

Fostering Integrated, Collaborative Approaches to End Street Homelessness: A COVID-19 Perspective

Wayne Renkin

Correspondence to: Wayne Renkin. COPC Research Unit, Department of Family Medicine, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa. Email: wayne.renkin@up.ac.za

Abstract

This article maps the COVID-19 pandemic and lockdown in the City of Tshwane through the lens of street homelessness. This is done through a “thick description” of what happened during this time. This map is then read against both the intention of the Tshwane Homelessness Policy and the said objectives of the Tshwane Homelessness Forum. The article will indicate ways in which collaborative approaches in the city are starting to bear fruit, whilst at the same time showing how persistent competition and isolation from each other works detrimentally for both those who are homeless and seeking support, as well as for those perpetuating isolationist action. It recommends specific areas in which integrated, collaborative action is required to break specific cycles of street homelessness in the city.

Keywords: Homelessness ; shelters ; City of Tshwane ; collaboration ; global south ; COVID-19

Introduction

Late 2019, the world became aware of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) that causes Coronavirus Disease 2019, commonly referred to as COVID-19. As it rapidly spread from China to the global north and later to the global south, the virus revealed the (lack of) preparedness of governments across the globe to respond to deadly global crises (Global Preparedness Monitoring Board 2019, 15; Jacobsen 2020). The South African government responded by declaring a National State of Disaster on 15 March (Department of Co-Operative Governance and Traditional Affairs 2020a) and initiated an unprecedented national lockdown from midnight of 26 March 2020 (Department of Co-Operative Governance and Traditional Affairs 2020b). The response to dealing with the virus became that of *social distancing*, *self-isolation*, and *staying at home*.

History will tell us if the global response, and especially the hard and swift response of the South African government, was correct. But what the response did manage to do was highlight the existing extreme inequality of South Africa (Valodia and Francis 2020). We have not only known about the inequality, but have been acutely aware of it: driving on the N1 highway in Gauteng between poor Alexandra Township and rich Sandton City; when you view the sprawling township shack-housing suburbs on the ground as you fly into Cape Town international airport; when you hear about people travelling for hours to get to work on dangerous public transport while others drive in their luxury SUVs alone. The front-page picture of *Time Magazine* (Baker 2019) clearly showed, in no uncertain way, South Africa's inequality.

Although knowing and being aware of the existing inequality, it could be ignored: not by the victims of inequality, but those with means, wealth, and power. Never before has inequality stared us so openly and blatantly in the face of COVID-19 as during the national state of disaster and the subsequent lockdown in 2020. No longer could general society ignore and be callous towards inequality.

During the disaster and the lockdown, people were encouraged to stay home. However, there was one population group that could not stay home—people who are homeless. Throughout the country, there is no adequate amount of shelters to cater for the vast number of homeless people. The exact number of people who are homeless in South Africa is not known (Kriel 2017, 400). Rule-Groenewald et al. (2015, 1) noted that:

National census data on the homeless is almost non-existent. The official census conducted by Statistics South Africa has been found to be unreliable and unsuitable for establishing absolute numbers or trends in homelessness.

A description of the characteristics and the face of the homeless population in the City of Tshwane (CoT)¹ is not described in this article, as it has been described elsewhere (cf. Makiwane, Tamasane, and Schneider 2010; Mashau and Kritzinger 2014; Renkin 2015; Kriel 2017; Kriel 2017; Kriel, Tembe, and Mashava 2017; Marcus et al. 2020; De Beer and Hugo 2021; Geyer 2021; Scheibe et al. 2021). In the article, the terms *homeless persons* and *homeless people* refer to people who find themselves on the streets and are unable to secure shelter for themselves.

The failure to address homelessness, regardless of a pandemic, is due to structural and institutional failures, and a lack of political will (argued more fully in other articles in this Special Issue). There are no existing national or provincial policies addressing homelessness. The Western Cape is the only provincial government that had an existing budget for homeless shelters in South Africa. At a local government level, only a few cities—Tshwane, eThekweni, Johannesburg and Cape Town—have dedicated policies addressing homelessness, and even fewer have dedicated budgets.

When President Cyril Ramaphosa (2020b) announced the South African national lockdown, he stated that “temporary shelters that meet the necessary hygiene standards will be identified for homeless people”. With the announcement came no national strategic plan, but the expectation was for the provincial and local governments to roll out the shelters. The majority of provincial and local governments were unprepared to ensure shelters were rolled out as a result of historical failure to address homelessness.

During the first few days of lockdown, the streets were almost empty and void of the daily hustle and bustle, and the overwhelming presence of homeless people could not be overlooked. The extreme vulnerabilities of homeless people were exposed for all to see. This led to a national conversation on various platforms about the realities of homelessness and its complex nature. The last time such a national conversation about homelessness was sparked was during June 2019, when five homeless people were brutally murdered in the CoT within less than three weeks (Mitchley 2019). Unfortunately, the national conversation did not last long.

As this article traces the political public engagements since 2004 in the CoT and the specific responses to homelessness in 2020, the article uses a process of thick description to map out

the history and the 2020 engagements in the CoT. This process of thick description is used as the description does not only describe details, but explores the context and seeks to interpret actions and behaviours (Rosenbaum and Silber 2001; Ponterotto 2006, 541). As an activist-scholar and practitioner, the author participated in various responses to homelessness during 2020 in the CoT; therefore, the experiences and reflections of the author are used to describe the history, responses, and interventions, and in this way to capture and interpret the responses of various groups of people in the CoT.

A history of trying to collaborate

Crisis of erecting fences

In 2004, the Human Sciences Research Council (HSRC) received an order from the provincial department of health to erect a fence in front of their main office building, located in the centre of the CoT. The purpose of the fence was not only to secure the building, but to keep away the 100–200 homeless people who slept there. This highlighted the complete lack of strategy and policy to deal with homelessness in Tshwane. A temporary solution was therefore needed to house the people being forced away from the HSRC building. The City provided a temporary building 2.5 km away, in an area known as Marabastad, to house the homeless persons. This building later became No. 2 Struben Street Shelter (Erasmus and du Toit 2005, 4).

In the same year, the Tshwane Homelessness Forum² drafted *The Tshwane Draft Homelessness Strategy* and it was “served before the Council on 26 August 2004 and received support” (Erasmus and du Toit 2005, 4). The purpose of the strategy was to ensure temporary shelters were provided with the hope that people who are homeless would be able to be reintegrated back into society with adequate support. The HSRC was contracted by the City of Tshwane Metropolitan Municipality (CTMM) to develop a report for policy recommendations (cf. Erasmus and du Toit 2005).

By 2011 there was still no forthcoming policy on homelessness and the Tshwane Homelessness Forum submitted a draft policy. Yet earlier, in 2004, the CTMM “recognises homelessness as a serious problem and has established a high priority initiative, supported by the Mayor, to deal with this” (Erasmus and du Toit 2005, 7).

In 2013, a homelessness policy was approved with no dedicated budget. The policy also did not include the work done by the HSRC of the Tshwane Homelessness Forum (City of Tshwane Metropolitan Municipality 2019, 102–134). The 2013 homelessness policy thus had significant gaps in addressing homelessness and followed a policing approach to homelessness rather than a supportive and developmental approach.

Crisis of eviction

During the winter of 2014, the CTMM issued a 24-hour eviction notice to the residence of No. 2 Struben Street Shelter³ (van Zuydam 2014). The eviction was resisted by the Tshwane Homelessness Forum, as the City did not follow due process and did not provide alternative accommodation (cf. Clark and Dugard 2013; Marongo 2018). This led to an engagement with the Executive Mayor of the CTMM, who requested the launch of a research project on homelessness and revision of the 2013 policy (de Beer and Vally 2015, 2, 3; Vally and de Beer 2017; City of Tshwane Metropolitan Municipality et al. 2019, 3).

Pathways out of homelessness research project

A holistic research project was launched with the Universities of Pretoria and South Africa, the Tshwane Homelessness Forum and the CTMM. Forty researchers were involved in the research project using a transdisciplinary approach (City of Tshwane Metropolitan Municipality et al. 2019, 3):

- focus group discussions with officials, politicians, non-governmental organisation (NGO) leaders, private sector, police and street homeless people;
- the documentation of 20 current practices (i.e. projects, services, interventions) that address homelessness;
- the retrieval of 100 narratives of homeless and former homeless people; and
- a health status assessment of 500 homeless people.

As part of the methodology of the research project, a summit was held in March 2015 with 500 participants (cf. de Beer and Vally 2015, 13; Renkin and De Beer 2017). Almost half of the participants were either presently or previously homeless, with the rest being policy makers, researchers, academics, practitioners, politicians and government officials. The aim of the summit was to create a public participation process, for participants to give input into the research and the development of the draft street homelessness policy.

Submission of draft policy

On 10 October 2015, on World Homeless Day, the policy on street homelessness that was developed out of this research and summit process was officially submitted to the CTMM publicly. On this day, the Universities of Pretoria and South Africa (with its main campus located in the CoT), the Tshwane Homelessness Forum and the CTMM signed a social contract, entering into a commitment to collaboratively find pathways out of homelessness.

The CTMM council approved the 2015 draft policy as-is in principle on 30 March 2017 (City of Tshwane Metropolitan Municipality 2019, 46). Although a thorough transdisciplinary research process was used, with an in-depth public participation process, the CTMM insisted that their normal bureaucratic process must be followed, which included a traditional form of a public participation. The public participation process was held on 24 June 2017 (City of Tshwane Metropolitan Municipality 2019, 55). I and a few other members of the Tshwane Homelessness Forum attended the public participation meeting (City of Tshwane Metropolitan Municipality 2019, 135–176). The process followed a traditional method: that the chair of the process was the policy-maker (a representative of the local government) and the participants were just spectators to the process (Swilling 2012; cf. Hajer 2005; Renkin and De Beer 2017). A short summary of the policy was presented by a government official who did not participate in the development process of the policy. Essentially, the way the public participation was set up did not allow for proper engagement with the policy. There were not even copies of the draft policy in question available for the participants of the public participation.

Final approval of the policy

The policy (City of Tshwane Metropolitan Municipality 2019, 69–107; City of Tshwane Metropolitan Municipality et al. 2019) was finally approved by the CTMM council on 25 July 2019. It took 3 years, 9 months and 16 days (1385 days) for the policy to be officially

approved and signed off since it was first submitted to the CTMM. The policy was approved without a dedicated budget or implementation plan. As of May 2020, there has been no indication of when a budget will be aligned to the policy. The Integrated Development Plan⁴ of the CTMM for 2017–2021 still lacks any concrete budget or strategy for homelessness.

Public commitment, lack of action

Various Executive Mayors of the CTMM and other high-level politicians have claimed they are prioritising homelessness and that they take it seriously.

- Erasmus and du Toit (2005, 7) report that in 2004 the City recognised the seriousness and “established a high priority initiative”.
- In September 2014 the Executive Mayor, Kgosietso “Sputla” Ramokgopa requested a research project and revision of the 2013 homelessness policy.
- On 10 October 2015, the Member of the Mayoral Committee (MMC), Joshua Ngoyama, signed a Social Contract on behalf of Mayor Ramokgopa with the Tshwane Homelessness Forum and Universities of Pretoria and South Africa. Ngoyama officially received the draft homelessness policy on the same day.
- In 2017, Executive Mayor Solly Msimanga was the first mayor in South Africa to address issues of homelessness within the CTMM Mayor’s annual *State of the City* address. He acknowledged that to successfully address homelessness, there needs to be a “multi-stakeholder” response specifically with the Tshwane Homelessness Forum and the Universities of Pretoria and South Africa. Msimanga stated that a policy has been put in place to address homelessness (Msimanga 2017, 29–30).
- In March 2018, the MMC Sakkie du Plooy, on behalf of Mayor Msimang, committed the City yet again to address homelessness. This was done at the launch of Tshwane’s Vanguard Cities Campaign⁵: *A Place to Call Home*⁶ (Anon 2018).
- On 23 April 2021, MMCs Thabisile Vilakazi and Sakkie du Plooy renewed the CTMM’s commitment to address homelessness by again signing a social contract with the Universities of Pretoria and South Africa and the Tshwane Homelessness Forum (Mahlokwane 2021).

The crisis of COVID-19 and homelessness in Tshwane

A crisis and a disaster

Before the 2020 national lockdown, multiple attempts were made by the Tshwane Homelessness Forum to engage with the CTMM to develop a plan for homelessness during the pandemic. After the lockdown announcement by the president in March, without engagement with the Forum, the City developed a clearly ill-conceived and impractical plan to address homelessness during (what was then thought to be a much shorter period of) COVID-19. The plan was to accommodate the City’s homeless people at one central soccer stadium (Caledonian Stadium) that is located in the inner city. The stadium had no appropriate or adequate infrastructure that could accommodate a temporary shelter. The City soon placed 20 temporary chemical toilets and two 1000-litre water tankers on site, and erected 20 10 × 10 m tents.

Within 2–3 days, there was an estimate of just over 2000 homeless people at Caledonian Stadium. Many of the people came to the stadium voluntarily, vulnerable and fearful, but many others were brought involuntarily by law enforcement. Due to a lack of appropriate and

comprehensive planning, there was not nearly enough food, toilets, water, or tents for the numbers of people that kept filling the stadium (observations by the author and colleagues).

As this avoidable disaster was developing and unfolding, chaos erupted at the stadium.

Within the chaos, there was violence and uncertainty, but also moments of unparalleled compassion. We argue that as a result of an inadequate plan, an environment was created that facilitated the outbreak of violence and no reasonable ways of containing it. News agencies quickly reported on the developments at the stadium, and a leading narrative formed that criminalised homeless people, citing that they are violent, dangerous and ungrateful. On social media, people even reported that they saw homeless people *escaping* the shelters.

Freire (2000:, 55) reminds us that the victims of a violent system cannot be violent, as they are merely reacting to a system that has treated them with violence. The chaos and violence that erupted at Caledonian Stadium was the reaction of people who have been continuously subjugated by a violent system; a system that does not value all life as equal. We argue the chaos was therefore self-created by the government due to the failure to adequately prioritise and address homelessness by not dedicating the necessary resources, budget and infrastructure.

Plan to address the crisis

Only after the beginning of the crisis and the chaos caused by dysfunctional last-minute solutions, the Tshwane Homelessness Forum was officially requested by the CTMM's Department of Community and Social Development Services to develop a plan to roll out shelters with appropriate standard operating procedures. The plan had to simultaneously address the crisis that was created at Caledonian stadium. The Forum quickly drew innovatively from the existing street homelessness policy for the CTMM (City of Tshwane Metropolitan Municipality et al. 2019). Moreover, a task team (referred to as the *Homelessness and Covid Response Task Team*) was formed by the CTMM that included members of the Forum and Universities of Pretoria and South Africa.

The role of the Tshwane Homelessness Forum: historically and now

The Tshwane Homelessness Forum (THF) was and still is a collective of NGOs, Faith-based Organisations (FBOs), Community-based organisations (CBOs), academic institutions, individuals and former/current homeless people that all work towards ending homelessness in Tshwane. The Forum coordinates services, ensuring there is no duplication of services. It also seeks to develop a collective voice to advocate for pathways out of homelessness with the government and the broader society. The Forum provides a platform for peer support and accountability between organisations.

The Forum has been active since 2004, engaging in policy development processes, and seeking to bring structural change to address homelessness (Erasmus and du Toit 2005, 4). The Forum was a voluntary organisation with members choosing to be affiliated with it. Over the years the membership of the Forum has not been consistent. At its best, Forum meetings had over 100 people in attendance; but it also had times with only five people in attendance.

In 2017, members of the Forum embarked on a process to explore various options of registration for the Forum. A constitution was developed and the forum was registered with the Department of Social Development as a non-profit organisation in March 2019.

THF has the following five objectives (Tshwane Homelessness Forum 2019, 2):

- a) To coordinate services and projects that will address homelessness and to support action on services;
- b) To inform policy and strategy desired to address and overcome homelessness;
- c) To create pathways out of homelessness;
- d) To advocate with and on behalf of homeless people in the CoT;
- e) To liaise with local government on behalf of members of the Forum on matters related to policy, strategy and services provision.

Although the Forum has not always been consistent in terms of its numbers and meetings, it has been able to respond to various crises during the past decade. It can also be argued that it is during a crisis that the Forum truly comes together. The core vision of the Forum has been and is dedicated to the homeless communities in Tshwane.

A collaborative response during lockdown

Pre-COVID crisis

Before March 2020, the City had only one city-owned shelter: No. 2 Struben Street Shelter. There were nonetheless a number of existing NGO-managed places of safety and shelters for women, and a few safe sleeping spaces for men. Although there were not nearly enough shelters, places of safety and long-term accommodation for all the homeless people in Tshwane, there are various successful models of addressing homelessness. These models had to be scaled up during the COVID-19 crisis.

Collaborative response

As the Forum had a history of responding to various crises in the past, and continued its commitment to address homelessness, it was able relatively quickly to collaborate and respond to the crisis of Caledonian Stadium and COVID-19. Responding to the crisis was not about drawing up an entire new plan or working from a clean slate, but rather to operationalise the existing *Street Homelessness* policy. The crisis presented an opportunity to implement and roll out the policy with urgency across the metropolitan area.

In collaboration, the CTMM and the THF opened 25 temporary shelters within 9 weeks from the end of March 2020. Between 1,500 and 2,000 people were able to access shelter and safe sleeping spaces. All the shelters that were opened are mapped using Google Maps. The map can be accessed at:

www.google.com/maps/d/edit?mid=1ZT8VATdcZ9xY3DBPOjMVi2XxsfHxwvt_&usp=sharing

The CTMM took on the responsibility of managing, operating and resourcing nine shelters accommodating between 800 and 1,200 people. The THF was responsible for the remaining 16 shelters with between 500 and 800 people and was supported by NGOs, churches, individuals, businesses and residents' associations.

For the Forum and its members, this was not just to shelter people, but for using the opportunity to support many people to find long-term solutions and pathways out of homelessness. Therefore, the Forum opted for smaller shelters, allowing the fostering of communities of care by seeking adequate support and care for each individual. Whereas in the larger shelters, individualised care on the level of the smaller shelters is not possible.

Collaborative actions

For the first time, at a scale never seen before in the CoT as Capital City of South Africa, homeless person received unprecedented levels of care. I will describe some of the collaboration work that will focus on the task team, training, documenting, health care, psycho-social services, logistical support, shelters and residential care—all drawn from participant observation methods by myself and colleagues.

The Task Team

The *Homelessness and COVID Response Task Team* consisted of members from the Tshwane Homelessness Forum, Universities of Pretoria and South Africa, and CTMM officials. The task team was responsible for:

- The implementation of the shelter planning;
- To identify buildings and spaces that can be retrofitted as shelters;
- To oversee the management of shelters;
- Developing standard operating procedures for the shelters;
- Identifying the roles and responsibilities of each organisation or institution.

Training

The Centre for Faith and Community, University of Pretoria and Chance2Advance, UNISA, with the inputs of practitioners, developed and implemented a training manual for the new shelter site managers and volunteers.

Documenting

The Centre for Faith and Community and Chance2Advance synthesised information and data that were surfacing during the crisis. They played a vital role in the writing up of the processes and developing longer-term plans to operationalise the homelessness policy.

Health care

The Department of Family Medicine, University of Pretoria led the health care response. Through the department, each shelter had a dedicated mixed health care team that came from various organisations, led by a family physician. The health teams were made up of family physicians, clinical associates, nurses, community health workers, and peer workers. The health team ensured each resident was screened and assessed.

Community Orientated Substance Use Programme (COSUP)⁷ provided harm reduction support to homeless substance users. For example, the programme initiated almost 600 people on Opioid Substitution Therapy (OST). The programme stretched its resources and

formed part of the health care team, seeking to provide holistic health support. The health care workers visited the sites daily to DOT⁸ each patient.

Sediba Hope Medical Centre provided HIV Counselling and Rapid Testing, Hepatitis C Tracing and Linkage to Care, and referral to chronic and acute care. They initiated more than 100 people on antiretroviral therapy. Médecins Sans Frontières (MSF) provided primary health care, HIV self-screening kits, health promotion and education, and mental health services at the shelters and on the streets as requested. HarmLess focuses on injecting drug users who are homeless by providing harm reduction, health and social services. They continued to provide services to all their existing patients who were now in the shelters. OUT Well-Being provides specialised health care to the LGBTI community. Through referrals, OUT provided support to men who have sex with men. The health care team and organisations provided health care to all the shelters and the NGO- and the CTMM-managed shelters.

Psychosocial services

Tshwane Leadership Foundation managed the overall psychosocial interventions at the NGO shelters. The following organisations provided psychosocial services at the NGO shelters: Kitso Lesedi, PEN, COSUP, Tshwane Leadership Foundation, MSF, Kopano Manyano.

The psychosocial services included: individual case work; intake and exit plans; group work; family reintegration support; referrals; support with applications for identify documents, birth certificates, social security grants; mental health screenings; and other social services. Some of the people were assisted financially to get their documents again. Banking institutions were engaged and came to some of the shelters to assist people to open up bank accounts. The psychosocial services included education and training programmes for the residents. The CTMM provided limited psychosocial services to the residents of their shelters, as there were not enough social workers from the CTMM for the number of people.

Logistical support

Hopeline's focus before the crisis was, through a call centre, to provide a first response to homeless substance users and transport the person to access resources and services. Hopeline extended their services during the crisis and became the centralised assessment, screening and placement organisation. The Task Team, law enforcement, government official or general citizen would phone a call centre. Hopeline would send out a driver and a social worker. They would assess and screen the person for health-related risks. When it was established that the person wants to be placed, Hopeline would officially place the person at a shelter.

A centralised donation receiving and distribution centre for all the NGO shelters was opened at the Dutch Reformed Church Pretoria-East (Die Ooskerk). The distribution centre ensured all NGO shelters had enough food, mattresses, blankets, hygiene packs and other basic necessities. The CTMM and Future Families (with the support of the UNHCR) provided blankets, mattresses, and hygiene packs to all the shelters. The majority of the food at the NGO shelters was donated either by churches, individuals, companies, or NGOs.

By using cloud-based technology, one of the collaborating NGOs, PEN, developed and managed a reporting tool for the shelters to report on a daily basis. The reports focused on

physical requirements of the shelters, number of residents, health and psychosocial needs, and to track the progress of the shelters.

Shelters and residential care

As noted above, a total of 25 shelters were opened. Table 1 gives an overview of the shelters, where they were located, the demographics, the maximum number of people hosted in the shelter and the responsible organisation/institution managing the shelter. To see the shelters on a map:

www.google.com/maps/d/edit?mid=1ZT8VATdcZ9xY3DBPOjMVi2XxsfHxwvt_&usp=sharing

Table 1. Shelter list.

Shelter name	Area	Demographics	Number of available beds	Responsible organisation (s)
Life Changing Ministries	Akasia	Men—general	95	Life Changing Ministries
Compassion Centre	Arcadia	Men—older	24	PEN
The Potter's House Extension	Burgerspark and Berea	Women	30	Tshwane Leadership Foundation
Capital Park Sports Centre	Capital Park	Men—general	52	Capital Park Rate Payers and Residence Association
Melodi Ya Tshwane/Bosman	CBD	Women and their children	25	Sediba Hope, MSF, PEN
TAU Village	CBD	Men—older and special needs	20	Tshwane Leadership Foundation
Elim Full Gospel Church	Hatfield	Women	10	Hatfield Ecumenical Church Community
St Wilfred's Anglican Church	Hatfield	Men—older	25	Hatfield Ecumenical Church Community
Lyttleton Community Hall	Lyttleton, Centurion	Men—general	40	Centurion Community, Centurion Haven of Hope
NG Moreleta Church	Pretoriuspark, Pretoria East	Men—general and refugees	40	NG Moreletapark Church
Rayton Christian Church	Rayton	Women and children	26	Rayton Christian Church
Inkululeko Community Centre	Salvokop	Men—older, more vulnerable people	22	Tshwane Leadership Foundation
African Missions	Soshanguve	Men—refugees	30	African Missions
Bethesda Community Centre	Sunnyside	Men—general	15	PEN
Bethesda Ladies Arise	Sunnyside	Women	15	PEN
Oosterlig Dutch Reformed Church	Waterkloof Glen	Men—general	17	Oosterlig
Akasia Community Hall	Akasia	Men—general	37	CTMM
Bronkhorstspuit sports centre	Bronkhorstspuit	Men—general	31	CTMM
Heuweloord	Centurion	Men and women	56	CTMM
Hammanskraal	Hammanskraal	Men—general	21	CTMM
Lyttleton Gallery	Lyttleton, Centurion	Men—general	21	CTMM
Lyttleton Sports Ground	Lyttleton, Centurion	Men—substance users	350	CTMM
Mabopane indoor centre	Mabopane	Men and women	69	CTMM
Lukas van der Berg Rugby Stadium	Pretoria West	Men—general	347	CTMM
Sebothoma hall	Temba	Men—general	22	CTMM
Total of number of beds			1,418	

Outreach

HarmLess and the Foundation for Professional Development provide peer support and harm reduction services to injecting drug users who are homeless. HarmLess continued to do outreach to identified homeless hotspots and provided support to Hopeline to do assessments and screenings to place people at shelters. The mobile units of HarmLess and Hopeline filled the gap that was left because drop-in centres were closed because of the lockdown.

The above-described actions and practices highlight that when there is a clear, common value and goal, high levels of collaboration is possible. At the same time, although there have been commendable collaborations and partnerships during the crisis, there still remain situations and areas where organisations and institutions work in isolation, or even in competition. The crisis has shown that another way of working is possible. But due to a lack of trust, there were some organisations that have chosen to compete rather than collaborate. For example, within the NGO sector, NGOs compete for funding, resources, and recognition. Thus, with the decreasing funding in the NGO sector, this does not facilitate collaboration, but competition (Dlamini 2019; Radebe and Nkonyeni 2020).

Finding new ways of working together

It should be noted that before the crisis and pandemic in South Africa, there were many churches, individuals and NGOs of good will that provided physical support for people who are homeless. They opened soup kitchens and organised blanket and donation drives. Churches did *outreach work*, provided prayer to the homeless and preached the “good news”. But only a few understood homelessness as an issue of inequality and ultimately an issue of justice. Institutions, individuals of good will, NGOs, and FBOs struggled to make the link between a lack of adequate, affordable, well-located housing and homelessness, or the lack of access to employment and homelessness. This pandemic has begun to make such links much clearer—although this is still not true for all organisations and individuals. Nonetheless, there have been some NGOs that have built models over the years: seeking to deal with homelessness as an issue of justice, advocating and lobbying for policy and budget, working against spatial injustices.

As we were all faced with a new reality created by this 2020 national state of disaster and the looming coronavirus, organisations have had to react swiftly and rethink their work. Many homelessness organisations had to stop some of their services that were deemed non-essential. Almost all organisations that became part of the Tshwane Homelessness Forum redirected all their efforts and resources to contribute to the disaster plan. But although there were some who stopped their services during the initial lockdown, many of these decisions were made based on the idea that the lockdown and COVID-19 would be a short-term crisis. Moreover, although the article has stressed the historically persistent issue of homelessness and lack of governmental responses since 2004, it seems that many of the interventions in 2020 responded to the lockdown and COVID-19 as a short-term problem, and not to the long-term existing issue of homelessness.

In this context, we argue that in order to find pathways out of homelessness, it is imperative for organisations and institutions to collaborate beyond their own organisation or institution. Collaboration is an intentional process, although it is painful and not easy, but it is necessary. Within effective collaboration, the interaction between the entities becomes more important than the entities themselves. This requires the entities (organisations and institutions) to move

beyond their own agendas and organisational politics, and agree on common values. Furthermore, collaboration requires transparency, openness, trust, commitment and solidarity between the entities.

Admittedly during the crisis, a lot of good will was shown towards NGOs working with homelessness in Tshwane. Companies, individuals, churches and residence associations opened their doors, their pockets and cupboards. We were flooded with donations, support and help. Yet in order, in a sustainable way, to find pathways out of homelessness, we argue—from our experience of these 25 shelters in this moment of COVID-19 crisis—that this requires a societal response. It must not just be a charity response, a response that soothes the conscience yet at the same time calls for NIMBY (“Not In My Backyard”). It must be a response that truly seeks to transform society: a long-term response. The pandemic has presented us with an unprecedented opportunity, as a collective, as a society, to rethink and reshape society and actively respond to homelessness in a long-term and sustainable way.

The pandemic has shown us and highlighted that homelessness is an extreme expression of poverty, injustice and inequality. It has placed an emphasis on homelessness as a *crisis*, i.e. that homelessness did not become a crisis because of the pandemic, but that homelessness itself is a crisis.

Conclusion

The collaborative actions and interventions during the 2020 pandemic in Tshwane have shown that it is possible to provide shelter to almost all people who are homeless, and to actively work to find a pathway out of homelessness for each person. The following 11 points are at least required, we argue, to continue to find pathways out of homelessness for people beyond the pandemic, i.e. into the long term:

1. Collaboration and partnerships that are built on common values, trust, transparency, commitment and solidarity between organisations and institutions;
2. Adequate government budgets must be aligned to the Tshwane Street homelessness policy;
3. Diverse, adequate, affordable, well-located housing (including, but not limited to: overnight, emergency shelters; transitional housing; low-cost and social housing with long-term rental security);
4. Drop-in and assessment centres all over the city where people can find support and be referred to;
5. Holistic and integrated health care;
6. Psychosocial services;
7. Continued advocacy and lobbying;
8. Connecting the right resources to the right places;
9. Having real time data and knowing people by name;
10. Continued education and awareness programmes with the general society to conscientise people about street homelessness, and helping people understand the complex nature of homelessness;
11. Ongoing reflection, training and education for people working to end homelessness.

In reshaping our society, we must take a cue from President Cyril Ramaphosa (2020a) stating that “our new economy must be founded on fairness, empowerment, justice and equality”. We have started to shape that society in Tshwane. We have woken up to a new reality, where

we were able to house 1,500–2,000 street homeless people within a few weeks. How do we build on the gains and truly build a society where homelessness no longer exists?

The disaster from March 2020 has moreover highlighted to many that the CTMM is not committed to addressing homelessness, contrary to what the CTMM has been saying since 2004. We argue that if there were true commitment, there would have been an adequate policy in place long before 2019 with a dedicated budget. The disaster of Caledonian Stadium would not have happened.

Jacobsen (2020, 1013), referring to “global public health preparedness”, states:

The world does not need more evidence of the health, social, economic, environmental, and other problems that arise when we fail to invest adequately in global health security. What is required to break this panic-then-forget cycle is to follow through on prioritising, funding, and implementing preparedness interventions.

This is true also in terms of addressing homelessness. This is not just an opportunity to rethink society, but it poses a challenge to NGOs, FBOs, CBOs, and the government on how to engage with homelessness. If we go back to business as usual after the pandemic ends and homelessness is no longer a crisis, the ground we have gained during the crisis will be lost and futile.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes

¹ City of Tshwane (CoT) refers to the geographical location, and the City of Tshwane Metropolitan Municipality (CTMM) refers to the metropolitan municipality. The City of Tshwane is the administrative capital city of South Africa, housing the Union Buildings

² The Tshwane Homelessness Forum is discussed later in the paper in the section “The role of the Tshwane Homelessness Forum: historically and now”.

³ No. 2 Struben Street Shelter is the only city-owned, long-term shelter in CTMM (Tshwane). There has been a lack of management for a number of years, which resulted in extreme overcrowding, dilapidation of the building and property, illegal activities, lack of sanitation and general health deterioration of the residents.

⁴ “An Integrated Development Plan is a super plan for an area that gives an overall framework for development. It aims to co-ordinate the work of local and other spheres of government in a coherent plan to improve the quality of life for all the people living in an area. It considers the existing conditions and problems and resources available for development. It looks at economic and social develop for the area as a whole. It is used by municipalities as a tool to plan short- and long-term future development” (City of Tshwane Metropolitan Municipality, 2020)

⁵ “The Institute of Global Homelessness (IGH) launched the A Place to Call Home initiative in 2017 with key global strategic partners to begin pioneering work in 13 vanguard cities across 6 continents. Each city has made a commitment to significantly reduce or end street homelessness in reflection of their local context” (Institute of Global Homelessness, n.d.). The CoT was chosen as one of the 13 vanguard cities.

⁶ “Building on the successes of countries and cities across the world, the Institute of Global Homelessness, (IGH) has partnered with key global strategic partners to launch A Place to Call Home, a global effort to support 150 cities to end street homelessness by 2030. The foundation for this effort is the pioneering work of a small group of cities working toward goals related to ending street homelessness by 2020. Their work will show what is possible, clearing the path for 25 more cities working to end street homelessness by 2025, then a final 120 cities to end street homelessness by 2030” (Institute of Global Homelessness, n.d.).

⁷ COSUP “is the first publicly funded, community-based programmatic response to the use of illegal substances in South Africa. It is founded on a systems thinking, public health and clinical care harm reduction approach” (Scheibe et al., 2020).

⁸ Direct observation treatment or DOT has been used to ensure the adherence to the treatment of tuberculosis (Friedena & Sbarbaro, 2007). In Tshwane, the same strategy is used with chronic, long-term medicine including OST for homeless people to ensure adherence with extreme success.

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