"Hey, it is rough out here": A resilience lens on the biopsychosocial circumstances of homeless older persons in the City of Tshwane

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Abstract

The biopsychosocial circumstances of homeless older persons (male and female persons, 55 years and older), specifically considered from a resilience lens, are inadequately described within the South African context. This study explored and described the biopsychosocial circumstances of homeless older persons in the City of Tshwane from a resilience lens. A qualitative research approach, operationalised through a collective case study, was implemented with 34 older persons across different research sites in the metropolitan area. Data were collected through semi-structured interviews. Transcriptions of interviews were analysed through a process of thematic analysis. Apart from a brief profile, six themes are reported; (1) the choice of areas where homeless older persons reside, (2) the causes of homelessness, (3) the adversities they face and (4) coping strategies employed by homeless older persons, (5) the services and professionals homeless older persons utilised, and (6) the voices of participants concerning their recommendations for the City of Tshwane. Considered from a resilience lens, recommendations for an integrated social services delivery framework are offered for mitigating the harsh circumstances of homelessness among older persons.

Keywords: homeless older persons; biopsychosocial circumstances; resilience; resilience theory; integrated social welfare services; City of Tshwane.

"*Hey, it is rough out here*": A Resilience Lens on the Biopsychosocial Circumstances of Homeless Older Persons in the City of Tshwane

Introduction[1]

In both developed and developing countries older populations are increasing (World Health Organization [WHO] 2017). Estimations are that by the year 2050 the world's older population will reach two billion (WHO 2017). The African continent is expected to host 67 million older persons by 2025 of whom the majority will reside in sub-Saharan Africa (WHO 2017). The overall South African population in sub-Saharan Africa is estimated at 59.62 million with 9.1 per cent (±6 million) being older persons (Statistics South Africa [StatsSA] 2020). The Gauteng Province, one of nine provinces in South Africa, is the smallest in terms of land size, yet it hosts close to a quarter of the South African population – an estimated 13 million citizens (StatsSA 2018). According to StatsSA (2018), citizens of 60 years and older amount to 531 123 males and 635 946 females in Gauteng. In the South African context, an older person is considered male or female of 60 years and older (StatsSA 2020).

In 2010 the United Nations (UN) believed the number of homeless persons globally to be around 100 million (Georgiades 2015). In South Africa, the Human Science Research Council (HSCR) estimates the number of homeless persons to be between 100 000 and 200 000 (Rule-Groenewald et al. 2015). In the City of Tshwane (Tshwane), the number of homeless people is calculated at 6 244 (City of Tshwane Metropolitan Municipality, University of Pretoria, University of South Africa, and Tshwane Homelessness Forum 2019). Many countries in the developed world (i.e. Australia, Canada, United Kingdom, and the United States of America [USA]) have witnessed growing numbers in homelessness among people 50 years and older (Grenier, Barken, and McGrath 2016a). Although exact figures of homelessness among older persons in South Africa or Tshwane are unattainable, it is likely that similar trends will emerge.

Homelessness is a complex phenomenon and accompanied by numerous direct and indirect challenges, such as social, physical and mental health problems, risky sexual behaviour which could result in sexually transmitted diseases and contraction of the Human Immunodeficiency Virus (HIV), social injustices, stigmatisation, substance use disorders, violence and victimisation, especially among female and older homeless persons (MacKenzie 2012; Seager and Tamasane 2010). The *Street Homeless Policy for the City of Tshwane* (City of Tshwane Metropolitan

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[1] This article was prepared as an outcome of a collaborative research project, titled *Pathways out of homelessness: Going Deeper. A trans-disciplinary research project on street homelessness in the City of Tshwane,* co-led by Prof. Stephan de Beer and Prof. Rehana Vally.

Municipality et al. 2019, 23) defines street homelessness as follows: "[People] that live on the streets (pavements, under bridges, in bushes or next to rivers or sprouts), who fall outside a viable social network of assistance, and who are therefore not able to provide themselves with shelter at a given time or place." The policy specifically highlights four categories of homelessness: (1) *economic homeless* - people who left their houses (or were forced out of their homes) and moved to another area hoping for better economic opportunities; (2) *situational homeless* - people who are temporarily homeless for numerous reasons, such as natural disasters destroying dwellings, illness or domestic violence; (3) *chronic homeless* - people who live permanently on the streets; and, (4) *near homeless* - people who live in temporary homes (such as tin houses in informal settlements) or abandoned buildings (City of Tshwane Metropolitan Municipality et al. 2019). Among older homeless populations, Grenier et al. (2016) distinguish two patterns of homelessness: (1) *chronic homelessness*, thus people who remain homeless throughout their lifetime, and (2) *late-life homelessness*, meaning people who become homeless for the first time during later life. The present study considered all the cited categories of homelessness among older persons.

National and international databases (i.e. EbschoHost, GoogleScholar, and Sabinet) were consulted and it was confirmed that, in contrast to the developed world, there is a paucity of research on the biopsychosocial circumstances of homeless older persons (HOPs) on the African continent, in particular South Africa. Within the context of the study, the 'biopsychosocial circumstances' refer to a systemic perspective of participants as bio-psycho-social-spiritual beings in interaction with other systems (i.e. micro, meso, exco, macro) and the environment (Hatala 2012). Except for Alpaslan (2011) who described the resilience of elderly residents in Sunnyside (a suburb in Tshwane), resilience studies in South Africa focus predominantly on children, day labourers, educational settings, families, HIV and poverty, street children, students, substance misuse, and youth (cf. Cameron et al. 2011; Didkowsky et al. 2010; Ebersöhn 2017; Malindi and Theron 2010; Mapendere, Schenck, and Blaauw 2019; Ungar, Ghazinour, and Richter 2013; Van Breda and Theron 2018; Van Breda 2018). A lacuna was hence identified in terms of the resilience of HOPs within the South African context.

The rationale for conducting the study was twofold: On the one hand, to explore the biopsychosocial circumstances of HOPs in Tshwane – a vulnerable population previously excluded from localised resilience research. On the other hand, to give voice to HOPs and subsequently propose an integrated social service delivery framework (ISSDF) for HOPs, service providers and the Tshwane Metropolitan Council (TMC) to navigate towards resilience. As such, the study is aligned to Goal 11, specifically goal 11.1, of the Sustainable Development Goals (SDGs), to which

South Africa is a signatory, *viz.* "By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums" (United Nations 2015). Moreover, the study articulates with the sixth objective of the *Street Homeless Policy for the City of Tshwane*, namely "to conduct on-going research and make reliable and up-to-date information on homelessness available in Tshwane in order to inform policy makers and facilitate programme design, implementation, monitoring and evaluation" (City of Tshwane Metropolitan Municipality et al. 2019, 29).

The study endeavoured to answer the following research question: What are the biopsychosocial circumstances of HOPs in the City of Tshwane? The aim was to explore and describe the biopsychosocial circumstances of HOPs in the City of Tshwane through a resilience lens.

The paper offers an overview of the resilience theory as a theoretical framework underpinning the study. Thereafter the research methods are described, followed by the findings and discussion. Lastly, conclusions and recommendations are outlined.

Resilience Theory

Since 1997, South Africa adopted social development as a welfare model for the country (Patel 2015). A social development model underscores the achievement of social, economic and human capital development (Patel 2015). The achievement of capital developments is important as it holds the potential to promote the second-generation rights of HOPs, i.e. education, health, housing, and improved standards of living (Androff 2016). Resilience theory is reconcilable with both a social development paradigm and the promotion of human rights (Van Breda 2018).

Resilience theory is embedded in a salutogenic approach. It means that the focus is not only on pathogenic processes like adversities, risk and problems but equally on abilities, coping, strengths and resources that enable well-being (Van Breda 2019). Resilience is defined "… as the capacity of a biopsychosocial system (this can include a person, a family, or a 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" (Ungar 2019, 2). It follows that resilience should be understood as a multisystemic process and not a static trait or specific outcome (Ungar and Theron 2019).

The study considered resilience from an ecological approach – thus, resilience is constructed in relation with others and the environment. HOPs (as bio-psycho-social-spiritual beings) are considered in interaction with the environment (both the *social environment*, e.g. relationships, health systems, and religious institutions, as well as the *physical environment*, e.g. physical safety,

access to housing and other life-sustaining resources) (Kolar 2011; Van Breda 2019). An ecological approach entails the exploration of the interaction of the bio-, micro-, meso-, exo-, macro- and chrono-systems that could either be sources of adversities/risks that inhibit resilience, or which could be promotive and protective factors and processes (PPFPs) that enable navigation and negotiation towards better-than-expected outcomes (Ungar et al. 2013; Ungar and Theron 2019; Van Breda 2018).

Resilience studies explore at least three dimensions: (1) adversities/risk, (2) promotive and protective factors and processes, and (3) desired outcomes (Ungar 2019). In terms of *adversities*, it is more common in the Global South to identify distal-onset chronic adversities. Thus, adversity without a clear starting point. Proximal-onset chronic adversity, in contrast, refers to adversity with a definite starting point, but which continue over an extended period (Van Breda 2018). *PPFPs* (e.g. coping strategies) refer to mediating processes employed on a multisystemic level within the environment, to navigate towards and negotiate for resources to enable people to achieve better-than-expected outcomes, often as a result of adversity (Ungar 2019, 2015). It should be noted that the aforementioned processes are not always pro-social and could be socially undesirable, such as substance misuse, yet they enable people to resile and are denoted as *hidden resilience* (Malindi and Theron 2010). The *desired outcomes* "… range from the biological (better response to stress), to the psychological (enhanced self-esteem), social (increased engagements in productive activities), or environmental (improved physical environment that facilitates community safety)" (Ungar 2019, 6).

The ISSDF the study proposes could be considered as a mediating process that HOPs, service providers, and the TMC could follow to navigate and negotiate towards better-than-expected outcomes. In its design, the author considered the three dimensions of resilience as operationalised in the framework for resilience research proffered by Ungar and Theron (2019). Thus, the study will conclude the *risk exposure/adversities* of HOPs, the *internal and external PPFPs* they have access to, currently utilise and desire, within the *context* of Tshwane. In addition, the life stage of older persons and the culture of homelessness that could guide a *mediating process* to achieve the *desired outcomes* expressed by HOPs will be highlighted.

Research Methods

Research Approach and Design

The study was underpinned by interpretivism as research paradigm as the researcher was interested in the perceptions of the HOPs about their psychosocial circumstances and their unique voice on recommendations to the TMC to mitigate their circumstances (Nieuwenhuis 2020). Hence, a

qualitative study was implemented as it allowed the flexibility to understand resilience among the HOPs holistically through the collection and interpretation of verbal data (Braun and Clarke 2013). A case study, specifically a collective case study, was operationalised to explore and describe the circumstances of HOPs (i.e. the phenomenon of homelessness) across several research sites (i.e. different wards, neighbourhoods) in Tshwane (Creswell and Poth 2018).

Participants

Although South Africa categorises older persons as being male or female, 60 years and older, the present study recruited older persons from the age of 55 years. The rationale is that Grenier et al. (2016b), who are prominent scholars of homelessness among older populations, opine that homeless people of 50 years and older hold characteristics akin to older persons due to accelerated biological ageing while living on the streets, coupled with psychological, mental health and financial challenges associated with homelessness. Aligned with the research approach, participants were recruited through purposive sampling (Padgett 2017) according to the following inclusion criteria:

- Male or female of 55 years and older
- Homeless in Tshwane for at least three months
- Able to converse in a local language spoken in Tshwane
- Competent to give written (incl. thumb print) informed consent.

Outreach workers from an NGO in Tshwane, who interact with homeless persons daily, acted as gatekeepers and brought the fieldworkers in contact with potential participants. Data were collected from 34 participants. With 34 participants the point of data saturation was achieved as information originating from the interviews became repetitive (cf. Makofane and Shirindi 2018).

Data Collection

Semi-structured interviews, with an interview guide, were used to generate data (Nieuwenhuis 2020). Among the 32 open questions in the guide were the following: (1) 'What attracted you to this particular area of the city?' and (2) 'What do you consider the reason(s) for you being homeless?'

All the interviews were conducted in the natural settings where HOPs spend their time during the day (e.g. parks, street corners, and shelters) and were audio-recorded with their permission.

Data Analysis and Trustworthiness

All the interviews were transcribed into English according to a de-naturalist process (thus, without idiosyncratic elements) (Aurini, Heath, and Howells 2016). Data were analysed according to the thematic analysis process proposed by Braun and Clarke (2013). The process consists of six phases: *Phase 1* entailed a familiarisation with the data by reading the transcripts several times. Thereafter a process of coding commenced in *phase 2*. In the present study, deductive coding was used as the coding was guided by the topical questions in the interview guide and the theoretical framework. *Phase 3* entailed the generation of themes where codes were grouped. In *Phase 4* the themes were reviewed and ultimately, for this paper, six themes were retained. In *Phase 5* the themes received fully descriptive names. *Phase 6*, reporting, is reflected in the Findings.

The trustworthiness of the qualitative study was ensured with due consideration to its credibility, transferability, dependability, and confirmability (Anney 2014). To ensure *credibility*, the author consulted with colleagues involved with the *Pathways out of homelessness: Going deeper* research project throughout the entire research process (i.e., peer debriefing), while confirming the findings with a few participants (i.e., member checking). *Transferability* was ensured through the use of purposive sampling to recruit HOPs who were homeless for more than three months. Furthermore, thick descriptions are employed to offer an authentic voice to the participants. *Dependability* was ensured with the use of an independent coder. The author and independent coder had a consensus meeting (i.e., observer triangulation). Member checking and peer debriefing are believed to demonstrate the study's *confirmability*.

Ethical Considerations

Ethical considerations, such as avoidance of harm, allowing discontinuation of participation without any explanation or consequence, voluntary participation, signed informed consent, and no violation of privacy/confidentiality were observed (Babbie 2017). In the case where participants could not read, the informed consent form was read and/or translated into an indigenous language, explained in detailed and thereafter signed (or thumb printed) in the presence of an outreach worker. Both fieldworkers and outreach workers had to sign confidentiality agreements before data collection. Ethical clearance was obtained from the Research Ethics Committee of the university (Ref. HUM013/0219) and written permission from the NGO whose outreach workers acted as gatekeepers.

Findings

The findings are presented in two sections: (1) A brief profile of the participants is offered, and (2) Six themes are reported to give voice to the HOPs.

Brief Profile of the Participants

Thirty-four HOPs (n=34) participated in the study. Twenty-six participants identified themselves as male, and eight as female. The average age of participants was 63 years at the time of data collection. Most of the participants identified themselves as African Black of whom only three disclosed they are from neighbouring countries, i.e. Lesotho and Zimbabwe. The participants mostly indicated their home language as one of the official languages of South Africa, e.g. Sesotho (n=8), isiZulu (n=6), and isiNdebele (n=4). Twenty-five participants identified as Christian, six indicated they are believers but did not specify any religion/spirituality, and one participant identified as Islam. Most of the participants either never attended school (n=7) or did not proceed beyond primary school level (n=13). On average, the participants were homeless for six years (i.e. 72 months) at the time of data collection.

In terms of family composition, most of the participants indicated that they were either single/never married (n=11) or widowed (n=10). Another four indicated they were married, and four were divorced. Only two participants indicated that they were never married and had no children. Thirty of the participants indicated that they had children. Seven revealed that they lost between one to six children due to death. On average, the participants had three children. Concerning extended family members, 11 participants indicated that they had siblings and another six indicated that they had some aunts and uncles to rely on.

Themes and Sub-themes

From the thematic analysis process, six themes (and sub-themes) were developed as depicted in Table 1.

Table 1: Themes and Sub-themes

Themes	Sub-themes
Theme 1: Choice of the Area where Homeless Older Persons Reside	• Access to Resources • Characteristics of the Environment • The Area where Time is Spent during the Day
Theme 2: Causes of Homelessness among Older Persons	• Family-related Causes • Work and Money-related Causes • Criminal Record
Theme 3: Adversities faced by Homeless Older Persons	• Emotional Turmoil • Health Challenges • Ill-treatment • Lack of Resources • Criminal Victimisation, Safety and Security Concerns • Weather Conditions
Theme 4: Coping Strategies Employed by Homeless Older Persons	• Interpersonal Coping Strategies • Intrapersonal Coping Strategies • Hidden Resilience
Theme 5: Services and Professionals Accessed by Homeless Older Persons	
Theme 6: Homeless Older Persons' Recommendations for the Tshwane Metropolitan Council	

The findings related to the six themes follow.

Theme 1: Choice of the Area where Homeless Older Persons Reside

The findings revealed that the participants purposively chose different areas in Tshwane to reside. Most of the participants preferred Marabastad, Salvokop, Struben Street no. 2, and Sunnyside. Some opted for shelters. The study explored the participants' reasons for choosing a specific area. The following reasons were identified:

- **Access to Resources**

Participants indicated that the choice of an area is linked to access to resources, such as food, piece work, showering facilities, and transportation. The following quotations expand on the reasons offered:

The reason why I came to Marabastad is that there are Indians just here. On Fridays, they just give us R1, or 50 cents, and even food. (#16, Female)

The reason for me to live here it that I have an opportunity to look for jobs when I am here. Maybe sometimes while I am sitting down, someone comes to me and say 'Hey, man, there is [someone]

who is looking for someone who can this and that'. So it becomes better as I can do something for that person and he can also give me something. (#15, Male)

In Pretoria West, I have easier access to the train when I want to go home. Also, (an NGO's) showers are in Marabastad. It's closer than when I sleep in any other area. (#17, Male)

- **Characteristics of the Environment**

Some participant maintained that the characteristics of the environment attracted them to a specific area, such as safety, peacefulness, privacy, or affordability. The participants expressed themselves as follows:

… this side, I can see is also a bit safer. Yeah, I can say … the other sides, the people are dying … this side we have harmony … (#4, Male)

It's not too busy … it's always better in a more quiet area. (#21, Male)

After being a street kid, I then went to stay with the grandmother. Then, the family decided that I should come and stay in Salvokop and became their caretaker in exchange for a place to stay. I enjoy staying here because compared to other places, the treatment here is better. I enjoy staying in Salvokop, because the family members love me, and I am staying alone, and I have my privacy. (#19, Male)

This area … came here before because it was cheaper. Now it changed again. (#28, Female)

Contrary to the abovementioned pragmatic approaches, some participants also indicated that **spirituality** led them to specific places to stay. For example, "I always say 'God, please be with me today and every day. Lead me … May God be with me in all the direction that I'm taking, lead me'. That is why I believe in the One who brought me to this site" (#4, Male).

It is possible that the area where participants stay, and where they spend time during the day, may be different. Hence, participants were probed to indicate where they spent their days.

- **The Area where Time is Spent During the Day**

Participants indicated that they remain near the area where they reside, while others indicated that they walk around, or move to specific destinations. Almost half of the participants indicated that they remain close to the area where they reside because they do not have a choice. "I spend all my days right here next to the bed. I don't go anywhere. The day I go is when someone moves me to the other part of the yard (due to lameness)" (#12, Male). Others remained in the area to earn some income through babysitting. For example, "I look after her (referring to a child in the area). There is two of them" (#14, Female). Yet, some participants decided to move around to generate income, job hunt, or to stay fit and healthy. The following quotations illustrate this finding in more detail:

I pick up papers and plastic bottles, you see. I know exactly what to do with it … around here, there is a scrap yard across the road. They recycle a lot of things there … even steel. I normally get R5 for a load. (#20, Male)

I market all around everywhere … even on this side (pointing towards Sunnyside). (#17, Male)

I just walk. They said that will keep me fit … yeah, around in Pretoria. (#5, Male)

Participants also move around to reach **a specific destination for specific reasons** during the day. Some go to a welfare organisation that offers assistance. The point is illustrated with the following quotation: "Most of the time like now, I am going to Methodist Church in Sunnyside. They help us … dish up for us" (#7, Male). Others seek recreation during the day: "I would go the local tavern … by Paul Kruger … there we watch films" (#30, Male).

Theme 2: Causes of Homelessness among Older Persons

The unique causes for homeless among the participants were explored and they were quite vocal about the causes of their homelessness. Although two distinct categories of causes were identified, most of the participants expressed a combination of causes as outlined below.

- **Family-related Causes**

A plethora of causes for homelessness related to family circumstances were extended, such as staying away from home to avoid irritation, a need for independence and participants who did not want to burden the family. The following quotations are illustrative:

I prefer having my place and I do not like sharing a place to stay. I also do not want a family house where there are a lot of issues. They (family) is a nuisance, they talk a lot; they say things that do not concern them. (#20, Male)

Yes, they (family) want me to return home, but I cannot go back home just to sit and do nothing … I hate asking for things. I prefer rather to live here in Pretoria. (#21, Male)

I do not want to be a burden to my children, because they are now married … (#8, Male)

- **Work and Money-related Causes**

Numerous work and money-related causes for homelessness were specified during interviews, such as participants moving to South Africa for work, housing being unaffordable, or participants preferring to be homeless to send money back home. The following quotations capture some of the causes shared by the participants:

When we came here, we were promised work. I remember they said we needed to have R300 for the interview … a period passed without getting the work. After a while, they called us and they needed another R300. I did not have the money. (#2, Female)

The only thing I chose is not to have a house so that I can be able to save enough money for my children. I will not come from the Eastern Cape to pay for someone else's house. I would rather suffer and stay in the streets and have all my money so that I send it home to my children. (#6, Male)

- **Criminal Record**

A minority of participants indicated that they had a criminal record, were imprisoned and upon their release became homeless. One participant expressed himself as follows: "I was in prison for a long time. I came out in 1992 (and since homeless)" (#20, Male).

Theme 3: Adversities Faced by Homeless Older Person

Viewed through a resilience lens, the study explored the adversities faced by HOPs and participants narrated numerous examples of such. Some of the adversities are not directly related to their state of being homeless but intensified by their life stage (e.g. old age). Similar to Theme 2, the participants referred to all the challenges they face and did not limit themselves to identifying one or two adversities. Six sub-themes were explored. Emotional turmoil and health challenges refer to adversities experienced within the microsystem (i.e. the bio-psycho system of the participants). Interaction between microsystems, that is the mesosystem, also brought adversities into the lives of the participants as evidenced in the ill-treatment they are subjected to. The exosystem, namely the community-level, contributed to adversities being experienced, such as a lack of resources in the community, criminal victimisation, safety and security concerns. The environment, namely weather conditions, also added to the adversities experienced by the participants. Combined, the adversities emphasise the person-in-environment interaction and how it could present with a compendium of adversities. Closer scrutiny of the aforementioned follows.

- **Emotional Turmoil**

Participants indicated adversities they experience within themselves, such as negative behaviour, stress and feeling overburdened. Some participants divulged that they practice negative behavioural patterns that bring adversities into their lives, such as substance misuse and reckless money spending. For example, "Ahh, I thought this thing (smoking) relieves stress, you see. It doesn't take the stress out, but it makes it worse" (#29, Male) and "You know how things go. Sometimes are bad, sometimes you misuse the money, sometimes there is no food, you are running short" (#7, Male). Other participants indicated that they experience stress about their circumstances and their significant others which burden them on a psychological level. The following quotation encapsulates the finding: "Yeah, you have a family and children, so you will be stressed because you cannot get a job sometime, anytime. And, sometimes, you work and on other times you don't

work. This is the nature of piece jobs. You are not registered, you work today, and tomorrow there's no job" (#17, Male). Feeling psychologically strained also features in the data. The following quotation highlights this finding: "… this pain does not want to get out of my heart …" (#29, Male).

- **Health Challenges**

A limited number of participants labelled their health challenges as adversity. Participants highlighted age-related health conditions, non-communicable conditions and tiredness. Age-related conditions were explained with reference to pain and mobility problems, such as the following: "No, it happens that … you see with my feet. I don't wear closed shoes, I wear shoes that are open. [My feet] burn and I don't like that feeling. It burns and then it irritates me and becomes painful" (#33, Male). Participants referred to several medical conditions that they suffer from, e.g. diabetes, eye problems, hypertension, and lung problems. The following quotations underscore the findings: "Yes, I do have high blood pressure" (#3, Female), "Ja, it (eyes) is teary, and I don't see properly. Sometimes I would be walking in town and would hear 'Beep!' [walking in front of vehicles and being warned by hooter]" (#7, Male), and "I have lung problems … [I] have shortness of breath" (#25, Male). Tiredness, which could also be linked with emotional disposition, was explained as follows: "It is just this thing that it is tiring. It's then you feel the pain you see. You will wake up tired. I take what they call [name of painkiller]" (#28, Female).

- **Ill-treatment**

As a marginalised group, being homeless and an older person, many participants referred to ill-treatment as adversity. Participants emphasised experiences of discrimination and stereotyping, e.g. "People think that when you are homeless, it means that you are not a human being" (#19, Male) and "People tend to assume the worst of homeless people, but not all of us use drugs or steal from people" (#8, Male). Participants also stated that they are subjected to disrespect. For example, "So there are people who will not talk to you in a good way, or answer you in a good manner. As times goes on (getting older), thing get worse" (#27, Male). Furthermore, participants indicated that their human rights are violated by service providers. "It was only last year when the metro police came to the park and took all our belongings, including our IDs" (#8, Male) and, "He (medical doctor) tells me nothing … he only gives me the pills" (#26, Male).

- **Lack of Resources**

Participants mentioned numerous resources they required. Key was insufficient money to buy clothing, groceries (incl. food) and toiletries. Participants explained the finding as follows: "Clothes, I do not have. I only have the ones I am wearing. I even sleep in them" (#31, Male) and

"When the bread is finished, there is nothing we can do. We just sit here" (#15, Male). Some resources that the participants reckoned the municipality, or government, should provide were affordable housing and access to recreational activities. The participants expressed themselves as follows: "My biggest worry is not having my own house. I worry. I worry a lot about that" (#32, Female) and "Uhh, there's not uhh, there are no amenities. Do you hear me? Recreational amenities … so the guys stick to drinking" (#24, Male).

- **Criminal Victimisation, Safety and Security Concerns**

During the time of data collection, Tshwane witnessed the murder of a number of homeless people (cf. Mitchley 2019). Resultantly, the majority of participants verbalised concerns about criminal victimisation, safety and security. The following quotations are representative of their views:

Getting hurt is one of my biggest worries because that could lead to being killed. (#1, Male)

They (taxi drivers) are beating us up. When we are sitting here, we have not done wrong. (#16, Female)

- **Weather Conditions**

During the time of data collection, the winter season had commenced. It could be the reason why some of the participants referenced challenges experienced on account of the weather whilst living on the street. Narrations, such as the following, were shared:

Now that it is winter time it is even worse because we have no shelter over our heads. It is cold at night and sometimes our blankets are stolen. (#8, Male)

During summer it rains a lot and that affects us because our bedding gets wet and we can't sleep at night while it is raining. Eish … it is very cold. (#26, Male)

Theme 4: Coping Strategies Employed by Homeless Older Persons

The resilience lens on HOPs necessitates an exploration of PPFPs (e.g. coping strategies) that they employ to cope with their circumstances. The data revealed an array of interpersonal and intrapersonal coping strategies, and hidden resilience.

- **Interpersonal Coping Strategies**

With interpersonal coping strategies, the focus is on the person-in-environment and in interaction with the different systems which are used to resile. The coping strategies are summarised in Table 2.

Table 2: Interpersonal Coping Strategies

Interpersonal Coping Strategies	Illustrative Verbatim Quotations
Making friends and maintaining friendships	"The guy whom I met showed me all the places in Tshwane of where I should get food, clothing and donations … also where to shower." (#8, Male)
Relationships with people and agreements with specific places	"No trouble there at the bank. There is security. So, they help me, they don't struggle with me" (#26, Male)
Moving and staying in groups	"We travel in groups (with my fellow Lesotho citizens)." (#2, Female)
Receiving support from family	"… every month they (family) provide for me, money and so forth … I am not so stranded." (#11, Male)
Receiving material support from strangers	"I get handouts from people. Some days they give me mealie meal. People usually give us clothes …" (#3, Female)
Receiving material support from organisations	"Most of the time I get here (referring to an NGO) because I drink coffee. Other times, they also take us … we bath and when we are done … we can get porridge" (#30, Male)

- **Intrapersonal Coping Strategies**

The intrapersonal coping strategies have bearing on self-reliance measures the participants employ to resile. Table 3 outlines the intrapersonal coping strategies identified in the data.

Table 3: Intrapersonal Coping Strategies

Intrapersonal Coping Strategies	Illustrative Verbatim Quotations
Practising self-care	"You need to take care of yourself … I might be poor, but I am taking care of myself." (#3, Female)
Accepting circumstances	"I am free … Yes, I have made peace with it (being homeless)." (#21, Male)
Having a sense of purpose and responsibility in life	"I have no option than to endure. I have children, what else can I do?" (#6, Male)
Maintaining a sense of pride and dignity	"I do not steal from people … I survive with doing piece jobs. I am eating food that I get from my labour … I am not one of those who look for food in the dustbins or standing in front of the shops, begging for food. I buy food for myself." (#29, Male)
Maintaining a positive attitude, being grateful and content	"Every little thing that you have, you must be grateful." (#4, Male)
Hope, prayer and trusting in God	"If it wasn't for God, I wouldn't have been alive. He is the One who is giving me the courage, the strength, the wisdom and understanding. The biggest 'tool' that made me like to cope …" (#4, Male)

- **Hidden Resilience**

Many participants were honest and indicated that they use both legal and illegal substances to endure their homelessness. One verbatim quotation captures the essence of the finding: "I never want to run short of weed (dagga). I would go crazy … it gives me direction in terms what I can do, what I need to do" (#6, Male).

Theme 5: Services and Professionals Accessed by Homeless Older Persons

To offer recommendations for an ISSDF to address homelessness among older persons, it was deemed imperative to explore the services and professionals that the participants currently access. Table 4 offers a synoptic overview of the services and professionals accessed by the participants.

Table 4: Services and Professionals Accessed by Participants

Services and Professionals
Medical services:
• Harm reduction services for people with substance use disorder, e.g. Community Oriented Substance Use Programme (COSUP)
• Local and mobile clinics, e.g. Tshwane clinic
• Pharmacies
• Public hospitals, e.g. Mamelodi hospital
• Public psychiatric hospitals, e.g. Weskoppies
Social work services:
• Social workers at Tshwane Leadership Foundation (TLF)
NGOs and other outreach services:
• Churches: mainly soup kitchens and spiritual care
• Numerous NGOs, e.g. Future Families, Inkululeko community centre, POPUP
Government departments:
• Basic Education, e.g. Adult Basic Educational Training in Correctional Centres
• Home Affairs, e.g. ID document applications
• South African Social Security Agency, e.g. old age grants
• Ward councillor, e.g. confirmation of residence

Theme 6: Homeless Older Persons' Recommendations for the Tshwane Metropolitan Council

A principle of developmental social services is a bottom-up approach, i.e. exploring and incorporating the views of service users in establishing services (Department of Social

Development [DSD] 2015). Hence, the study explored the recommendations that the participants had for the TMC to mitigate their challenges. Some of the requirements may rather require the attention of the provincial or national government. Nonetheless, Table 5 summarises the findings.

Table 5: Recommendations for the TMC

Recommendations Offered by Participants	Illustrative Verbatim Quotations
Approach to service delivery: a bottom-up approach	• "You would hear them (councillors) saying, 'Go and vote' … after voting … still, we come back and we are still struggling … They do not take people and say, 'People check and see us and how we are living'" (#15, Male)
Expressed needs: • Basic Income Grant: access to a grant before the age of 60 • Clean and safe environment • Extended/long-term work-contracts • Free toilettes in the community • Further education, e.g. vocational training offered by the Department of Labour • ID: assistance with application and issuing documents, especially when documentation was stolen or birth certificate lost • Medical treatment and medicine: access to services and medical treatment (e.g. physiotherapy) and medicine from clinics without insisting on an ID before medical care • Public transport: free public transport to go to the hospital and/or clinic for chronic medication • Safety • Shelters: specifically geared for older persons (young people were said to bully older adults) or RDP housing • Social workers: exposure to and access to social workers • Water: access to water on the premises (not a distanced communal tap)	• "I don't have anything … no pension … I have an ID, but the pension starts at 60, at 60!" (#4, Male) • "Our streets are very dirty, as you can see, the pipes are worn and there's water running everywhere … I am not happy with the service delivery of our Tshwane municipality." (#19, Male) • "The City of Tshwane, now they are helping people too. To go to work, you see the contract … Ja, now the other people are still working one year, one year, one year …" (#13, Female) • "Mmm, if there can be toilets for free, because most of the places where we go, we find that we have to pay R2 and one does not afford because one won't have money every day." (#27, Male) • "I (want) to become computer literate … so I intend to contact Silverton Labour Department … (to) do a computer course in Microsoft …" (#24, Male) • "Ahh, eish, the first thing I cry for it to get an ID … social workers have connections and they should help us with getting IDs and they can link us." (#29, Male) • "I need to get a physiotherapist so they can help me and for my hand to work again" (#18, Male); "The problem with the clinics here is that they need your ID before they can assist you … it has become a challenge for me." (#1, Male) • "Arrange (for transportation) to the hospital, because as I said, I have to go back … for my medication." (#22, Male) • "The law must be reinforced" (#4, Male); "… make the streets safer." (#11, Male) • "My wish is that the municipality could build hostels for us to live in so that we become safer" (#8, Male); "I applied for RDP house and nothing came out of it …" (#24, Male) • "No, I do not have access to such services (referring to social workers). I think they would be of great use." (#1, Male) • "We do not have access to water in our yards. [Only] a big 'lorrie' (truck) comes with water, our living is very difficult …" (#16, Female)

Discussion

The profile of the participants offer some noteworthy findings. Similar to other demographical studies in South Africa, more males than females were found to be homeless (Seager and Tamasane 2010). Interestingly, despite harsh living conditions, the participants reached an average age of 63 years, which is higher than the current life expectancy of 62.4 years in South Africa (StatsSA 2017). The findings echo the Mapendere et al. (2019) study among day labourers in Cape Town, in the sense that most of the participants identified as South African citizens. Moreover, most participants experienced homeless for the first time after the age of 50 years, which is congruent with the findings of a qualitative study among HOPs in Canada (Grenier et al. 2016c). Additionally, most participants completed only primary school education (up to Grade 7), which could possibly be ascribed to the unjust educational system of the pre-1994 Apartheid government in South Africa (Lombard and Kruger 2009). Most participants had nuclear (life partner, children) and extended family members (aunt, uncles), albeit not as source of support in general.

Participants adopted a pragmatic approach to the manner in which they chose the area they reside in, for example, to access food, showering facilities and transportation. Further, the spatial characteristics of the location, such as areas which offered safety, peace and privacy influenced their preference. Most participants indicated that during the day, they tend to remain close to the area where they reside. Should they be more mobile, it is mainly to generate an income or to reach a specific destination for a specific aim. As far as could be determined, scholars in the developed world did not explore the same topics in previous research, but instead assessed the participants' housing needs (cf. Grenier et al. 2016c).

Four sub-themes were identified to elucidate the causes of homelessness among older persons. Family-related causes were prominent, with reasons cited being the need for independence or reservations about being a burden to their families. Health-related issues caused some participants to leave their homes or they became homeless as a result of their diagnoses. Work and money-related causes were narrated by the majority of the participants. Causes mentioned included unaffordable housing resulting in participants deciding to live on the streets, saving money and supporting children and family members at home. A criminal record was also found to cause homelessness as some participants never reintegrated with 'mainstream society' after incarceration. National (Mapendere et al. 2019; Rule-Groenewald 2015) and international studies (Georgiades 2015; Grenier et al. 2016b; MacKenzie 2012; Somerville 2013) corroborate the findings concerning the causes of homelessness.

The participants shared a plethora of adversities they face. Influenced by the work of Ungar and Theron (2019), the author adopted a multi-systemic perspective to identify adversities. The adversities experienced were mostly distal-onset chronic adversities (Van Breda 2018). Emotional turmoil (i.e. microsystem) was expressed by several participants as they revealed that they practice negative behaviour (e.g. smoking) in an attempt to cope, they stress and feel overburdened. International studies among HOPs (Georgiades 2015; Grenier et al. 2016a, 2016c) and a local study among homeless people of all age groups (Seager and Tamasane 2010) reached similar conclusions. Health challenges (i.e. microsystem) also featured prominently. For example, age-related health conditions, such as mobility problems, non-communicable diseases, such as diabetes and hypertension, and tiredness were flagged. The aforementioned health challenges were found to be common among the non-homelessness older population of South Africa (Peltzer, Phaswana-Mafuya, and Pengpid 2019), and also among HOPs specifically in an international study (Grenier et al. 2016b). Participants reflected that during interaction with other people (i.e. mesosystem), they experienced discrimination, stereotyping and ill-treatment. Likewise, Seager and Tamasane (2010) found that discrimination and stereotyping are often experienced by homeless people in South Africa. Grenier et al. (2016b) reached comparable findings in Canada. On the exolevel, the participants voiced a lack of resources as well as criminal victimisation, safety and security concerns as adversities they experience. The adversities could be intensified by a lack of macrolevel interventions (e.g. policy, national programmes), or (inter)national pandemics such as COVID-19. A lack of resources may be unique to a developing country; however, safety and security concerns feature as universal adversities experienced by homeless populations both locally and internationally (Georgiades 2015; Grenier et al. 2016c; Mapendere et al. 2019; Seager and Tamasane 2010). Ungar et al. (2013) opine that adversities should also be considered within the person-in-environment perspective. The participants referred to weather conditions as adversity. During summer it rains and they become drenched, while winters are especially cold without blankets.

The resilience lens on HOPs sheds light on individual dimensions (e.g. individual coping, adaptive capacity) and contextual dimensions (e.g. multisystem resources) that people use to resile (Ungar 2015). The findings revealed that participants relied on numerous interpersonal coping strategies to resile, such as striking up and maintaining friendships, moving and staying in groups as well as support from family, material support from strangers and organisations. The coping strategies identified in the present study are echoed in the literature focusing on HOPs (Georgiades 2015) and a resilience study (Mapendere et al. 2019). Ebersöhn (2019) refers to flocking (e.g. reciprocity of care) as a response among African communities to resile. In the present study, the participants

indicated that they persevere as a result of support offered by family and strangers. Several intrapersonal coping strategies were mentioned to cope with homelessness, including accepting their circumstances, maintaining a sense of pride and dignity, hope, prayer and trusting in God. Similar findings emanated from a South African study by Alpaslan (2011), and by Grenier et al. (2016c) in Canada, and Schneider et al. (2019) in the USA. Malindi and Theron (2010) identified that street youth show hidden resilience to resile. In the present study, hidden resilience (i.e. using dagga) was identified as a coping mechanism for many participants. In general, alcohol and drug misuse are not unfamiliar among HOPs (Grenier et al. 2016b).

In terms of services and professionals accessed by HOPs, the study found that the participants mostly relied on medical services, social work services, NGOs and other outreach services and government departments to attend to their biopsychosocial needs. Similar findings flowed from the work of Georgiades (2015) in the USA and Mapendere et al. (2019) in South Africa.

Lastly, the recommendations the participants had for the TMC were explored. Consequently, several recommendations emerged that should inform the design of an ISSDF. Noteworthy suggestions included a basic income grant (before the age of 60 years), a clean and safe environment, free sanitation (e.g. toilets), continued education, access to medical services, housing and shelters, and improved safety. Although some of the recommendations are context-specific, they are echoed in South African studies focusing on homelessness in general (Prinsloo and Van der Berg 2018; Seager and Tamasane 2010) and more specifically confirmed by HOPs in the developed world (cf. Grenier et al. 2016b, c). The recommendations articulate with the indispensable macro systemic interventions (e.g. policy, programmes) that homeless people need to create a context in which they would be capacitated to resile (Ungar 2015).

Conclusions and Recommendations

The author is mindful that the data reported on is of limited scope, but it is adequate within the ambit of qualitative research. Additionally, the findings originate from only one city in South Africa. Nonetheless, the efforts to ensure the trustworthiness of the study elevates the potential of the conclusions and recommendations to apply to all HOPs in Tshwane and potentially other South African cities as well.

The proposed ISSDF is encapsulated within the framework for resilience research (cf. Ungar and Theron 2019). The ISSDF should rest on four pillars: (1) The ISSDF aims to enable HOPs to reach better-than-expected outcomes. Realistically, the probability that homelessness will never be eradicated from society entirely should be acknowledged; on the contrary, the post-COVID-19

ramifications in Tshwane may potentially increase homelessness. (2) The ISSDF, as a framework within the South African welfare system with a social development welfare model, is underpinned by the principles of developmental social welfare as outlined in the *White Paper for Social Welfare* (Republic of South Africa 1997). More specifically, the accountability of all stakeholders, the promotion of human rights, the improved quality of life of HOPs, the bridging of the micro-macro divide, through implementing community-based interventions instead of unnecessary relying on individual/casework interventions, non-discrimination against HOPs, people-centeredness, the promotion of HOPs' human dignity, transparency in service delivery and the management of funds, and partnerships to mitigate homelessness are implied in these frameworks . (3) Aligned with the *South African Policy for Older Persons* (DSD 2005), institutionalisation, unless for chronic mental and physical health conditions, is not desirable. Where feasible, service providers should reunite HOPs with family members or champion for their placement in RDP houses to promote ageing in place. Shelters and residential facilities for older persons are the last resort and not a panacea. (4) The ISSDF is implemented following a bottom-up approach (i.e. informed by the needs and desires expressed by the HOPs) where both private and public service providers form partnerships, and the process is mandated and supported by the TMC. Should policy changes be required that are beyond the jurisdiction of the TMC, leadership should channel issues to the provincial and national government to be addressed through policy reform and/or the adjustment of service eligibility criteria.

The ISSDF considers the *risk exposure/adversities* of the HOPs that should be taken into consideration as they capture the challenges that should be mitigated. The study divulged numerous adversities among HOPs, i.e. causes of homelessness as a result of family-, work- and money-related issues and a criminal record. Furthermore, the HOPs experience emotional turmoil, health challenges, ill-treatment, lack of resources, criminal victimisation, safety and security concerns.

PPFPs should be explored as they demonstrate the coping strategies that HOPs already access and utilise to resile. Among the internal PPFPs the study identified, are interpersonal coping strategies (e.g. making friends, moving in groups, and support from family, strangers and organisations). Furthermore, intrapersonal coping strategies were also revealed, e.g. self-care, maintaining pride and dignity, hope, prayer and religion. Additionally, HOPs utilise external PPFPs in the form of different services they access and professionals with whom they consult (e.g. medical services, social work services, NGOs and other outreach services, such as churches, and government departments). An ISSDF should be judicious regarding the adversities HOPs experience together with the internal and external PPFPs.

With the exception of hidden resilience, the mediating process implemented should be cognisant of the PPFPs that HOPs implement already and should encourage them to continue using them (i.e. navigation towards resilience). Where social service delivery systems or policies hinder HOPs to resile, the policies should be developed or reformed, and services introduced or altered to increase efficacy (i.e. negotiation among multiple systems towards resources that enable resilience). To coordinate the mediating process, a forum such as the Tshwane Homelessness Forum (THF), should receive a mandate from local government and support from all stakeholders to prioritise and coordinate services to HOPs.

Although Prinsloo and Van der Berg (2018) documented the services NGOs and faith-based organisations deliver to homeless persons in Tshwane, it may be prudent to undertake a survey and develop an updated database. A database of service providers could enable the forum to match HOPs who experience specific adversities with designated service providers.

The mediating process is introduced within a specific *context,* namely HOPs within Tshwane. To a large extent, the present study illustrates the context of HOPs within Tshwane (i.e. biopsychosocial circumstances). To the best of the author's knowledge, the specific culture of homelessness among HOPs have not yet been researched. Hence, an ethnographic study is recommended to explore and describe the HOP culture to inform the planning and design of an ISSDF. Furthermore, the unique circumstances of HOPs should be heeded. To comprehend the unique life stage challenges and strengths of older persons in South Africa, the profile reports published by StatsSA may be helpful although they are not HOP-specific. Therefore, the forum should take the salient issues related to HOPs into account. For example, HOPs may need life skills training and trauma debriefing to adapt to life off the streets. Many of the participants in the present study have been homeless for six or more years. HOPs may present with substance use disorders that will have to be managed in a new environment. Harm reduction, as offered by COSUP, may need to be expanded. Age- and health-related challenges will have to be managed through local clinics and hospitals, or nursing staff at residential facilities.

Informed by the adversities, PPFPs and context of HOPs, the mediating process should aim to navigate and negotiate towards the *desired outcomes*, as expressed by HOPs. From their vantage point as the "experts", HOPs expressed their needs and offered recommendations from the bottom-up that should ideally be the point of departure. Recommendations included a basic income grant, a clean and safe environment, extended work contracts, free sanitation services, continued (vocational) education, access to identity documents, medical treatment and medication for all people irrespective of documentation or nationality, free public transport to essential services,

safety, shelters or RDP housing, access to social work services, and access to clean tap water. Seen holistically, the recommendations of HOPs and the desired outcomes align with the provisions within the Bill of Rights of the Constitution of South Africa (Republic of South Africa 1996).

To achieve the *desired outcomes*, funding is required. Apart from budget allocations by the National Treasury for specific services to HOPs by designated government departments, another strategy may be a solidarity fund (similar to the one introduced in South Africa amidst the COVID-19 crisis). The THF could be mandated to establish and manage the fund. All family and community members, and organisations could deliver material support and transfer funding to the forum who will allocate funding for infrastructure and services as required to achieve the desired outcomes. In so doing, hand-outs to HOPs could be limited when services and support are centrally managed. The strategy may prevent older persons from remaining on the streets of Tshwane.

The merits of the ISSDF will have to be determined through rigorous research. It is recommended that the THF embark on a process of participatory action research. In so doing, a cycle could be activated where HOPs, service providers and the TMC navigate and negotiate towards better-than-expected-outcomes. Simultaneously, research findings could inform the THF on the strengths of, and weaknesses that need to be addressed in service delivery and policy. The ISSDF should ultimately ensure that HOPs enjoy all the human rights enshrined in the Constitution of South Africa.

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