

# RESEARCH REPORT

Based on the **Mini-Dissertation:**

## **An exploratory study of the perceptions and experiences of homeless persons regarding service provision by Khulisa Solutions, a Non-Governmental Organisation in the Western Cape**

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**UCT KNOWLEDGE CO-OP**

The UCT Knowledge Co-op facilitated this collaborative project  
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## **1. Introduction**

Development is an unending journey, the experiences and perceptions of those engaged in the process as partakers and orchestrators of it are invaluable. The research was undertaken to explore the experiences and perceptions of 15 homeless persons in Cape Town regarding service provision. Its aim was investigating the strengths and weaknesses of services (shelter, food, healthcare and employment) provided to them in general, and specifically in relation to the service provision by Khulisa Solutions. The mandate of the study was to provide a platform for the homeless to share their experiences of services in a manner that could influence services to the homeless to make them more relevant, efficient and effective. Further the research aimed to add to the limited literature on the experiences of homeless persons.

Engagement with Khulisa Solutions provided an opportunity to add to meaningful community developmental research. The relationship between the Knowledge Co-op and Khulisa Solutions was a supportive and structured framework for engagement with the community to be researched. The step by step process of introduction to Khulisa and later its participants allowed for the creation of a clear research process allowing for accountability and building of a safe environment. Having engaged with the representatives of Khulisa Solutions as facilitated by the Knowledge Co-op a proposal for the required research was drafted and submitted to both parties. A review of the proposal was then organised and the research was approved. Khulisa at this stage facilitated engagement with beneficiaries of their Streetscapes project who the made up majority of the research sample.

### **1.1 Objectives of the study**

- To investigate the perceptions and experiences of homeless persons in accessing welfare services.
- To determine the strengths and weakness of available services for the homeless related to shelter, food, employment and health services.
- To explore the perceptions and experiences of homeless persons in accessing welfare services at Khulisa.
- To identify the strengths and weakness of available services for the homeless as provided by Khulisa.

- To examine if homeless people are well informed about the services available to them.
- To assess the challenges in service provision for the homeless.

The main theories adopted for the study were the social development model, and principles of the human needs approach, the capabilities approach and the people centred development were discussed all emphasising that central to human development was the need for people to be protagonists of their own development.

## **2. Overview of relevant literature**

### **2.1 Back ground**

In 2005, an estimated 1 billion people globally had inadequate housing; of these persons 100 million were homeless (United Nations, 2001). In a research study conducted by the City of Cape Town (CCT) in 2015, it was found that 7,843 homeless people lived in the city; 4,862 of them were living and sleeping on the street and only 2,521 were living in shelters (CCT, 2015). This study further found that, 63% of those sleeping on the streets slept in open spaces such as pavements and car parks in contrast to the common perception that homeless people sleep under bridges ‘which are assumed to be’ secluded areas.

### **2.2 Defining Homelessness**

Literature also showed that there is no agreement on the definition of homelessness in terms of time frames: how long a person needs to have been ‘on the street’ to be regarded as homeless varies from one country to another. The relevant legislative framework for the city of Cape Town is known as the *Street People’s Policy* of 2014. It defines homelessness as “people, who for any reason use the outdoors as a place of abode for a lengthy period of time” (Street People Policy, 2013:2). This definition does not specify a time period for one to qualify to be identified as a street person. As a result, it leads to uncertainty about access to services covered in the policy. This issue possibly contributes to the inability to tailor services based on the stage of homelessness that one is experiencing.

## **2.2 Legislative frame work**

South African national legislation does not directly address homelessness in a single statute but rather responds to the underlying social and economic issues surrounding homelessness through a number of statutes. The chief relevant legislation is the Bill of Rights which states that the government has the responsibility to ensure that these rights are upheld.

## **2.3 Previous Research**

Previous research found that there were more homeless men than women. Regarding the accessibility to *food* studies from other cities in South Africa it was found that homeless persons only had 3 to 4 meals a week. *Shelter* services were said to be limited as there were not enough beds. Further it was found that some homeless people resisted shelter services as they found them to be unwelcoming, highly authoritarian and were known for violence and theft. Shelter services were also criticised for failing to cater for homeless families. *Health* services were said to be only used for emergency situations as they tended to discriminate against the homeless, particularly public health services. *Employment* for the homeless was scarce and when found it was short term and limited to casual labour, due to poor education and lack of work experience. Many of the findings from previous studies correlated with that of the research undertaken.

## **3. Main conclusions from the study**

### **3.1 Experiences and perceptions on shelter services**

As background to the perceptions and experiences of participants regarding shelter they were asked to define homelessness, which they associated with hardship, survival, endurance, lack of support from family and friends as well as hustling. On investigating how participants learned of the availability of shelter services, word of mouth among the homeless emerged as the most common source of information, followed by information from social workers. The majority of participants were aware of the whereabouts of shelters as well as their prices, with a few exceptions of those who had been homeless for less than a year. The period of homelessness seemed to correlate with knowledge of the type of services participants knew of.

The following strengths of shelter services were highlighted, firstly that shelters provided a haven which gave *physical and psychological security* for the period in which homeless people were enlisted in a shelter. This security allowed participants to focus on other needs such as recreation and leisure as well as *self-development*. Secondly, shelters were described as providing *employment* which contributed to the payment of shelter fees as well as skills development.

The following weaknesses of shelters were highlighted:

1. The most common weakness in shelter service identified by all participants was that *charges* were too expensive for homeless people, especially those without any form of aid.
2. *Inequality* within the shelter systems; homeless people with grants or having some form of employment were preferred to persons who had no financial aid or income. Participants also expressed that homeless people generally were not treated with respect in shelters by service custodians.
3. Shelters were identified as *perpetuating homelessness* as they did not equip individuals to become economically independent.
4. The lack of shelters that cater for *homeless families*. The gender-divided structure of shelters lead to the splitting of homeless families; as a result those families opted to live on the street.
5. The lack of *employment or skills development* programs within shelters. It was argued that this contributed to the perpetuation of homelessness as shelter residents were not equipped to be economically independent.
6. Rehabilitation of the homeless to their *families* as part of the shelter development process which was said to be counterproductive for some participants.
7. Shelters were *not secure* places, as belongings were often stolen.

In conclusion, vulnerabilities of not using shelter services were outlined, such as police brutality in the form raids, disease and loss of valuables.

### **3.2 Experiences and perceptions on shelter food services**

Food services were identified as the most accessible services for homeless people. Respondents went as far as expressing the near impossibility of starving while living on the street, stating that food services were both *reliable and consistent*. *Nutritional* value and *friendly staff* were also emphasised as commendable attributes of the food services. However, when comparing general food services to those in shelters, the food served in shelters was considered to be of a lower standard. Despite the general availability of food, some participants were of the opinion that food service providers *exploited* the plight of the homeless, using the delivery of services as a facade to benefit from funding.

One of the weakness of food services was said to be the poor availability of services during the *weekends*. In addition food services, although helpful, were said to create a *culture of dependency* that cushioned the homeless lifestyle. Another weakness identified was the lack of security when accessing food services this being of great concern as it was revealed that violence and *intimidation* were used by some homeless people to get food first.

### **3.3 Experiences and perceptions on health services**

Findings revealed that the majority of participants were aware of free health care services. The use of health care services however was limited despite this knowledge. The main use of services seemed to be *limited* to Carpenters Shop and the Robbie Nurock health clinic with a few participants who had visited hospitals due to severe illness or injuries. Contrary to the findings in prior studies the majority of homeless people in this study felt that they were *not discriminated* against when being served, with the exception of those who felt discriminated against because of race rather than the status of being homeless.

The need for *identity documents* was seen as one of the shortcomings of health care services as some participants expressed that they were not in possession of such documents for various reasons. It was also said that health services were *not efficient* as people had to wait for extended periods to be served. Participants expressed the need for health care field workers for those homeless people who did not visit health care services.

### **3.4 Experiences and perceptions on employment**

Low paying jobs, minimal skills and poor education were the common attributes of the majority of participants. As a result it was found that employment options inevitably were limited to manual labour or blue collar employment. Employment services provided occasional employment which contributed to the homelessness cycle. Due to the limited periods of employment the homeless were unable to reach any form of economic emancipation, forcing homeless people to start over once a job was completed.

Regardless of the type of employment it was stated that employment brought about social and psychological benefits such as building of one's confidence and willingness to interact. Contrary to the perception that homeless people were lazy, all participants expressed a willingness to work and outlined employment and shelter as their priority needs. When discussing the barriers to acquiring employment, the lack of suitable clothing, curriculum vitae and basic qualifications were identified.

### **3.5 Experiences and perceptions on Khulisa services**

Khulisa's services were highly commended by those participants who had used them. Findings revealed that *employment*, especially by Khulisa services, brought about freedom of choice regarding the use of food services. Further financial stability resulted in some participants feeling that they were now able to leave services for those who were in desperate need of them. Those participants who were employed had better access to health specialist services outside their geographical locations as they were able to move around to seek services elsewhere. Persons who were employed were more likely to use shelter services or move back with their families; hence Khulisa is considered as contributing to the *staircase model of the rehabilitation* of homeless persons. It further brought about a feeling of progressive development as it was voiced that Khulisa's employment services were *empowering* and brought about long term employment.

The only *weaknesses* identified were that some participants felt that Khulisa's *salary* was too low, and that that they could do more to help people access *shelter*. Those who did not use Khulisa expressed that they were not sure where they were *located* and some only knew Khulisa through one employee who would visit the food services offering employment from time to time.

## **4. Recommendations**

Emanating from the findings of the study are recommendations for further research as well as recommendations for the improving of current services for the homeless.

### **4.1 Recommendations for improving shelter services**

- **Information access points**

The majority of the participants expressed that their knowledge on shelters depended largely on word of mouth. There was no central place from which homeless people could obtain information on shelters and other services. Setting up a central place that is visible and accessible to the homeless maybe a better means of catering to the diverse needs of the homeless as well as a means of accounting for homeless persons. A central station would also allow for easier recommendation and collaboration of services for all service providers.

- **Day shelters and afternoon programs**

Most shelters required that residents leave the shelter during the day which left most homeless people with no specific places to go. Establishing day houses or programs during the day could help with channelling this time towards personal development. These structures would also reduce engagement in criminal activities as well as unlawful loitering. Further, it would shield the homeless from exposure to discrimination and negative encounters with the public and authorities.

- **Strengthening Security within shelters**

The reluctant use of shelters by some participants was attributed to theft within the shelters. The improving of shelter security possibly through the upgrading of the locker systems would be helpful in creating spaces in which residents feel that their belongings are safe.

### **4.2 Recommendations for improving food services**

- **Improving weekend services and second meals for older persons and the disabled**

While food services were highlighted as the most accessible services, it was a shortcoming that they were not available during *weekends*. In addition services that took into consideration *older persons and the disabled* were found wanting. A second serving of food for older persons and the disabled who are unable to move from one area to another should be considered, seeing that



the main food services only provided one meal a day. *Collaboration* between various food points should be formalised for provision of services during weekends. This will allow for the continuity of services in a manner that is accountable and consistent.

#### **4.3 Recommendations for improving health care services**

- **Health care field workers and dissemination of information**

Regarding health care services some of the participants expressed the need to have more health care *field workers* as some homeless people were unlikely to visit health care centres for various reasons. Dissemination of *information* on the various health care options is imperative as some homeless people did not know where to find services such as dentistry and eye care.

#### **4.4 Recommendations for improving employment services**

- **Employment information structure and apprenticeship**

All participants from the study were not aware of any services that help individuals find employment, except for Jesus Saves, the occasional Expanded Public Works Programme (EPWP) as well as Khulisa – for those that had worked with them. It is suggested that the *information access point* mentioned above be inclusive of job referrals as well as job placing (see section 4.1).

One participant suggested *apprenticeships* as one of the ways in which homeless persons could be skilled for employment. The current jobs that homeless people obtained were too short lived to allow them to master skills, if they taught any skill at all.

Khulisa should also consider working with shelters to enable more of them to *introduce the staircase model* of rehabilitation; this provides a systematic way to move persons out of homelessness, while offering shelter and employment which provides a measure of stability.

Khulisa should also consider having *job readiness* programs for those homeless persons who are qualified for employment outside the manual labour provided.

At a more individual level, *personal goal* setting and goal management should be considered as this will aid in the provision of tailored services to aid in the development of homeless persons.

#### **4.5 Recommendation for further research**

Having investigated the strengths and weaknesses of available services around shelter, food, healthcare and employment services on a small scale, the results of this study may be a step towards a wider scale research on homeless services *outside the city centre* of Cape Town. The research could also include the *input of service providers* and the challenges they face in providing services so as to find comprehensive solutions toward efficient and effective service delivery on a bigger scale.

Further research may also be carried out on *homeless people who do not use services*, to explore what alternative means of living exist for those outside the comfort of service provision. This is particularly important for those who do not utilise shelter services, specifically looking at their experiences of discrimination and police brutality. Such research could contribute to tailoring services to cover loopholes that make services unappealing or inaccessible to the homeless.

### **5. Conclusion**

The research study provided in depth insights on the use of services by the homeless. It further revealed the intertwining of economic well-being and the state of homelessness uncovering how this affects the use of services. This summary of the study is shared with great hope that its findings will influence the tailoring of services for the homeless in the Western Cape and South Africa at large.

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