

Theme 6: Desired outcomes

This theme identifies the desired outcomes, despite being faced with adversities, which homeless older persons envision would enable them to lead a life where they contribute to their communities again and are able to take responsibility for themselves and their own well-being.

Sub-theme 6.1: Back to the roots

This sub-theme describes how participants perceive the opportunity of being re-united or making amends to their family as something that would enable them to live a functional life again.

PAR 7: *"At the moment I do not talk to my family at all. My family resents me and they are angry with me as they did all that they could and more, to give me a place to stay which I let go. They spent a lot of money on me to attend rehab various times. I caused them great damage – emotionally and financially. I need to apologise. Perhaps then, we can be reunited."*

PAR 8: *"If I can find a job in my community, I will be able to return to my family and support them. I will be respected and accepted again."*

PAR 10: *"I would need reconciliation with my family in order for me to return back home. If we can create a safe and trusting relationship between us again I might feel comfortable to be with them again."*

A recognised cause of homelessness is family conflict and, therefore, the explanations of the participants in terms of their homelessness are evidence of broken family ties (Winland, 2013:16). Programmes that are designed to re-establish family connection are a key approach towards preventing and combatting homelessness (Winland, 2013:6). For many of the participants, family is important in some way. By addressing family issues, homeless older persons can potentially be reunited with supportive systems (Winland, 2013:6). Swiderska (2014:19) asserts that the family environment is the ideal environment to meet the needs of older persons. Families are often the most important social connection to which an older person is often tied by strong emotional connections and sharing of benefits, and it has normally been expected that family members should support their elderly family members when they are faced with adverse circumstances in life (Swiderska, 2014:19). Older persons are in need of support, acceptance, love and empathy from their families (Swiderska, 2014:19). Social workers at shelters may focus their intervention with homeless older persons on family re-unification, where possible, which may offer some form of support.

Sub-theme 6.2: Ideal solution

The aim of this sub-theme is to identify the hopes and dreams of the participants that could serve as a solution to their homelessness. The participants identified starting their own small businesses, receiving an income, and having a job as solutions that could enable them to lead a normal life again.

	**PAR 5: "***This broom was hand made by me. It is something that I created as I wanted to sell the brooms and make a living. I wanted it to become my business. This is something that I think of that I can do to earn a living. It is a job opportunity but with COVID-19 I could not continue selling on the streets. If I can start making and selling my brooms again, I can get an income and I can get myself a place to stay. It helps me to dream."*

PAR 2: *"Finding a job at the moment would be the best way for me to start building myself up to a point where I can possibly be independent again."*

PAR 3: *"I would like individuals who can teach us things and educate us to come on a continuous or weekly basis in order to keep us educated and going (stimulated)."*

PAR 5: *"My biggest priority is myself. I want to get a place for myself to stay in then the rest will be sorted out and fall into place. If I can go back to selling brooms that is already a start, but I need money to get the material to start making them again. We can build houses for people who are homeless and are on the street. Empty spaces such as parks can be given to people for them to build their houses on. We can occupy spaces so that people have somewhere to live. RDP (Reconstruction and Development Programme) houses can be given to more people."*

PAR 6: *"I would need money to be able to afford a place to rent."*

PAR 8: *"I want to sell fresh fruits on the street as it is a fast-growing business and many people do it here in the community so I also want to start but I need the money first to be able to start."*

PAR 9: *"A job opportunity in graphic design so that I can get back on my feet."*

PAR 11: *"I would need a job or if the old age home can open that can take in people like me I will have a place to stay."*

Escaping homelessness is nearly impossible without finding employment and for those with limited skills, such as older persons, job opportunities are very limited (National Coalition for the Homeless, 2007:3). Older persons in South Africa may apply for the older persons grant at the South African Social Security Agency (SASSA) if they are older than 60 years, are South African citizens, do not receive any other social grant, are not cared for in a state institution, and if they meet the criteria in terms of income and assets (SASSA, 2020:1). This grant may be valuable in providing some relief to the needs of homeless older persons. In order for a person to move out of homelessness, job opportunities may provide the security they need so as to become self-sustainable again (National Coalition for the Homeless, 2007:3). The United Nations (UN) (2020:1) emphasise that older persons are valuable assets to society and must receive the necessary support to remain economically active if they wish to do so. All individuals have the right to participate in their governments (OAU, 1982: 5). Opportunities should therefore be available for homeless older persons to participate in their societies as this may serve as a way for homeless older persons to become self-sustainable again, even if only in a small degree. Resilient individuals are able to rely on inner strengths and motivations can push them through difficult times. Feelings of worthiness may come from being employed and contributing to society, which may result in resilient behaviours (Girgis, 2020:46).

5.4 CONCLUSION

In this chapter the researcher provided the demographic information of the participants. The researcher discussed the qualitative data of the research study through themes and sub-themes. The researcher included verbatim quotations and photographs from the participants to support and describe the themes and sub-themes. The data was also interpreted based on the resilience theory which served as the theoretical framework of the study.

Aspects such as family conflict, unemployment, mental health challenges, social isolation, loneliness and declines in physical abilities have been identified as risk factors that the participants encountered throughout their lives. These factors either contributed to their situations of homelessness, or were ongoing experiences throughout the participants' experiences of homelessness. These risk factors may prevent homeless older persons from displaying resilience, if they do not have promotive and protective factors that may act as a buffer against the identified risk factors. Aspects such as socialisation, stimulation, social support, religion, family and social relationships, and internal protective factors such as experiencing positive emotions, have been identified as factors that serve as promotive and protective factors and processes that enable the participants to cope and be resilient, despite the challenges they have faced and might still currently be faced with.

In the next chapter, Chapter 6, the focus will be on the key findings of the study, conclusions drawn and the associated recommendations.

CHAPTER 6: KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The qualitative data and an interpretation thereof were discussed in the preceding chapter. In this chapter, the achievement of the research goal and objectives will be discussed and the research question, as well as sub-questions, answered. Thereafter, a presentation of the key findings, conclusions and recommendations are prescribed. Amongst others, the recommendations will include policy guidelines to the Tshwane Homelessness Forum that may guide their service delivery to homeless older persons in the City of Tshwane. Recommendations for future research will also be made.

6.2 GOAL AND OBJECTIVES

The goal of the research study was to explore and describe the resilience among homeless older persons in the City of Tshwane through photovoice.

The goal of the research study was achieved through the following research objectives:

Objective 1: To explore and describe the exposure to and severity of risk/adversities of homeless older persons in the City of Tshwane

Various risk factors in terms of homelessness were considered in Chapter 2 under pathways to homelessness (see Section 2.7) and causes of homelessness (see Section 2.6). Risk factors and components of risk were discussed in more detail in Chapter 3 within the analysis of the resilience theory as theoretical framework of the study. The data collection process enabled the researcher to collect information on the exposure to, and severity of, risks of homeless older persons in the City of Tshwane. The research findings were divided into themes and sub-themes and were linked to the literature on risk factors in resilience studies, in order to provide an inclusive understanding of the experiences of the participants. Such factors were interpreted from the resilience theory as theoretical framework. A discussion of the risk factors that homeless older persons experience and experienced, was presented in themes 1, 2 and 3 of Chapter 5. This objective was therefore achieved in Chapter 5 with the review of themes 1, 2 and 3 and the relevant sub-themes as well as in Chapter 2 with the discussion of risk factors associated with homelessness, and in Chapter 3 with the consideration of risk factors in terms of the resilience theory. The risk factors that are associated with the onset of the participants' homelessness were identified as conflict, discord and abuse (see Chapter 5, sub-theme 1.1), family disappointment (see Chapter 5, sub-theme 1.2), and unconducive living situations (see Chapter 5, sub-theme 1.3).

Other adversities the participants were faced with included mental health challenges (see Chapter 5, sub-theme 2.1), job loss (see Chapter 5, sub-theme 2.2) and declines in functional abilities and mobility (see Chapter 5, sub-theme 2.3). Aspects such as isolation and loneliness (see Chapter 5, sub-theme 3.1), emotional isolation and keeping to one self (see Chapter 5, sub-theme 3.2) and being dependent on oneself (see Chapter 5, sub-theme 3.3), were also discussed as risk factors that may hinder the processes of resilience. As such, objective 1 was achieved.

Objective 2: To explore and describe promotive and protective factors (both internally and externally) that contribute to the resilience of homeless older persons in the City of Tshwane

Promotive and protective factors were discussed in Chapter 3 (see Section 3.5.1.1) under the theoretical framework of the study. The researcher was able to explore and describe those promotive and protective factors that contribute to the resilience of homeless older persons in the City of Tshwane by means of the data collection and analysis process. The research findings pertaining to the promotive and protective factors that have been identified from the experiences shared by the participants were discussed in themes 4 and 5 of Chapter 5. Internal protective factors were discussed in sub-themes 5.1, 5.2 and 5.3, while external protective factors were discussed in sub-themes 4.1, 4.2 and 5.2. This objective was therefore achieved in Chapter 5 with the discussion of themes 4 and 5 and the relevant sub-themes as well as in Chapter 3 with the discussion of promotive and protective factors from the perspective of the resilience theory. Socialisation and stimulation (see Chapter 5, sub-theme 4.1) and additional care (see Chapter 5, sub-theme 4.2) have been identified as external factors that may serve as protective and promotive factors. Factors such as religion (see Chapter 5, sub-theme 5.1), support structures (see Chapter 5, sub-theme 5.2) and other internal protective factors (see Chapter 5, sub-theme 5.3) have also been identified as internal factors that are contributors to the creation of resilience in the lives of the participants. As such, the objective was met.

Objective 3: To explore and describe the desired outcomes that older homeless persons value

Through the discussion of the research results, the researcher was able to describe what homeless older persons identified as desired outcomes in terms of a pathway out of homelessness. The research findings were divided into themes and sub-themes and were linked to literature in order to provide an inclusive understanding of the experiences of the participants, followed by an interpretation based on the resilience theory as theoretical framework. This objective was therefore achieved in Chapter 5 with the discussion of theme 6 and its two accompanying sub-themes. There was a discussion of the desired outcomes that older homeless persons envisage as possible solutions to their homelessness through these themes.

The desired outcomes that homeless older persons envisage that would enable them to lead a life where they contribute to their communities again and are able to take responsibility for themselves and their own well-being, were the possibility of being re-united with family members and gaining family support (see Chapter 5, sub-theme 6.1) and being employed and receiving an income again (see Chapter 5, sub-theme 6.2). As such, the objective was met.

Objective 4: Based on the research results, to formulate policy guidelines for the Tshwane Homelessness Forum that can assist in their service delivery, and further interventions focused on homeless older persons

Based on the research findings that were presented in Chapter 5 and the key findings offered in Chapter 6 (see paragraph 6.3), the researcher was able to draft policy guidelines for the Tshwane Homelessness Forum that could assist in their service delivery and future interventions that are focused on homeless older persons (see Addendum F). As such, objective 4 was achieved.

The achievement of the goal and objectives ultimately enabled the researcher to answer the following **research question**:

How resilient are homeless older persons in the City of Tshwane?

The research question was answered during the research process and the research findings were presented in Chapter 5. The findings of the research study, and essentially the answer to the research question (and sub-questions), are documented in the key findings of the study, which will be presented in the next section.

6.3 KEY FINDINGS

The following section will discuss the key findings from the literature review and the empirical study. The key findings from the literature review will be discussed first.

6.3.1 KEY FINDINGS FROM LITERATURE REVIEW

- Due to population ageing, the population figures of older persons in South Africa have been increasing consistently, with 11% of the population, which is approximately 5.3 million individuals, representing older persons in 2019.
- There are many physical changes and developments that take place during old age, such as decreased cognitive functions, loss of sight and hearing, poor health, difficulty walking, hearing and seeing, illnesses and disabilities.

- Impairment of cognitive function is more common among older persons and therefore healthy aging is a difficult process for many older persons.
- Older persons are typically regarded as being more socially isolated and closed off, and they may experience more feelings of anxiety and vulnerability due to their declining health.
- Social isolation is also a more prominent experience for older persons due to limitations in their ability to socialise, or due to a lack of social connections during old age, which creates other challenges in terms of experiences of loneliness.
- Death and bereavement are processes that are also typical of old age and lead to emotions related to grief and loss.
- The current knowledge available on the biopsychosocial circumstances of older persons living in South Africa reveals that 13% of households headed by older persons live in only a room, a backyard hut or an informal residence both of which lacks appropriate security, making them extremely susceptible to poverty.
- Housing structures have changed drastically which means that older persons are not guaranteed to have family support and may find it more difficult to live independently. Older persons often do not hold prominent positions in society any more and older persons no longer feel integrated in supportive systems, leaving them to feel more isolated and deprived of their roles in society.
- The occurrence of poverty among older persons has been linked to low levels of literacy and a shortage of skills and education during their younger years.
- Old age pensions exist in South Africa and provide older persons who have little or no income, with some relief.
- Older persons are more susceptible to poor health outcomes.
- Previous studies on homelessness among older persons have mainly been conducted in Canada and the USA, and so, there is a lack of knowledge regarding homeless older persons in South Africa and in the City of Tshwane, more specifically.
- A previous study on homelessness has identified five main themes that can capture the experience of homelessness among older persons namely, age aggravated worries; exclusion and seclusion; handling important challenges; ever-changing needs and realities; resilience, strength, and hope (Grenier et al., 2013:458).
- Previous studies have recommended that research regarding homelessness among older persons should address aspects such as providing service providers with training to address the needs of older people effectively, developing specifically designed services for homeless older people, determining the effectiveness of existing programmes, and improving the quality of the data on older homeless people.

- Previous studies on the resilience of homeless individuals have also been conducted and have focused mainly on younger populations, and therefore, a lack of research was identified in terms of the resilience of homeless older persons in the South African context and in the City of Tshwane, specifically.
- Six types of homelessness have been identified and discussed, namely, economic homelessness, chronic homelessness, situational homelessness, late-life homelessness, near homelessness and transitional homelessness.
- There are many causes for homelessness among older persons such as family conflict, poverty, illness, mental health issues, disabilities, substance misuse, a lack of social connections and low levels of education, to name a few.
- Homeless persons face many challenges while being homeless such as emotional distress, the development of mental health issues and victimisation. Threats to their safety, health problems and experimenting with substances of abuse may also occur.
- There are various international, regional and domestic mandates that guide service delivery to older persons and that protect the rights of older persons, such as The Political Declaration and Madrid International Plan of Action on Aging, The African Union Policy Framework and Plan of Action on Aging, The White Paper for Social Welfare, the Framework for Social Welfare Services, The South African Policy for Older Persons and the Older Persons Act.
- There are various methods in which work with older persons can be done, such as case work, group work and community work.
- Older persons who are resilient, are able to adjust to adversities in life with less disruption to their lives.
- Resilience refers to the capacity of individuals to maintain a state of positive functioning under stress and their ability to achieve positive outcomes while faced with challenges.
- The resilience theory originated through studies of adversity and it focuses attention on how adverse life experiences impact negatively on individuals.
- To date, there have been four waves in the development of the resilience theory. This has led researchers to consider diverse interactions on various levels of an individual's environment and how these interactions may be able to contribute to resilience.
- Resilience is often seen from a trait-based perspective, which argues that resilience may lie in an individual's personality and is a characteristic of the individual. Resilience is often also seen from an outcomes-based perspective, which indicates that resilience is a process that arises from interactions between risk and protective factors and attempts to comprehend such processes that assist in modifying the consequences of risk, as well as the developmental processes that individuals make use of in order to adapt.

- Resilience is a process of several biological, mental, social and ecological systems that are in interaction with one another, in ways that enable individuals to recover, sustain or improve their well-being when they are confronted by one or many risk factors.
- Exposure to risk, promotive and protective factors and processes, developmental and behavioural outcomes, and how they are in interaction with each other, are the aspects of the life of the individual that need to be understood in order to clarify how certain individuals do better when they are faced with adversity.
- Promotive and protective factors can either be internal, such as cognitive abilities, or external, such as social networks, that enable the individual to cope amidst stressful experiences and achieve positive outcomes.
- Risk factors are those factors that lead individuals to have negative outcomes after being exposed to risk.
- Resilience, in this research study, is ultimately regarded as being a quality of the individual's physical and social environment.

6.3.2 KEY FINDINGS FROM EMPIRICAL STUDY

The key findings from the empirical study can be summarised according to the exposure of homeless older persons to risk, the promotive and protective factors and processes that contribute to resilience of homeless older persons and also the desired outcomes that homeless older persons envision.

6.3.2.1 Exposure to risk/adversities of homeless older persons in the City of Tshwane

- The participants have identified factors such as family conflict, abuse, problematic family relationships and instability as contributing factors to their homelessness. Feelings of having disappointed their family and being exposed to unconducive living circumstances due to poverty and overcrowding, have also caused the participants to become homeless. These factors are regarded as being risk factors that have caused the participants to experience adversity.
- Mental health challenges were identified by the participants as both a contributing factor to their homelessness as these led to either job loss or breakdowns in relationships and a challenge that they still experience in their daily lives, therefore, further exposing them to risk on a daily basis due to their circumstances.
- Job loss has also been identified by the participants as a major cause of their homelessness as it ultimately led to them not being able to afford rent or having to leave their homes to look for employment, therefore exposing them to risk at the time that they lost their job and in the days that continued while being unemployed.

- The participants have indicated that they are witnesses to crime in their communities on a daily basis and therefore their safety is threatened.
- The participants have identified their declining health, cognitive impairments and declines in their physical abilities as challenges that they are faced with, which also contributes to their exposure to risk factors.
- The participants said the experienced feelings of loneliness and isolation in their daily lives and a lack of support which further contributes to exposure to hardship.
- The participants' exposure to risk is a challenge that they are exposed to every day. They are faced with their situation of homelessness on a daily basis. Furthermore, the participants experience other risk factors such as mental health challenges, isolation, loneliness and a lack of access to services. There have also been experiences in the lives of the participants that have contributed to their experiences of homelessness such as family conflict and unemployment, which on their own, are also regarded as risk factors in the process of resilience. These risk factors exist on various levels such as the participants' environment, their social environment and also on a cognitive level. These levels are in constant interaction with one another and therefore the impact of the exposure to risk on the participants, is regarded as severe.

6.3.2.2 Promotive and protective factors that contribute to the resilience of homeless older persons in the City of Tshwane

Internal and external promotive and external protective factors that contribute to the resilience of homeless older persons in the City of Tshwane will be discussed. Internal promotive and protective factors will be discussed first.

- **Internal promotive and protective factors**
  - The participants have identified religion as a factor that enables them to cope with stressors in their daily lives and enables them to remain positive, despite the many adversities of their current circumstances.
  - Friendliness of staff they interact with, having a positive outlook on life, an internal locus of control over their thoughts and behaviours, exercising and positive emotions has been identified as internal promotive and protective factors present in the lives of the participants.
  - These internal promotive and protective factors have the ability to mitigate the impact of the risk exposure to the participant and therefore can be regarded as contributory factors in the process of resilience.

- **External promotive and protective factors**

- Socialisation and stimulation have been identified as activities that the participants require in their immediate communities in order to ease their feelings of isolation and to offer emotional support to the participants. Socialisation has the ability to improve older persons' well-being and to enhance social connections that may be used as a buffer against the many adversities facing the participants.
- The participants have identified having some support structures such as family, friends and staff, as being a valuable form of support that they are able to rely on. These ease the effects of the challenges that they experience.
- Having access to services such as health care and services focused on their unique needs such as a wheelchair for a physically handicapped individual, have been identified as a promotive and protective factor in the process of resilience.

6.3.2.3 Desired outcomes that older homeless persons envision

- The participants envisioned becoming employed again as a means to end their homelessness as it could enable them to sustain themselves.
- Being provided the opportunity to start a small business or simply receiving an income again, has been identified as a means by the participants of escaping homelessness and becoming self-sustainable again.
- Being re-united with family members and re-establishing family bonds was seen by the participants as being an ideal means of escaping homelessness and getting back onto their feet, as this would mean that they are supported in all of their needs.
- Having a permanent residence may allow the participants to not to be part of the category of being regarded as homeless.
- The participants have envisioned that RDP housing could be used to support them and to get them out of their situations of homelessness.

After the key findings from the literature review and the empirical study have been discussed, conclusions will be drawn from the literature review, and from the empirical study.

6.4 CONCLUSIONS

Conclusions will now be formulated from the literature review and the empirical study. Conclusions from the literature review will be set out first.

6.4.1 Conclusions based on literature review

- The process of aging impacts on all aspects of development of an older person, such as their physical development, cognitive development, social development and personality development. The changes that occur in these areas of development frequently impact negatively on the overall health and well-being of an older person.
- A dire need exists for more initiatives and programmes that can ensure enhanced literacy and education for older persons.
- Old-age pensions in South-Africa may provide some relief to vulnerable older persons who have limited or no sources of income.
- Quality primary health care, home-based care and community social services are required to maintain the health and inherent capacity of older persons in their communities. The availability and accessibility of such health care services may assist in minimising the fragility of older persons and may reduce the prevalence of admissions into care institutions.
- Previous research on homeless older persons has mainly been conducted in counties such as Canada and the USA and therefore there is a lack of knowledge on homeless older persons and their unique needs and experiences in the South-African context.
- Previous studies done on homelessness among older persons emphasised the need for the development of programmes directed at the needs of older persons as well as the development of policies and services that can address those needs.
- Studies on the resilience of homeless persons have also mainly been conducted on younger populations and a lack of knowledge on the resilience of homeless older persons in the South-African contexts has also been identified.
- Resilience studies mostly focus on the prevalence of risk and the availability of promotive and protective factors and process that are able to combat the effects of the risk and assist the individual in overcoming adversity and therefore, being resilient.
- There are many causes of homelessness. Those causes that have mainly been identified with older persons who become homeless have been poverty, job loss, family conflict, mental health difficulties, lack of social support systems and declining health.
- The rights of homeless older people need to be advocated for and their access to services should be enhanced. Homeless older people should experience a supportive environment in order to enhance their well-being. These rights and services that should be provided to older persons are guided by the international, regional and domestic mandates that exist in terms of service delivery to older persons.

6.4.2 Conclusions based on empirical study

- Various risk factors have led to the situations of homelessness among the participants. These risk factors have included poverty, family conflict, unemployment, mental health challenges, lack of social support, abuse in the family of origin, unconducive living circumstances, declines in physical abilities and cognitive functioning, social isolation and feelings of loneliness.
- These risk factors have either contributed to the participants' experiences of homelessness, or are still factors that the participants are faced with on a daily basis, therefore aggravating the severity of the risk facing the participants.
- Since they are exposed to homelessness, which in itself is already a risk factor for adversity, and being exposed to other risk factors while being in the midst of adversity, poorer developmental outcomes are likely to be expected.
- The risk factors that the participants experience occur at all levels namely: biological (family conflict and discord), environmental (being homeless in itself), social (lack of social support, feelings of loneliness and isolation) and cognitive (decline in cognitive functioning). All these levels are in constant interaction with one another and influence one another, thus increasing the severity of risk facing the participants.
- The participants have identified supportive relationships with family, friends and staff at various shelters as promotive and protective factors that have enabled them to cope with their daily challenges. These supportive relationships are regarded as an external promotive and protective factor and they exist on an environmental and social level.
- Religion is another factor that have been identified by the participants in terms of helping them cope. Religion is regarded as a promotive and protective factor able to shield against the impact of their exposure to risk. Religion leads to favourable outcomes for homeless older persons. By practising religion and praying to God, the participants have experienced some relief in terms of their daily stressors.
- Experiencing positive emotions, friendliness of individuals in the environment, having positive thoughts, having an internal locus of control and being able to exercise, have been identified by the participants as promotive and protective factors that have guarded them against various difficulties, and have the potential to ease the stress facing them. These factors are considered as internal promotive and protective factors and also exist on a social and environmental level.
- Despite being faced with various risks, the participants have been able to identify factors which have enabled positive outcomes and have therefore contributed to their resilience.

- A key focus in the development of solutions of homeless older persons should be on how they can be reintegrated into society in a position where they can contribute to society if they are still physically and mentally able.
- Another focus in terms of solutions to homelessness among older persons should be on family re-integration and on strengthening or repairing of broken family bonds by means of family therapy and interventions.

6.5 RECOMMENDATIONS

Based on the above key findings and conclusions, the recommendations from this study will be made. In addition, recommendations are set out for future research.

6.5.1 Recommendations for social work service delivery

- Prevention and early intervention services should be developed and then rendered to older persons who appear to be at risk of becoming homeless.
- Prevention and early intervention services should be informed by research on resilience among homeless older persons, and should subsequently be adapted to the unique experiences and needs of older persons, in order to ensure that risk factors are prevented and that promotive and protective factors are used as a buffer for homeless older persons.
- The effects of including skills development programmes for social service professionals working with older persons should be researched to explore whether skills development could improve the ability of older persons to sustain themselves and be independent if the need arises.
- Social workers who are involved in community work with older persons should create associations for homeless older persons that will focus on the improvement of the living circumstances and the utilisation of their unique skills and resources. This could lead to the provision of effective social support, delivering the required services and the facilitation of activities that homeless older persons can be involved in, in order to benefit themselves and to become active members of the community.
- Risk factors should be dealt with by social workers and other professionals on a preventative level in order to minimise the impact thereof. This may allow the clients to cope better despite their significant challenges.
- Identifying promotive and protective factors in the lives of clients through intervention with them, may be beneficial to services that are rendered to clients. These could be used within a strengths-based approach with clients in order to empower them and enable them to focus on their strengths.

- Being aware of the desired outcomes that service users wish for, and what they regard as solutions to their situations of homelessness, may guide social workers in their service delivery and in developing services and programmes.
- Social workers or employees at shelters can organise weekly socialisation activities that may involve the residents playing games, having a guest to discuss an interesting topic, outings to museums or sightseeing, in order to improve social connections and prevent isolation amongst the residents.
- Social workers can enable service users to navigate towards resilience by working from a strengths-based perspective. If clients are able to recognise that they are already using their personal skills such as perseverance, they will feel empowered and they will develop more confidence in facing their everyday challenges (Meyers, 2018:1). The aim of building resilience amongst clients is not to solve all of their problems, but to point out to them the ways in which they have already been resilient and to identify ways to continue building on their resilience.
- Social workers can, in a group setting, address homeless older persons' challenges and feelings of being homeless, building relationships with other homeless older persons who are facing the same challenges and experiences, establishing a sense of support and to provide them with skills that they can use in their daily lives. Dealing with problems and experiences in a group setting, may offer homeless older persons networks of mutual support, establish friendship and supportive networks with other members, lead to better emotional well-being and learning and sharing problem solving strategies among each other.
- Social workers can also address negative thought patterns in group work to assist clients to reframe and identify their negative thoughts regarding their own potential because promoting emotional and physical well-being may enhance resilience.
- Social workers can become involved in community development focused on older persons by creating associations for homeless older persons which are focused on improving the living conditions of homeless older persons and on utilising their unique skills and resources, in order to provide effective social support, deliver the required services and to facilitate activities that homeless older persons can be involved in, in order to benefit themselves and to become active members of the community.

6.5.2 Recommendations in terms of policy guidelines for resilience-informed biopsychosocial services to homeless older persons in the City of Tshwane

- Recommendations in terms of policy guidelines for resilience-informed bio psychosocial services that are directed at homeless older persons are provided to the Tshwane Leadership Forum that focuses on:

- the availability of and access to services for homeless older persons;

- employment opportunities for homeless older persons;
- assisting homeless older persons to apply for social support such as the old age grant;
- the availability of services to ensure that older persons have the correct documentation;
- strategies to address housing issues as this may aid in the prevention of homelessness;
- coalitions with various stakeholders that can work together to ensure effective delivery of services to homeless older persons; and
- investing in committees or support groups that may ensure supportive relationships with older persons and socialisation for older persons may promote their resilience.
- vocational training and employment opportunities should be created for older persons who are still able and wish to contribute to society.
- the availability of and access to health care services can be vital in the promotion of the well-being of older persons.
- on-site health services such as the services of a medical doctor or registered nurse, could be beneficial for those individuals who are otherwise unable to access health services due to disabilities or frailty.
- housing systems and the provision of shelters are vital in preventing homelessness among older persons.

Please refer to **Addendum F** attached for the policy guideline for recommendations of resilience-informed bio-psychosocial services that can be rendered to homeless older persons in the City of Tshwane.

6.5.3 Recommendations for social work training

- If not already in curricula, the resilience theory should be included in social work training at university level in order to educate social work professionals on those risk factors that may hinder an individual's pathway to resilience.

  This would enable social workers to identify aspects that are regarded as promotive and protective in the lives of their clients and they would then be able to use such promotive and protective factors as a means of empowerment to their clients.
- Social workers and other professionals should be motivated to attend training sessions where they would be educated on the unique needs of older persons as well as risk factors that may contribute to homelessness among older persons, in order to be able to identify when service users need additional support and intervention to prevent homelessness.

- Social work training should include training on the risk factors, such as unemployment, family conflict, mental health difficulties and substance misuse, that are associated with becoming homeless in order for them to have the necessary knowledge to possibly prevent this situation. If these risk factors are identified in interventions with clients, such interventions can be directed at working with those risk factors and finding solutions to prevent them.
- Continuing Professional Development training on promotive and protective factors that could curb the consequences of adverse life experiences, such as religion, social support, access to services and mental health, should be provided to social workers and other professionals. This may enable them to focus on the development of such factors and/ or processes in their service delivery to older persons, in order to enhance the usefulness of these factors for older persons who are at risk.

6.5.4 Recommendations for future research

- This research study was implemented only in the City of Tshwane. Further research could be extended to other areas of Gauteng, as well as in South Africa, in order to broaden the scope of information on the resilience of homeless older persons.
- Studies from different areas of the Gauteng province, such as Johannesburg or the East Rand could be compared with one another to establish the resilience of homeless older persons in the specific province and gain a holistic overview in order to identify factors that have enabled resilience among homeless older persons.
- Research should be conducted on the perception of individuals who are and were homeless, as well as on how they perceive ways in which communities can assist their pathway out of homelessness.
- Research should be implemented with staff or organisations that render services to homeless older persons in order to obtain their views on the resilience of homeless older persons as well.
- Future research could also focus on the perceptions of family members of homeless older persons to gain a better understanding of the reasons why family members do not, or are not able, to provide care and support to their homeless family members.
- Overall, more research should be undertaken on the topic of the resilience of homeless older persons as this could contribute to the knowledge base on this topic which could influence service delivery directed at homeless older persons.

6.6 CONTRIBUTION OF THE STUDY

- This study contributed to knowledge pertaining to the resilience of homeless older persons in the City of Tshwane.

- This research study created awareness of the unique experiences and desires of homeless older persons in South Africa.
- This study highlights the typical risk factors experienced by homeless older persons in South Africa.
- This research illuminates the promotive and protective factors in the lives of the South African homeless older persons.
- Finally, this research study offers a policy guideline to the Tshwane Homelessness Forum which could inform their service delivery directed at homeless older persons in the City of Tshwane.

6.7 CONCLUDING REMARKS

This research study aimed to explore and describe the resilience of homeless older persons in the City of Tshwane. A lack of research exists regarding the resilience of homeless older persons in South Africa, more specifically in the City of Tshwane. Homelessness is a universal issue with the most prominent causes being mental health difficulties, unemployment, substance use, family conflict, a lack of social connections and job loss. Homelessness among older persons add to them facing adverse experiences as they are already regarded as a vulnerable population.

Resilience entails a process of several biological, mental, social and ecological systems that are in interaction with one another in ways that assist individuals to recover, sustain or improve their well-being when they are confronted by one or many risk factors.

The objectives of the study and how they were achieved have been discussed. Key findings and conclusions from both the literature review and the empirical study have been presented.

Various recommendations have been made for social work service delivery, social work training and future research. This research study provided recommendations for resilience-informed bio-psychosocial services directed at homeless older persons that could be provided by the Tshwane Homelessness Forum.

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ADDENDUM A

INTERVIEW GUIDE AND PHOTOVOICE QUESTIONNAIRE

Semi-structured interview: The resilience of homeless older persons in the City of Tshwane: an exploration through Photovoice

SECTION A: DEMOGRAPHIC INFORMATION

Sex:	
Age:	
Religion/spirituality (if any):	
Home language:	
Number of children in family of origin:	
Position in the family structure:	
Employment status:	
Relationship status (i.e. single, married (incl. traditional marriage), widowed, divorced, separated):	
Highest education (Grade completed):	
Homelessness / admission to a shelter (Tick correct box):	□ 1st time □ 2nd time □ 3rd time □ 4th+ time

SECTION B: GENERAL QUESTIONS REGARDING PHOTOGRAPHS

Focus on each photo separately:

1. Tell me why you took this photograph?
2. Why do you want to share this particular photograph?
3. Why is this photograph important to you?

SECTION C: QUESTIONS BASED ON THE *SHOWED* TECHNIQUE WITH FOCUS ON THE PHOTOGRAPHS:

1. S – What do you **S**ee here?
2. H – What is really **H**appening here?
3. O – How does this relate to **O**ur lives?
4. W – **W**hy does the situation, concern or strength **e**xist?
5. D – **W**hat can we do about it?

(Paraphrased version)
P: Describe your **photo**?
H: What is **happening** in your picture?
O: Why did you take a picture **of** this?
T: What does this picture **tell** us about your life?
O: How can this picture provide **opportunities** for us to improve life?

6. What does this photograph represent in terms of positive aspects in your life?

7. What does this photograph represent in terms of negative aspects in your life?

8. How do you think that what is portrayed in this photograph may be of help to support other older persons to age healthily and feel valued and/or part of their community?

9. Think of two challenges within your neighbourhood or community that you face every day which acts as a barrier for you. Probing follows.

10. Think of two aspects within your neighbourhood or community that support you to make you feel valued and part of your community. Probing follows.

11. Think of services in your community that are inclusive of older persons. Can you give me some examples?

12. What type of services would you like to see or do you think that should ideally be inclusive of older persons in your community?

13. Imagine that there was the possibility to make your neighbourhood or community a better place for older persons. Or, imagine that you have all the resources you desire. What would you do?

14. What is meaningful to you about the current projects that are available in your community for older persons?

15. Describe your current housing?

- Is it sufficient?
- Or, what do you need to improve your current housing?

Exploring photographs not taken:

16. Are there any photographs that you might have wanted to take but you did not? If yes, can you tell me more?

SECTION D: ECO-SYSTEMIC EXPLORATION OF HOMELESSNESS

1. How do you think environmental factors have contributed to you becominghomeless?

- Exosystem

1.1 Please describe the role you think your immediate community/ environment might have played in you becoming homeless.

1.2 How do you think social factors around you contributed homelessness?

- Micro and mesosystem

1.3 Please describe whether you think your upbringing might have contributed to you becoming homeless.

1.4 Please describe whether you think your way of socialisation/recreation might have played a role in you becoming homeless.

1.5 Are there any other factors that have contributed to your situation of homelessness?

2. How do you perceive psychological factors to have played a role in you becoming homeless?

- **Microsystem**

2.1 How do you manage challenging emotional situations?

2.2 Are there any positive/negative emotions you would associate with the time you were homeless? Please tell me about these.

2.3 Please tell me about any life event/crises you would associate with the onset of your homelessness.

2.4 Please tell me more about your current situation:

Possible probes:

- Please describe your first experience of being homeless (where, how, when, with whom).
- How long have you been homeless?
- Were there any major life events happening during that time which you were homeless?

3. The role of biological/physical factors in the onset of *homelessness*

- **Microsystem**

Domains to explore:

3.1 Other than yourself, please describe other people's experience/feelings of you being homeless.

3.2 Describe any physical condition/disease/discomfort which you think might have contributed to you becoming homeless.

4. Risk/adversities experienced by homeless older persons

- **Micro, meso, exo and macro system**

4.1 What is the biggest impact that being homeless has had on your life and relationships?

4.2 What stressors do you currently face?

4.3 What does it mean to you, to be homeless?

4.4 What do you need to escape/break out of being homeless?

ADDENDUM B: CONFIDENTIALITY AGREEMENT

Principal investigator: Leoné Jacobs
Contact number: 072 926 2049
Email address: jacobs.leone@hotmail.com

CONFIDENTIALITY AGREEMENT

1. **Title of research study:** The resilience of homeless older persons in the City of Tshwane: an exploration through Photovoice.

2. **Goal of study:** To explore and describe the resilience among homeless older persons in the City of Tshwane through photovoice.

3. **Procedures:** I, the outreach worker, will accompany the researcher from the University of Pretoria to facilitate the data collection process that will consist of photovoice and face-to-face interviewing with homeless older persons in the City of Tshwane. The interviews will be guided by an interview guide, focusing on their photographs that relate to their unique experiences of being homeless, either currently or previously. I am committed to spend at most ten (10) hours with the researchers to complete the process with each homeless older person.

4. **Confidentiality:** I will keep all the information confidential.

5. **Benefits:** There is no benefit, financially or material, attached to assistance with the research.

6. **Queries:** I should contact Leoné Jordan (Jacobs) if I have any questions or concerns about the study (contact details above).

This agreement was signed at _____ on the _____ day of _____ 20____.

Signature of outreach worker:

_____

Signature of principal investigator:

_____

ADDENDUM C: ETHICAL CLEARANCE

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Humanities 100
Since 1919

8 October 2020

Dear Miss L Jacobs

Project Title:	The resilience of homeless older persons in the City of Tshwane: an exploration through Photovoice
Researcher:	Miss L Jacobs
Supervisor(s):	Prof LS Geyer
Department:	Social Work and Criminology
Reference number:	14100462 (HUM033/0820)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 1 October 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and
Research EthicsFaculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

ADDENDUM D: PERMISSION FROM THSWANE LEADERSHIP FOUNDATION

TSHWANE LEADERSHIP FOUNDATION
Working towards urban transformation

06 August 2020

STRENGTHENING LEADERSHIP AND RESOURCES FOR

Women & Girls in Crisis
Child protection, rights & development
Homelessness
Health, community & economic development
Urban ministry & formation
Advocacy and Awareness

Directors
Wilna de Beer (CEO)
Tinus Niemaber (Chairperson)
Joel Mayephu
Lesego Mokhutswane
Florince Nomis
Peter Maruping
Ocsavia Ephraim
Don McDougall
Prakshna Somai
Charles Skosana

The Jubilee Centre
288 Burgers Park Lane
Pretoria Central

PO Box 11047
The Tram Shed
Pretoria 0126

Tel: 012 320 2123
info@tlf.org.za

NPO no. 028-040-NPO
Reg. no. 2013/034434/08
PBO no. 930 045 081

Established in 1993
as
Pretoria Community Ministries

WWW.TLF.ORG.ZA

To whom it may Concern

RE: Permission for Leoné Jacobs

Leoné Jordan has requested to conduct a qualitative study at the Tshwane Leadership Foundation with the topic **Resilience of Homeless older persons in theCity of Tshwane.**

The Tshwane Leadership Foundation grants permission to Jordan to conduct the qualitative study within our organisation. The permission is subject to the ethicalclearance granted by the university and that Jordan conducts the research and theprocess within acceptable ethical parameters, and ensuring the safety and confidentiality of the older persons as far as possible.

The organisation will support Jordan to ensure the successful implementation of herstudy. The organisation will endeavour to support and assist Jordan to enable accessand requirement to participants who falls within the criteria of the study

If you have any questions, please do not hesitate to contact me.

Yours Sincerely,

Wayne Renkin
081 789 7835
wayne@tlf.org.za

ADDENDUM E: INFORMED CONSENT

Mrs. Leoné Jacobs
MWT 896 candidate
Department of Social Work &
Criminology University of Pretoria
PRETORIA
0002

INFORMED CONSENT

1. Title of the study

The resilience of homeless older persons in the City of Tshwane: An exploration through Photovoice.

2. Goal of the study

The goal of the research study is to explore and describe the resilience among homeless older persons in the City of Tshwane through photovoice.

3. Procedures

I will be required to participate in the research study by means of photovoice technique. This requires that I take photographs, with a disposable camera, of my immediate surroundings, everyday experiences and circumstances. I will also be required to participate in a face-to-face interview (duration: maximum 1 hour). Data obtained by means of this research will be used for a research report (i.e., MSW candidate), and in the form of policy guidelines to the Tshwane Leadership Foundation. The data collected will be kept in a safe for 15 years in the Department of Social Work and Criminology at the University of Pretoria (UP). I also consent that the data of this study could be used for future research.

4. Use of photographs

The photographs taken by me will be used as data the researcher. The photographs will be taken by myself in my natural environment. The photos will lead to the creation of knowledge of my experiences in order to inform policy and service delivery directed at homeless older persons. The use of photovoice as a method of data collection will lead to empowerment, it will allow my voice to be heard within the community and it may enable me to inform policy.

5. Risks and discomforts

No risks and discomforts/emotional harm are foreseen by participating in this study. Any emotional harm experienced by the reflection on my photographs and sharing of my experiences, will be followed up with a social worker from the Tshwane Leadership Foundation. I am expected to inform the researcher should I require further counselling in order to be referred for such purpose.

6. Benefits of the study

As a research participant I understand that this study has no immediate benefit for me. However, the results of the study could be used to formulate valuable policy guidelines for the Tshwane Leadership Foundation that may assist in their service delivery and further interventions focused on homeless older persons.

7. Participant's rights

Participation in this study is entirely voluntary and I can refuse to participate or withdraw my participation at any time, without stating a reason for my decision to withdraw my participation and without suffering any negative consequences.

8. Social impact/ Use of photographs

The photographs that will be taken by myself will be published as part of the research findings. I will be allowed to decide whether I want my photographs published and made available to the public or not. My photographs will also be put together in a document (presentation) with brief extracts of my accounts of the photographs. I can expect to be empowered through this process, my voice will be heard and I may be enabled to inform policy.

9. Financial compensation

I understand that I will not receive any financial compensation for my participation in the study.

10. Confidentiality

All information obtained will be treated confidentially. Data and conclusions that may be reported will not include any information which may lead to the identification of any participant in the study. All signed letters of informed consent will be kept in a password protected file. Only the research team (researcher and research supervisor) will have access to this information.

11. Contact details of researcher and principal investigator

Mrs. Jacobs can be contacted at 072 926 2049, Monday to Friday 08:00 to 16:00, if there are any questions or concerns regarding the research study.

I, the undersigned participant, understand my rights as a participant. I voluntarily consent to participate in this study. I understand what the study is about, how and why it is being done. I am aware and agree that the data obtained from this study may be used in future research projects.

To be completed by the researcher and the participant

Participant's name: ……

Participant's signature: ……

Date: ……

Researcher's name: Leoné Jacobs

Researcher's signature: ……

Date: ……

ADDENDUM F: POLICY FRAMEWORK: RESILIENCE-INFORMED BIOPSYCHOSOCIAL SERVICES TO HOMELESS OLDER PERSONS IN THE CITY OF TSHWANE

Policy Framework: Resilience-informed bio-psychosocial services to homeless older persons in the City of Tshwane

Statement of contribution: Leoné Jacobs developed and wrote the full policy document. Prof. Stephan Geyer critically reviewed the policy and offered several suggestions to deepen the resilience-informed angle of the policy in his role as academic supervisor.

Policy guidelines in terms of resilience-informed bio-psychosocial services directed at homeless older persons in the City of Tshwane

Date of creation: 28/01/2022

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1. POSITION AND VALUES

In 1994, the new democratic South Africa called for a shift in legislation and policies. Social welfare service delivery has to be aligned with the principles and core themes of developmental social welfare foreshadowed by the Constitution of the Republic of South Africa (1996).

The *White Paper for Social Welfare* of 1997 was adopted as a social welfare policy for South Africa (RSA, Ministry for Welfare and Population Development, 1997:1). The White Paper for Social Welfare is grounded in a developmental approach and promotes national social development (RSA, Ministry for Welfare and Population Development, 1997:1).

The *Framework for Social Welfare Services* is another policy that was compiled in 2013 by the Department of Social Development. This policy seeks to direct the implementation of all-inclusive and cohesive developmental social welfare services that are in line with a rights-based approach (RSA, Department of Social Development [DSD], 2013:9).

The resilience theory might serve as a vehicle to bring about positive changes in the delivery of bio-psychosocial services and promote bio-psychosocial service delivery to individuals, groups and communities of vulnerable people, such as homeless older persons (therefore, the recommendation for resilience-informed bio-psychosocial services).

Vulnerable people should be facilitated to navigate towards resilience, provided that the social ecology also offers an enabling environment. Individuals, groups or communities who are resilient, are generally more capable to adjust to adversities with little disruptions to their lives.

Considered from the resilience theory, the availability of promotive and protective factors and processes in an individual's, group's or community's life, may assist in buffering the adverse impacts of risk factors.

Being able to rely on promotive and protective factors while experiencing adversity, might enable homeless older persons to achieve outcomes that are better than expected (i.e. to resile). Homeless older persons who have supportive social networks, positive self-esteem, an internal locus of control and perseverance, for example, may be better able to cope with adversities and may therefore display behaviours that are resilient. A socio-ecological perspective on resilience views resilience as a quality of an individual's physical and social environments (Ungar & Theron, 2019:1; Sikorska, 2014:88). Therefore, the environments that individuals find themselves in, and the quality of those environments, also have the ability to navigate homeless older persons towards resilience and have an effect on their ability to escape their status of being homeless.

2. AIM

The aim of this policy document is to provide recommendations to the Tshwane Homelessness Forum with regards to resilience-informed bio-psychosocial services to homeless older persons in the City of Tshwane. It should be considered a guideline for stakeholders and members of the Tshwane Homelessness Forum, in terms of services and projects aimed at homeless older persons, and to navigate them towards resilience and as a pathway out of homelessness.

3. CLARIFICATION OF TERMS

The following concepts should be interpreted uniformly in this policy:

3.1 Homeless

For purposes of this policy document, the term homeless will refer to individuals who do not have any form of permanent residence and find themselves living on the streets or temporarily in a shelter. Various types of homelessness among older persons can be distinguished such as economic homelessness, situational homelessness, chronic homelessness, near homelessness and late-life homelessness.

Individuals who fall in the category of *economic homelessness,* are often individuals who were forced from their homes because they had been unable to earn an income (City of Tshwane, 2017:24), while *situational homelessness* refers to individuals who are temporarily homeless due to experiences of abuse, domestic violence or family conflict (City of Tshwane, 2017:24). *Chronic homeless* individuals find themselves living on the streets for extended periods, often permanently, due to mental illness, substance misuse or by their own free choice (City of Tshwane, 2017:24). *"Near" homelessness* refers to individuals who are at risk of becoming homeless such as vulnerable individuals and families, with temporary housing arrangements (Tshwane Homelessness Forum, 2015:5), and *late-life homelessness* refers to individuals who become homeless later in their lives, and reflects an increasingly common pathway into homelessness for older persons (Grenier, Barken, Sussman, Rothwell, Bourgeois-Guérin & Lavoie, 2016:32).

3.2 Older person

For purposes of this policy document, the term older person will refer to an individual, male or female, 60 years and older.

4. ASPECTS NOT COVERED BY THIS POLICY

This policy does not address homelessness among individuals younger than 60 years and, therefore, does not make recommendations in terms of service delivery to homeless children, youth or adults.

5. RIGHTS OF OLDER PERSONS

The Older Persons Act 13 of 2006 indicates that older persons enjoy the same rights that are set out in Section 9 of the Constitution of the Republic of South Africa and they may not be denied the right to:

- "Participate in community life in any manner that is appropriate to their capabilities and interests
- Participate in inter-generational programmes
- Establish and participate in structures and associations for older persons
- Participate in activities that increase their capacity to generate an income
- Live in an environment that caters for their changing abilities
- Access opportunities that enhances their ideal level of social, physical, mental and emotional well-being".

The above-mentioned rights of older persons should be protected and advocated for by social workers, psychologists (and other bio-psychosocial service providers) and any organisations, or professionals, who are involved in bio-psychosocial service delivery, or interventions, with homeless older persons. If the rights of older persons are protected, they will feel supported and respond to processes to facilitate their empowerment, which might create resilient behaviours.

6. POLICIES INFORMING SOCIAL SERVICE DELIVERY TO OLDER PERSONS

This policy document is guided by various mandates that address the needs of older persons and serve to protect and promote their rights. Such mandates include:

6.1 The Political Declaration and Madrid International Plan of Action on Ageing

The Political Declaration and Madrid International Plan of Action on Ageing (also known as the Madrid plan) symbolises a revolution in the way the world addresses the core challenge of constructing a society for people of all ages. The aim of the Madrid Plan is “to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights” (UN, 2002:17).

6.2 The African Union Policy Framework and Plan of Action on Ageing

The African Union Policy Framework and Plan of Action on Ageing provides a guideline for the improvement of the lives and well-being of older persons. This policy maintains that the fundamental rights of older persons should be recognised, all forms of discrimination based on age should be eradicated, the rights of older people should be protected by suitable legislation, and older persons should be able to access their rights (African Union, 2002:8).

6.3 South African Policy for Older Persons

The South African Policy for Older Persons (2005), is a policy that intends to facilitate services according to the prescribed norms and standards and that are available, equitable and affordable to older persons (RSA, DSD, 2005:4).

6.4 Older Persons Act 13 of 2006

The Older Persons Act 13 of 2006 was promulgated to deal effectively with the challenges that exist with regards to older persons, and it provides a framework that is aimed at empowering and protecting older persons, while promoting and maintaining their status, rights, safety, security and well-being (Older Persons Act 13 of 2006).

6.5. Bill of Rights

The Constitution of the Republic of South Africa (RSA, 1996), in its Bill of Rights, makes provision for the following basic human rights to housing for all individuals, proposing that:

"(1) Everyone has the right to have access to adequate housing.
(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right.
(3) No one may be evicted from their home, or have their home demolished, without an order of court made after considering all the relevant circumstances. No legislation may permit arbitrary evictions."

The Constitution of the Republic of South Africa (1996) also emphasises that “no government organisation may unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth”.

6.6. Social Assistance Act 13 of 2004

The Social Assistance Act 13 of 2004 was promulgated to ensure that social assistance and the payment of social grants are provided, to make provision for social assistance and to determine the qualification requirements in respect of such social assistance, to guarantee that minimum norms and standards are prescribed for the delivery of social assistance and to provide for the creation of an inspectorate for social assistance (Social Assistance Act 13 of 2004). The Social Assistance Act 13 of 2004 provides that, depending on the eligibility criteria of social assistance, an individual is eligible for an old age grant if, in the case of a woman, she has attained the age of 60 years and in the case of a man, he has attained the age of 65 years. Section 27(1)(c) of the Constitution provides for the right to have access to appropriate social assistance to those who are unable support themselves and their dependants (Constitution of the Republic of South Africa, 1996). At present, the maximum amount payable in terms of the older person’s grant is R1890,00 and R20,00 is added if the recipient is older than 75 years. Older persons who meet the requirements of the older persons grant can apply for this grant at their nearest South African Social Security Agency and will receive such on a monthly basis. Having an income, even if limited and a social grant, may enable homeless older persons to meet some of their basic needs.

7. THE ROLE OF THE TSHWANE HOMELESSNESS FORUM

The key objectives of the Tshwane Homelessness Forum are indicated to be focused on:

- "The coordination of services and projects that will address homelessness and may avoid duplication of services.
- To inform policies and strategies that are designed to address and overcome homelessness.
- The creation of awareness regarding homelessness in the City of Tshwane.
- Advocating with and on behalf of homeless people in the City of Tshwane.
- The liaison with local government on behalf of members of the Forum, on regarding policies, strategies, service provision and funding".

8. RESILIENCE-INFORMED BIO-PSYCHOSOCIAL SERVICE DELIVERY TARGETED AT HOMELESS OLDER PERSONS

Resilience-informed bio-psychosocial services that are targeted at homeless older persons are suggested on the micro, meso-, exo- and macro levels of the social ecology in which homeless older persons live.

8.1 Resilience-informed bio-psychosocial service delivery to homeless older persons on the micro level could include:

- Social workers and psychologists to be recruited to work on behalf of homeless older persons in order to re-integrate them into their family systems and communities and to link them with much needed services that may improve their overall well-being.
- Homeless older persons should be involved in the choices that are made regarding them (i.e. right to self-determination). Having homeless older persons take ownership of their situations, being allowed, choices and being able to set their own goals in intervention, gives them a sense of independence and autonomy, which could promote their resilience.
- Homeless older persons should be assisted in applying for the old age grant, provided that they meet the criteria. A service centre that is available to older persons could allow older persons to receive professional help in this regard. Some older persons do not have the proper documentation such as an ID Card and should be assisted in obtaining the documentation.
- Liaisons with the South African Social Security Agency and the Department of Home Affairs is necessary in order to connect homeless older persons to the mentioned services. Being financially independent has been identified as a desired outcome for homeless older persons that has the potential to allow them to escape from being homelessness.

- Strategies that are able to identify housing issues that older persons are faced with, before they become a housing crisis, may be able to prevent homelessness and create more housing security. Such issues may include financial constraints, overcrowding, family or relational conflict or poverty. The early identification of such issues can be done through case work by social workers who are involved with family systems where older persons are involved.
- Using innovative artistic strategies, such as painting, listening to music, dancing exercises, storytelling and drama, while working with older persons on an individual level, may have positive outcomes on their psychological well-being. Homeless older persons have voiced mental health issues to be a risk factor in their lives as it is something that they struggle with on a daily basis. Positive mental health may therefore act as a protective factor that buffers against the adverse effects that homelessness may have on an older person's life and overall well-being.

8.2 Resilience-informed bio-psychosocial service delivery to homeless older persons on the meso level could include the following:

- Having supportive relationships has been voiced by homeless older persons to be a promotive and protective factor in their lives, which have assisted them through hardship and therefore, navigating them towards resilience. Therefore, committees that are concerned with the challenges that homeless older persons face, should be established/maintained as this could contribute to bringing about changes in the attitudes of the family members of homeless older persons and the community that can serve homeless older persons.
- Opportunities for socialisation among homeless older persons should be made available as socialisation has been identified as a factor that can promote resilience. Homeless older persons should be invited to such socialisation opportunities in which educative talks, activities and recreation, such as card games, can take place.
- Employment has often been voiced as a desired outcome by homeless older persons that may provide them with a pathway out of homelessness. Likewise, vocational training and opportunities should be created for homeless older persons who are still able to work and contribute to their community, as this will enable homeless older persons to bring changes to their own community and make them feel valuable.
- Funding should be sourced in order to ascertain that training opportunities are created in the community for informal caregivers. Informal caregiver may implement programmes that could assist caregivers in decision making and problem solving when it comes to homeless older persons.

- Companionship and having someone who cares, has been identified by homeless older persons as a promotive and protective factor. Hence, outreach work could be undertaken/ maintained by the Tshwane Leadership Foundation to homeless older persons who are on the streets. Outreach work could promote the identification of homeless older persons and may also be valuable in determining their physical health and material needs.

  Social support and companionship have the ability to navigate homeless older persons towards resilience.

8.3 Resilience-informed bio-psychosocial service delivery to homeless older persons on the exo level could include:

- Engagements with social work organisations that work with older persons, such as the Pretoria Council for Care of the Aged, should take place to identify older persons who might be at risk for becoming homeless (i.e. 'near' homeless).
- Domestic violence and family abuse are also regarded as a contributory factor to homelessness. Safe and sustainable shelters will allow victims of domestic violence and family abuse to maintain their jobs, which may in the long-term prevent homelessness among older persons.
- Older persons are prone to experiencing geriatric syndromes such as falls, mental syndromes and hallucinations, depression, problems with bladder control, sleep problems and the use of at least five medicines. Local clinics and state hospitals may be important stakeholders in the management and treatment of geriatric syndromes that exist among homeless older persons. The availability of and access to health services has been voiced as a promotive and protective factor in the lives of homeless older persons that is resilience enabling. Homeless older persons are at risk of developing serious health problems which points toward the need for the Tshwane Homelessness Forum and other stakeholders working with homeless older persons, to integrate the provision of medical services to homeless older persons. Policies should be coordinated with other national agencies, the government and local health agencies to facilitate smooth service delivery to homeless older persons. Such strategies should support the design and provision of health services on all levels as access to health care may protect homeless older persons against the adverse health effects of homelessness.

  On-site health services could be beneficial for those individuals who are otherwise unable to access health services due to disabilities amongst others.
- It is vital that older persons who reside in shelters should have access to health services as being homeless impacts negatively on an individual's physical and mental health.

- Homeless older persons representing with geriatric syndromes may benefit from rigorous medical treatment and case management, which could be aimed at treating such conditions.
- Geriatric conditions may be indicative of possible targets for interventions to improve the status of health of homeless older persons
- Substance misuse has been regarded as a factor that contributes to homelessness and should therefore be focused on with preventative goals in mind or to manage the harm. The Community Orientated Substance Use Programme (COSUP), may act as an important stakeholder in the prevention and management of substance misuse challenges/ harmful use of substances of abuse.
- The Tshwane Homelessness Forum can strengthen their partnerships or collaborations with stakeholders, such as the Departments of Human Settlement, Water and Sanitation, Department of Health, Department of Social Development, Police Services as well as institutions such as Lawyers for Human Rights, in order to promote and protect the rights of the homeless older persons.
- Engagements with the Department of Home Affairs are needed in order to ensure that all older persons have the appropriate identification documentation and that they are assisted in this regard.
- Older persons may benefit from the assistance of a service centre where they can apply for the old age grant. The grant may provide some form of relief in terms of their financial needs.
- Monthly network/stakeholder meetings with all professionals and stakeholders involved in service delivery directed at homeless older persons may be beneficial in discussing strategies and solutions to homelessness which could ensure effective implementation thereof.
- Education and awareness campaigns on a community level regarding homelessness among older persons may be able to decrease the stigma that is associated with homeless older persons and may lead to more support being offered to this vulnerable population.

8.4 Resilience-informed bio-psychosocial service delivery to homeless older persons on the macro level could include:

- Homeless older persons have voiced that a reason for them becoming homeless, is due to financial difficulties and not being able to pay rent, which had resulted in them losing accommodation. Efforts should be targeted at preserving the City of Tshwane's shrinking supply of affordable housing, which can be done by advocating for a minimum amount of rent payable by older persons.

- Targeting housing subsidies, homogenising the procedures for diverse subsidy programmes and prioritising the processing of housing applications for homeless older persons could guarantee that homeless older persons receive assistance as rapidly and proficiently as possible. These services can be managed by the City of Tshwane.
- Out-patient care centres can be developed that will be able to accommodate older persons if they are discharged from a mental health facility or from a long hospital stay. Homeless older persons have indicated that a pathway into homelessness was often being discharged from hospital care and not having a place to go. Providing older persons with a place (i.e. aftercare facility) where they can go after being discharged from hospital care, may prevent homelessness among older persons.
- Institutional or community based-housing systems and the provision of shelters focused on homeless older persons, may be beneficial in terms of providing care and support to homeless older persons who do not have any relatives that are able to support them. Homeless older persons have envisioned that a place that will be able to accommodate them and their unique needs in the long-run, will provide them with a safety net and prevent that they face the risk of becoming homeless again.
- Housing entities that can provide affordable housing to homeless older persons should be established to provide homeless older persons with safe accommodation that might be more permanent than that of shelters. This can especially be undertaken by civil society.
- Homelessness data standards and reporting instruments should be re-evaluated and re-developed in order to account for individuals in the population. Not much information is available regarding the current situation of homelessness in the country. The City of Tshwane can play a leading role in obtaining data on this issue.
- Homelessness can also be alleviated through conducting a more recent Census that may provide the government with relevant information regarding the extent of homelessness among older persons and to align solutions with the data received.

9. POTENTIAL ROLE PLAYERS IN SERVICE DELIVERY TO OLDER PERSONS

The following organisations/stakeholders have the potential to act as valuable role players in the delivery of services to homeless older persons:

- City of Tshwane
- Community churches
- Community-oriented Substance Use Programme (COSUP)
- Concerned citizens/ civil society
- Department of Health
- Department of Home Affairs

- Department of Social Development
- Local clinics
- Pretoria Council for Care of the Aged
- Social Welfare Agencies/NGOs
- South African Social Security Agency
- Tshwane Homelessness Forum
- Tshwane Leadership Foundation
- University of Pretoria
- University of South Africa

10. TRAINING NEEDS

Social workers, psychologists, health professionals, pastors and other relevant stakeholders that are involved in service delivery specifically focused on homeless older persons, may benefit from training that is focused on:

- The aging process and the life cycles during old age as this process and its various phases may be indicative of the unique needs, feelings and experiences that accompany old age and may sensitise such professionals towards those aspects.
- The resilience theory and how resilience may serve as a vehicle to bring about changes in interventions and services with service users/homeless older persons.
- Training in geriatrics and gerontology is needed in order for specialised care to be provided to homeless older persons as this will ensure that their exact needs are recognised and met.
- Family members of older persons are also at risk of facing physical, emotional, mental, and financial challenges in their role as care-givers. Opportunities for training and access to supportive services is important to ensure effective long-term care of older persons.
- Mental disorders are an important factor that professionals need to be adequately informed about as it vastly influences the well-being and personality of an older person and may be able to give guidance to practitioners in terms of their service delivery to older persons.
- Individuals involved in service delivery and interventions with homeless older persons should have knowledge on how to support older persons in managing the crisis that arise through losses that they experience as well as through the many changes that occur during the process of aging.

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of LEONÉ JACOBS student number 14100462

Title: The resilience of older homeless persons in the City of Tshwane: an exploration through Photovoice

This work is being submitted in fulfilment of the requirements for the degree

MASTER OF SOCIAL WORK (RESEARCH)

in the Department of Social Work and Criminology: Faculty of Humanities Of

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