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IKHAYA LAMI: UNDERSTANDING HOMELESSNESS IN DURBAN

Final Report

Submitted to:

**Safer Cities Unit
eThekweni Municipality**

Submitted by:

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Advisory committee:

Advisory committee was open to any person working with street/shelter-living people. Meetings comprised of a variety of municipal representatives, service providers, ward counsellors and street/shelter-living people.

This report is the property of the eThekweni Municipality.

Introduction

Cities around the world face challenges related to homelessness. While substantial work has been undertaken to understand homelessness in developed country contexts, relatively little has been written on this topic in African or other developing country contexts. From what we know, homelessness and the associated challenges in the developed world are different from those observed in less developed countries. Obtaining a contextual understanding of homelessness is essential to developing relevant programmes and interventions that will assist some of the worst off in society. In South Africa, while persons living on the street are not a new phenomenon, recent economic changes have seen a rise in the number of people living and working on the street, making this an issue of growing importance.

This study aimed to develop a contextualized understanding of homelessness and to quantify some of the causes, challenges, needs and outcomes associated with street and shelter living in the Durban Central Business District (CBD) and immediate surroundings. Specifically, the study objectives were to:

1. Understanding who is living on the streets and in shelters, where within the CBD they are located, and their pathways into and out of street living.
2. Understanding the needs and challenges faced by the street and shelter living.
3. Determining what support is being provided to the street and shelter living by NGO's, FBO's and the eThekweni Municipality.
4. Work in collaboration with the eThekweni Municipality, key NGO's and FBO's and members of the community (both street and shelter-living) to build relationships and establish project ownership.

Definition of street and shelter-living

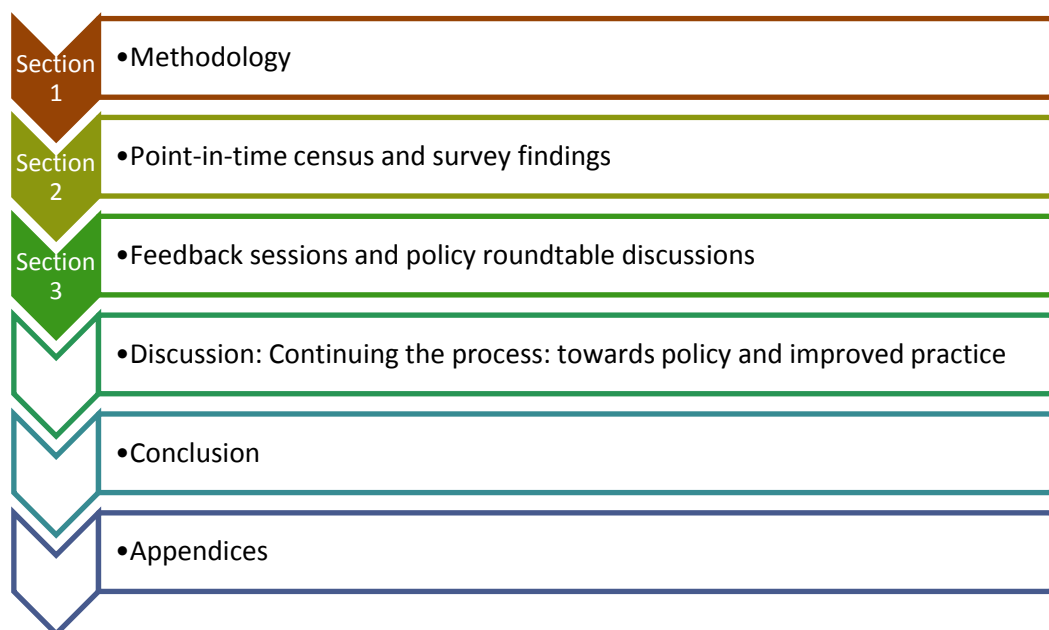
Given the stereotypes and stigma related to the term "homeless person" alternate terms recognizing such persons as capable social actors have often been preferred in the literature. For the purpose of this study, in order not to further stigmatise communities, the term 'street-living' explored by Rede Rio (2007:18) referring to a person "for whom the street is a reference point and has a central role in their lives" has been adopted. As per the request of the funder, the scope of the study included both people living on the streets, in parks and other open spaces (street-living) and those living in what we termed formalised shelters. This definition excluded those people living in abandoned buildings, over-crowded flats and other spaces rented out daily.

Table 1: Definition of key terms

Term	Definition
Street-living	A person for whom the street or other outside spaces has a central role in their lives.
Shelter- living	A person for whom a homeless shelter has a central role in their lives.
Formalised Shelters	Beds rented out on a daily/monthly basis. These spaces may compromise of a mix of private and communal accommodation. These shelters were widely known by both the street and shelter-living communities.

Overview of report

This report is structured in 3 main sections followed by a discussion, conclusion and appendices.



1. Methodology

Methodological framework: Community-based Participatory Action Research (CBPAR)

This project applied a community-based participatory action research (CBPAR) research methodology. CBPAR is an approach designed to address topics which are relevant to the community of interest. It requires community involvement, focuses on problem-solving, is structured to contribute to societal change, and aims to make an on-going contribution to the community (Parker, Margolis, Eng, & Henriquez-Roldan, 2003).

In keeping with the CBPAR framework, we recognized that the street and shelter-living, the previously street/shelter-living, or individuals who work closely with these communities, are the experts and thus convened two committees to contribute to and evaluate our study processes. These committees were the Steering committee and Advisory committee.

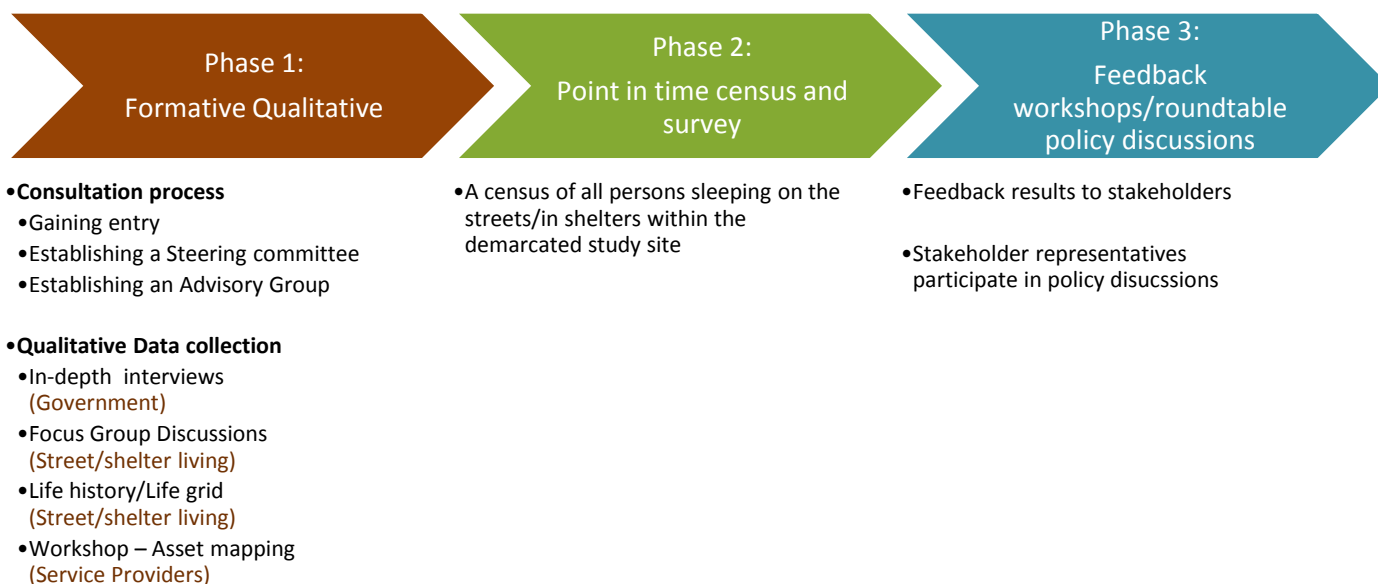
- The Steering Committee advised the research process' direction, vision, and implementation protocols.
- The Advisory Committee consisted of stakeholder groups including the street-living, policymakers, and service providers, and provided input regarding the methodology and project implementation process. This group also helped the research team to strengthen its relationship with service providers, who in turn helped to facilitate community entry.

These committees met regularly and provided invaluable insights. Given our CBPAR methodology, this step was useful and important as we remained transparent in our approaches and the stakeholders became immersed and invested in the research. Details about the members of these committees are provided in the preface. Furthermore, throughout the project the research team attended various community meetings, participated and engaged in several city-wide initiatives and learning exchanges, and offered expertise in various ways (i.e. technical, advisory) to partners (i.e. Safe Cities Unit, MILE, etc.) as a way to further establish networks, build trust and gain entry.

Study Design

In order to achieve the study objectives, a three phase study was designed with each phase building on the work of the preceding phases. Phase 1 of the study comprised of building relationships, gaining entry and qualitative data collection. Phase 2 comprised of a point in time census and survey and a final component, phase 3, comprised of feedback sessions and policy discussions.

Figure 1: Study phases



Phase 1: Qualitative

The aim of the qualitative component was to develop a contextualized understanding of the causes, challenges, needs and outcomes associated with being homeless in the Durban CBD and surrounds. However, phase 1 was designed not only to provide standalone results, but to help to identify the themes to be included in phase 2 (street and shelter homeless census). Phase 1 included semi-structured interviews with key informants (government representatives), lifegrid (LG) interviews and focus group discussions (FGDs) with adult individuals who self-identify as street/shelter living and resided in the CBD and surrounds at the time of the study. In addition, a Service Providers Workshop was held with various organisations working with the street and shelter living communities in the Durban CBD. During this workshop Service Providers offered insights on the places that the homeless frequent through and mapping activity which facilitated access to the homeless community of Durban. The research team acknowledged the importance of including children in a study of this nature, however, due to time and ethical limitations they were not included in the qualitative interviews.

- Life-grid interviews and focus group discussions: Street and shelter-living

In an effort to obtain a diverse sample, we recruited participants who differed by race, gender, nationality, and age, and from who lived in different areas of the CBD. The final sample included ten FGDs with individuals who self-identified as street/shelter-living (approx. 80 people) and ten LG interviews with self-identified street/shelter-living people.

- Key informant interviews: Government representatives

The recruitment criterion for the government representatives that participated in the study was based on the extent to which these individuals work with, or in areas related to, homelessness. Further detail is provided in Appendix 1.

Phase 2: Point-in-time census and survey

This component of the study entailed conducting a point-in-time census and survey of all people sleeping on the streets/ in shelters in the CBD and the immediate surrounds during early February 2016. Given that this was a census, no sampling was required.

The quantitative instrument was designed with two purposes in mind. Firstly, to establish overall population numbers (census). Secondly, to provide a measure of breadth of narratives to complement the depth that emerged from the qualitative component (survey). The survey covered the following topics: demographic information; pathways to homelessness; current living arrangements; returning home; surviving on the street; social and health challenges associated with street/shelter-living. As far as possible we used established questions from previous South African surveys, notably: the South African National Health and Nutrition Examination Survey and South African National HIV Prevalence, Incidence and Behaviour Survey and the National Income Dynamics Survey.

Study area

The study area is outline in the map alongside. It includes the CBD and immediate surrounds. Prior to the eThekweni dispersal strategy, a large number of people from the homeless community were congregated in Albert Park which was also known as Whooga Park. However, after the municipality's dispersal exercise they moved to suburbs on the outskirts of the CBD, particularly lower Glenwood, Umbilo, Greyville and lower Morningside. If the focus was restricted to the CBD it would miss a large number of people. We therefore decided, in consultation with the steering and advisory groups, to expand the enumeration area to including portions of the suburbs surrounding the CBD which are known to currently be home to large numbers of homeless individuals.

Figure 2: Census area



Data collection processes

The fieldwork team conducted a one week community awareness campaign prior to the census. Team members were kitted in bright t-shirts with the census details printed on them to make them easily identifiable. It was intended that this community awareness would create familiarity within the street and shelter living community, with both the team and the bright t-shirts, and that this period would provide the communities with the opportunity to ask questions about the study to allow for swift data collection during the census period.

The fieldwork team comprised of 54 people divided into 4 teams. Each team covered a predetermined area within the study site. Each team travelled in two or three vehicles, comprising of a team leader or site co-ordinator, 2 research assistants, 1 formally homeless co-researcher, and 1 of the security personnel. In addition, a number of current street-living people assisted during recruitment of participants.

The census was conducted between the 6th and 13th of February 2016. Interviews on the street were conducted early in the morning (arrival on the street 3:00am, departure at 6:30am). This was to ensure only individuals sleeping on the street were included. Shelter interviews were conducted in the evening between 7pm and 9pm. During phase 1 three areas were identified as high risk: two bridges (at the top end of West Street and the top of the Esplanade) and the area immediately outside Dalton Road Hostel. Specific plans were developed for each of these areas. In each case data collection was conducted by the entire fieldwork team.

When shelters were deemed safe enough (not known for violence, do not allow open drug use and have adequate ventilation) and owners were willing, data collection was conducted inside the shelter. When not considered safe or if denied permission by the owner, data collection was conducted on the street outside. A small team would enter the shelter and hand out forms which residents could then take outside and use to identify themselves as residents to the fieldwork team.

Interviews were conducted in Zulu, Xhosa, Afrikaans, Swahili, French or English. Following informed consent the team requested participants to mark a thumb nail with ink, to avoid double counting. Participants were provided with a small compensation for their time (R50 Checkers voucher). The nature of the compensation was determined through consultations held in the formative phase.



Adaptations during data collection

- The HSRC typically provides a small reimbursement to study respondents as an acknowledgment of their time. In discussion with the steering and advisory committees we opted for a R50 Checker's vouchers. For a vulnerable population this proved to be a significant incentive. As a result we had a number of attempts to be included in the study more than once.
- On advisement of the steering committee we initially planned not to ink-mark participants due to concerns related to those with mental health issues. In discussion with the advisory committee it was indicated that the potential for double counting outweighed any potentially mental health issues. In order not to stigmatise this population we decided to use invisible ink. During the pilot it was found that the invisible ink washed off easily. We therefore changed ink in the field. The second ink turned out to be fairly easily removed with alcohol. We then moved to a third ink which proved effective.
- A number of non-homeless people tried to be included in the study to access the voucher towards the latter part of the data collection time. When refused a number became angry and aggressive towards data collectors. To counter the problem of double counting and efforts to get the voucher by non-homeless we moved the data collection time from 4am to 7.30am to a 3am start ending it at 6:30am.
- We had originally planned to distribute tickets to participants who did not have time to be interviewed in the morning. We then set up data collection centres in two sites in the CBD where they could take the tickets at a later stage. The first two days of the data collection occurred over a weekend. The centres opened on the Monday. They were then inundated with participants and non-participants, leading to a tense situation. For this reason we immediately stopped issuing tickets.
- The initial plan was to visit all the shelters we had identified. We managed this for those shelters in which we were able to conduct data collection inside. After a number of days collecting data outside the more dangerous shelters, we had a few incidents where non-residents who wanted to be included in the survey (to get the voucher). A number of these individuals threatened our data collection teams. For this reason we stopped collecting data outside of shelters. To avoid this affecting our census results we contacted all shelters one morning and asked them to report to us the number of people who stayed there the previous night. This provided us with an estimate of the shelter population. We then weighted the data we had collected by dividing shelters into three groups (characterized by cost and enforcement of rules) and matching those for which we only had a count with the group which best characterizes them.



Phase 3 Feedback sessions and policy roundtables

In keeping with the CBPAR methodology, the final phase of this study entailed a range of feedback sessions, followed by two policy roundtable discussions. As detailed in the table, a series of feedback sessions were held on several occasions during the month of May 2016 with service providers, municipal staff, academics, the steering committee, homeless committee, law enforcement, and the general street/shelter-living community of Durban. As far possible we invited those stakeholders who had been involved and invested in the study since its inception to these meetings to both provide feedback and receive input for the policy roundtables.

Table 2: Feedback sessions

Date	Group
06 May 2016	Steering committee
9 May 2016	Service providers (NGO, FBO, CBO)
13 May 2016	Street living people involved in the Study
17 May 2016	Safer Cities (Head)
16 May 2016	Metro Police
23 May 2016	Safer Cities (Department staff members)
23 May 2016	Clean and maintain my city campaign – Operations meeting (Department heads)
18 May 2016	Urban Management Zone Meeting – eThekweni Departments (Operational Staff)
26 May 2016	Street and shelter-living people’s workshop
31 May 2016	Durban chamber of commerce Feedback
2 June 2016	Round table policy discussion 1
8 June 2016	Round table policy discussion 2

Study Limitations

As with all studies, the findings must be considered in relation to the limitations of the study.

- The qualitative research is based on the interviews and focus group discussions conducted with 80 individuals, the findings of this research may not be generalizable to other areas within Durban, other cities, countries or contexts.
- During the census, while considerable efforts were made to interview all people sleeping on the street/in shelters, street-living people in particular try very hard to stay hidden; this may have led to an under-count.
- A small portion of people could not be interviewed due to mental illness or severe intoxication. While their presence was recorded and is included in the headcount numbers, the extent of mental illness or substance use may be under-represented. Furthermore, direct measures of the prevalence of mental illness, chronic illness or substance use were not included in the study.
- The census and survey relied on self-reported accounts of homelessness, illness and substance use. As with all self-reported studies, there is room for misrepresentation. However, it is believed the study methodology adopted with strict confidentiality, trained interviewers some of which were peer interviewers reduced the apprehension of revealing personal information.
- A particular definition of homelessness was adopted in this study – those people living on the streets/in park and other open spaces and those living in what we termed formalised shelters. This definition excluded those people living in abandoned buildings, over-crowded flats, other spaces rented out daily. A different definition of homelessness would have yielded different results.
- The census and survey was conducted as a point-in-time study and therefore only reflects the situation in Durban during February 2016. Political, economic and seasonal changes may affect the headcount numbers however it is not expected that this will impact substantially on the various pathways and experiences of homelessness.

2. Point-in-time Census and Survey Findings

In this section we present the main findings that emerged in our study and draw on both the survey and census results as well as the qualitative reports. The reader is referred to study reports 1 and 2 for detailed discussions on these themes. The results will be discussed according to the four core categories below:

- **Headline findings:** Who are the street and shelter-living people of Durban?
- **On becoming homeless:** What are the pathways to homelessness?
- **On being homeless:** What are the daily experiences of people living on the streets/in shelters?
- **Overcoming homelessness:** What are the factors that would facilitate pathways out of homelessness?

A total of 3933 street and shelter-living people were counted in Durban in February 2016. Of this population, 50% were found living on the street, in parks or other places outside with the remaining 50% found in formal shelters¹ (see Figure 3 below).

Figure 3: Total number of street and shelter-living individuals in Durban



Our results indicate that the street and shelter-living community of Durban is not a homogenous group. This community consists of a range of individuals including the following overlapping groups a) persons who have no shelter of any kind, b) have no home but stay in overnight shelters, c) temporary, episodic and chronic homeless individuals, d) persons who have some form of ‘employment’², e) jobless individuals, substance misusers and abusers, f) foreign migrants and g) children (see boxes overleaf).

Who are the street and shelter-living people of Durban

There are a range of people living on the streets and in the shelters of Durban. They have followed different pathways into homelessness, have different experiences of homelessness and require different kinds of support to help them overcome homelessness. The population cannot be thought of as a homogenous group. An effective response to homelessness will require differentiated services, with a mix of general interventions and interventions tailored to the needs of specific sub-groups. To design and balance such a package of services it is important to understand the size and characteristics of potential target sub-populations. Categorising sub-groups of this larger population can be done in a number of ways. In this report, we will reflect on the characteristics of 6 overlapping sub-populations.

¹ A definition of what we termed formal shelters can be found in the methodology section.

² ‘Employment’ is reflected in this way as this is not necessarily formal employment but persons who engage in daily activities for pay.

30%

n= 1278

Engaged daily in activities for pay

Thirty percent of the combined street and shelter population engage daily in activities for pay. Forty-five percent of these individuals originate from eThekweni Municipality with a further 23% originating from elsewhere in KZN. One in five people within this group have construction related skills. Substance use amongst this group is lower than average (24%) and the members of this subgroup are more likely (65%) to be found in shelters.

Originate from eThekweni

Contrary to much of the discussions around homelessness in Durban, a substantial portion, nearly half, of the street and shelter populations originate from somewhere within the eThekweni municipality. The most common driver of homelessness for this sub-population is family disagreement. This group report high rates of frequent hard drug use (37%) and exhibit high rates of moderate to severe anxiety/distress (45%).

44%

n= 1848

10%

n= 444

Foreign migrants

Most foreign migrants on the streets of Durban are of Tanzanian nationality (44%) followed by Zimbabwean (12%) and Mozambican (9%). Roughly half of this population report frequent substance use, this mainly comprises of dagga usage with only 9% reporting hard drug use. This sub-population has the highest rates of frequent alcohol use (26%) and overall earn lowest (66% earn less than R100/day).

Unemployed frequent hard drug³ users

Eighty-seven percent of this subgroup population are under the age of 34 years. Most people in this group originate from eThekweni. A large portion exhibit high rates of moderate to severe anxiety/distress (44%). Primary substances used include Whoonga⁴ (82%), Dagga⁵ (50%) and Glue (44%). Low levels of frequent alcohol use are reported (12%).

13%

n= 553

16%

n= 695

Females

Females report the highest rates of chronic conditions (27%) and impediments/disabilities (17%), high levels of testing (HIV/TB etc.), and highest demand for healthcare. This subgroup has the largest proportion earning higher incomes (28% earn more than R150/day). Largest group reporting working daily for pay. Lowest report of some secondary or higher education (27%) compared to other groups. Even distribution across ages. This group is more likely to be found in shelters.

Children

Children made up a small portion of the total population. However, a further 74 people reported an age of 18 years. NGO partners on the study indicate that adolescents often report older ages particularly if they do not want to be referred to a care facility or receive any assistance whilst on the streets. As a result of children misreporting their age, children being hard to find and a specialized shelter not being included (learned about only after the census), the estimate of the number of children is likely a significant **under-estimate**. Of those included, the reasons cited from coming to street include family disagreement (29%), substance use (12%) and abuse at home (12%). Half of this sub-population indicated that they are on the street because they have nowhere else to go. High rates of frequent hard drug use were noted for this group (39%).

2%

n= 87

³ Hard drugs exclude cannabis and alcohol

⁴ A cheap form of heroine usually smoked with cannabis

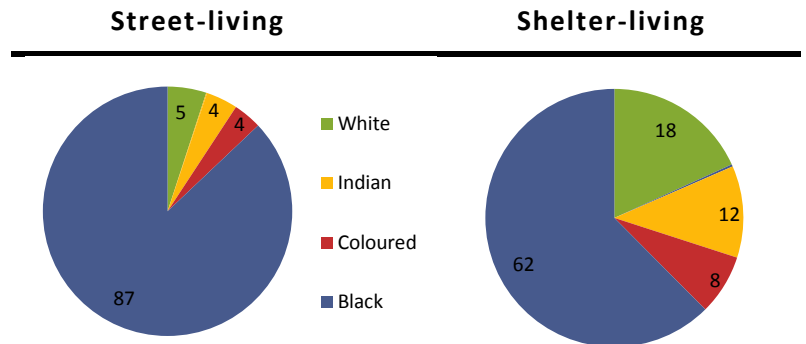
⁵ A local name for cannabis

Demographic characteristics

Race

The majority of both street and shelter-living individuals identify themselves as Black (87% and 62% respectively). Those identifying as White, Coloured and Indian were more likely to be found in shelters than on the street or other unsheltered areas. The populations that work daily, originate from eThekweni municipality as well as the female population have a greater mix of race groups compared to the foreign migrant and frequent drug user populations, who mostly identify as Black.

Figure 4: Racial Breakdown



Gender

Figure 5: Gender Breakdown

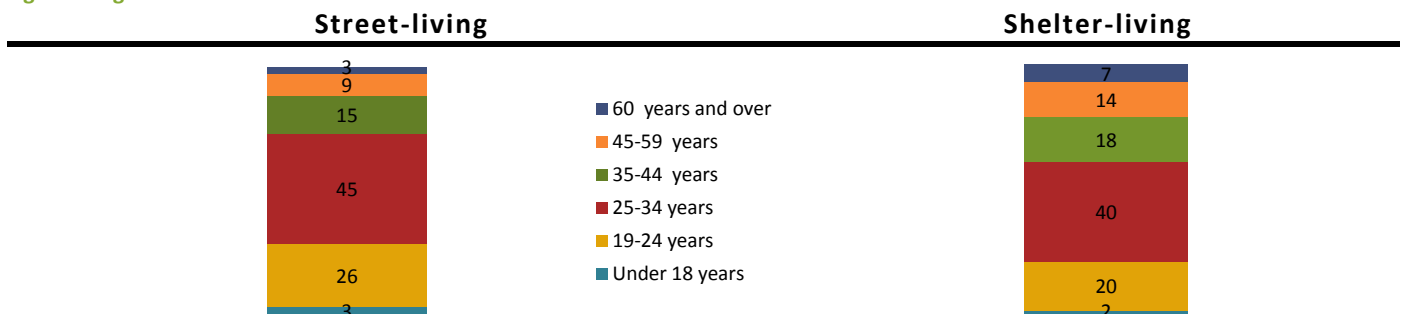


The overwhelming majority of street and shelter-living people are male. This is true across all subgroups discussed.

Age

Most of the street and shelter populations are between the ages of 19 and 34 years. Younger people tended to stay on the street with a relatively older population found in shelters. Seven percent of the shelter population were pensioners with a further 14% between the ages of 45 and 59 years.

Figure 6: Age Breakdown



Across the sub-group populations with the exception of the female group, the largest proportions of people are between the ages of 25 and 34 years. Those working for pay and the foreign migrants have a larger group of older people. The populations that originate from eThekweni and those engaged in frequent hard drug use are generally younger. The female population has a largely even distribution across the age groups.

Age at first experience of homelessness

For both street and shelter populations, a large proportion of people first came to the streets in early adulthood. For the unsheltered population, 37% came to the street between the ages of 18 and 24 years, with a further 28% coming between the ages of 25 and 34 years. Those living in shelters report coming to the streets at a slightly older age, 29% reporting coming between the ages of 25 and 34 years and 25% reporting between the ages of 18 and 24 years.

A noteworthy portion of shelter living people first became homeless at an older age with 12% reporting having first come to the street between the ages of 45 and 59 years and a further 5% once they had already reached pensionable age.

A larger proportion of foreign migrants first became homeless at an older age (43% indicating between 25 and 34 years and 17% reporting between 35 and 44 years). Those originating from eThekweni and those reporting frequent hard drug use, were more likely than other sub-populations to have first come to the street at a young age. Eighteen and 17% respectively of these populations first became homeless as adolescents.

Length of current homelessness episode

Figure 8: Length of current homelessness episode

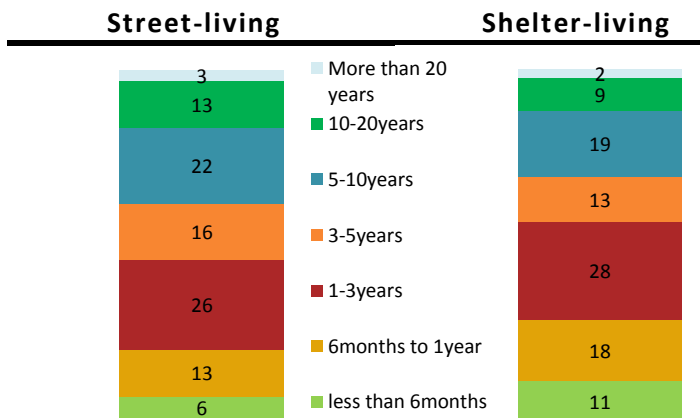
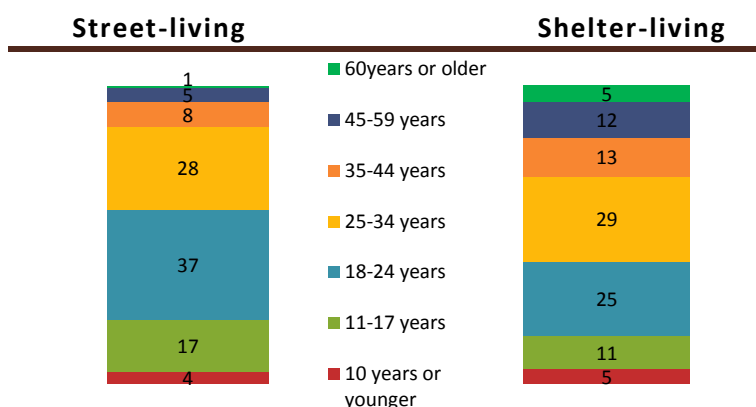


Figure 7: Age at first experience of homelessness



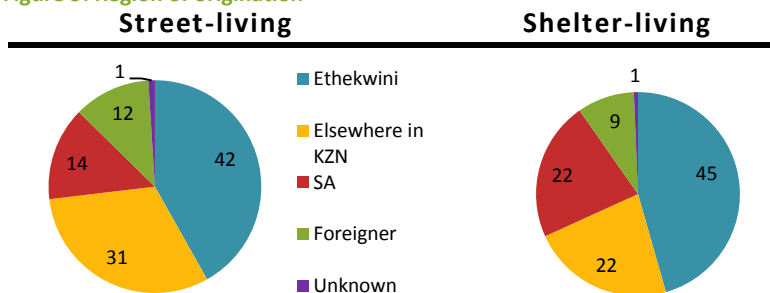
For both street and shelter-living populations, the largest proportion reported being homeless for between 1 and 3 years. People that are newly homeless are more likely to end up in shelters with 29% of the shelter living population indicating having been homeless for less than 1 year during their current episode of homelessness. A substantial portion of street living people report being chronically homeless, 22% indicated being homeless for 5 to 10 years, 13% report being homeless for between 10 and 20 years and 3% report being homeless for more than 20 years.

Across all subgroup populations discussed, the largest proportion report being homeless for between 1 and 3 years. Roughly a third of people in each subgroup, with the exception of the children, report having been homeless for more than 5 year. Within the foreign group and the group that engaged daily in activities for pay, a sizable proportion of people are newly homeless with the current length of stay on the street of less than 1 year.

Region of origination

Most street and shelter-living people in Durban originate from somewhere in KwaZulu-Natal, with the single largest group originating from somewhere within the eThekweni Municipality. Twelve percent of the street-living population is made up of foreign nationals with this group making up a slightly smaller proportion of the shelter living population (9%).

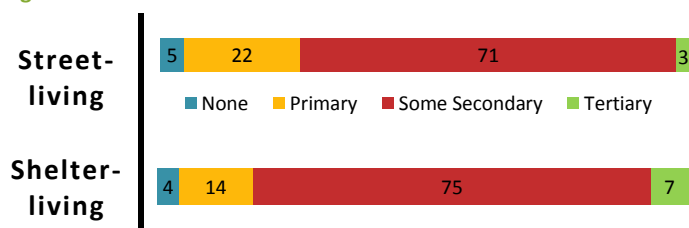
Figure 9: Region of origination



For those that work daily, a larger proportion of people are foreign migrants however the single largest region of origination remains as eThekweni. The female subgroup has a more even spread between eThekweni municipality, elsewhere in KZN and elsewhere in South Africa. In both the frequent drug user and children subgroups most people indicate originating from somewhere within the municipality.

Educational attainment

Figure 10: Education level



Most respondents, both street and shelter-living, report having some secondary education (71% and 75% respectively) with 7% of the shelter living population reporting having some tertiary education. Education levels amongst females were lower and a greater range in education level for foreigners was noted. For comparison, in South Africa, 5% of the adult population have no schooling, 15% have some primary education, 65% have some secondary schooling and 13% have tertiary education (Statistics South Africa, 2014).

Employment-related skills

In order to better understand and unpack respondents' employment situation, census questions explored peoples' skills. The most common skills reported were construction related skills (building, painting, welding etc.). Some reports of computer literacy and experience in sales were also reported.

Figure 11: Employment related skills

Computer Literacy		Construction Skills		Mechanics		Sales		Business	
Street	Shelter	Street	Shelter	Street	Shelter	Street	Shelter	Street	Shelter
8%	13%	38%	35%	3%	2%	11%	13%	8%	9%
are computer literate		have construction related skills		have experience as a mechanic		have experience in sales		have experience in running a business	

Similar results were noted across subgroups. Differences include a higher proportion of females having experience in sales and a higher proportion of foreign migrants having experience as mechanics.

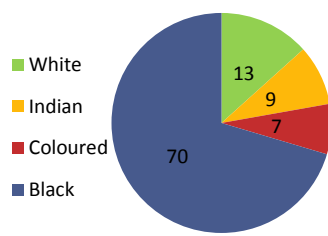
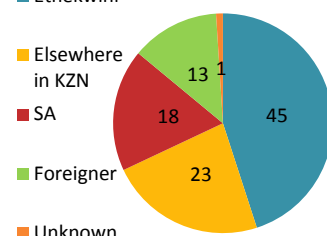

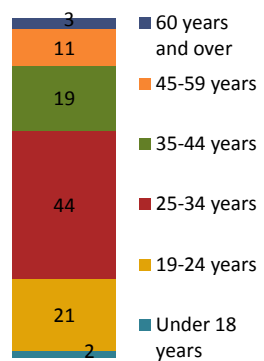
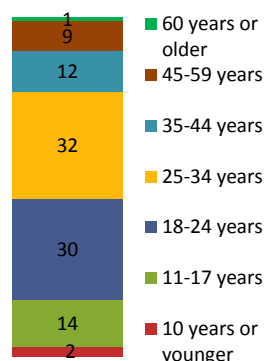
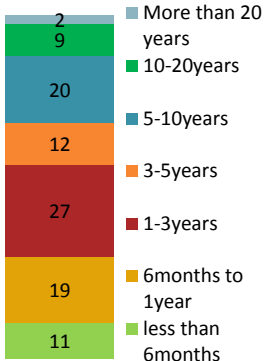
Transitional spaces

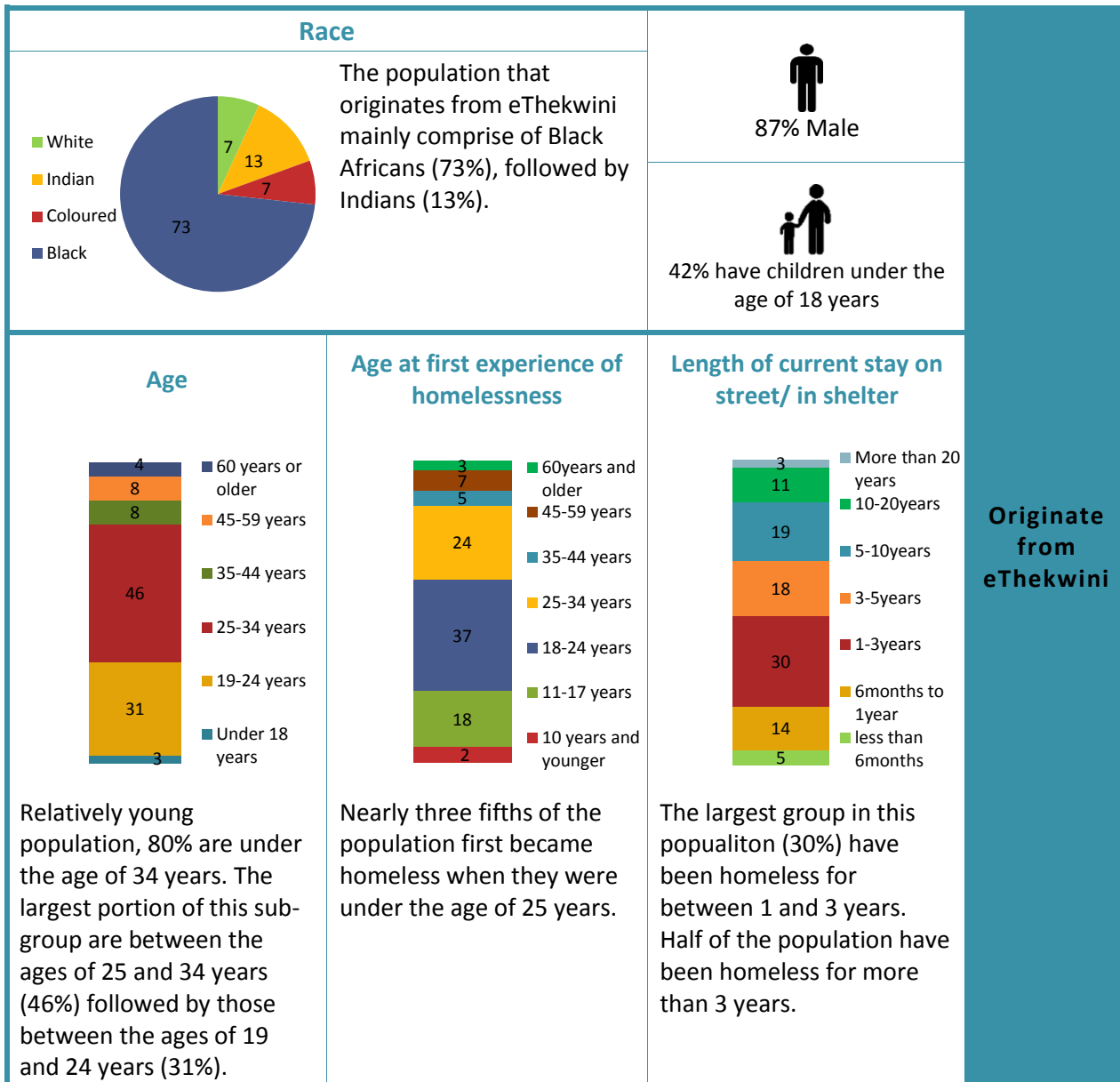
The homeless population in Durban was mostly found to spend all nights in the week preceding the census in unsheltered locations (41%) or in shelters (42%), only 15% report spending time between the two locations. A small portion of the overall population was found to have spent at least one day a week at home (1%).

WHO MAKE UP THESE SUB-POPULATIONS?

30%
n= 1278

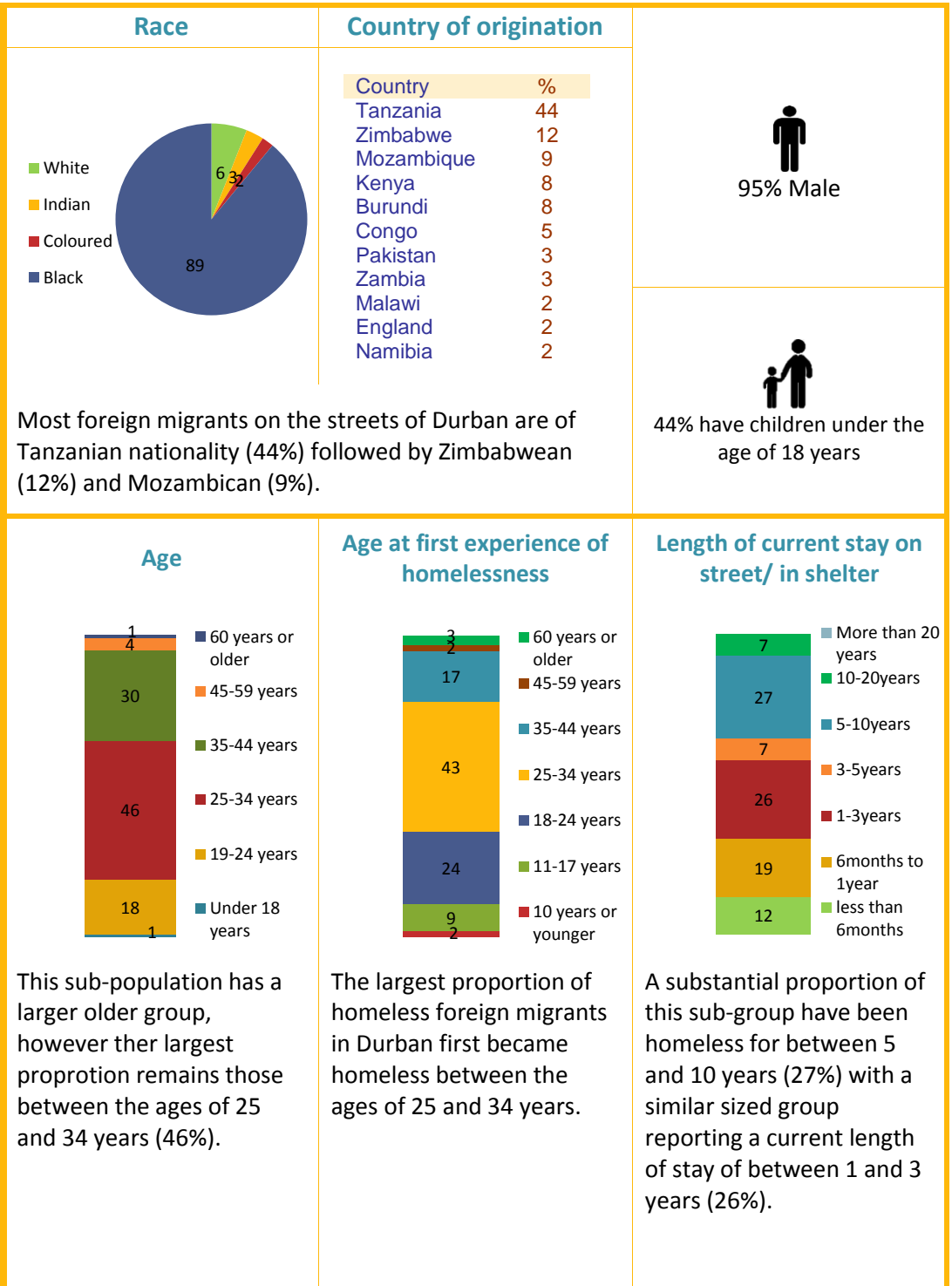
Engaged daily in activities for pay

<p>Race</p>  <p> ■ White ■ Indian ■ Coloured ■ Black </p> <p>The populations that engage in daily activities for pay mainly comprise of Black Africans (70%) but have a greater mix of race groups compared to other sub-groups.</p>	<p>Region of origination</p>  <p> ■ EtheKwini ■ Elsewhere in KZN ■ SA ■ Foreigner ■ Unknown </p> <p>Most people (68%) originate from somewhere in KwaZulu-Natal, with the single largest group originating from somewhere within the eThekweni Municipality (45%).</p>	 <p>88% Male</p>
<p>Age</p>  <p> ■ 60 years and over ■ 45-59 years ■ 35-44 years ■ 25-34 years ■ 19-24 years ■ Under 18 years </p> <p>A relatively young population with the largest portion of this sub-group being between the ages of 25 and 34 years (44%) followed by those between the ages of 19 and 24 years (21%).</p>	<p>Age at first experience of homelessness</p>  <p> ■ 60 years or older ■ 45-59 years ■ 35-44 years ■ 25-34 years ■ 18-24 years ■ 11-17 years ■ 10 years or younger </p> <p>People making up this sub-population first became homeless at a relatively older age when compared to some of the other sub-group populations. One in 10 people first became homeless over the age of 25 years followed by a further 12% that first became homeless between 35 and 44 years of age.</p>	<p>Length of current stay on street/ in shelter</p>  <p> ■ More than 20 years ■ 10-20 years ■ 5-10 years ■ 3-5 years ■ 1-3 years ■ 6 months to 1 year ■ less than 6 months </p> <p>This group does not differ much from the overall population in terms of the length of current homelessness. The largest group in this population (27%) have been homeless for between 1 and 3 years. Followed by a fifth of the population have been homeless for 6 months to a year and 5 to 10 year respectively.</p>



10%
n=444

Foreign migrants



<p>Race</p> <p>White Indian Coloured Black</p> <p>The populations engage in frequent hard drug use mainly comprise of Black Africans (85%).</p>	<p>Region of origination</p> <p>eThekweni Elsewhere in KZN SA Foreigner</p> <p>Six in 10 people originate from within the eThekweni Municipality followed by 2 in 10 that come from elsewhere in KZN.</p>	<p>85% Male</p> <p>48% have children under the age of 18 years</p>
<p>Age</p> <p>60 years or older 45-59 years 35-44 years 25-34 years 19-24 years Under 18 years</p> <p>Relatively young population with 87% being under the age of 34 years.</p>	<p>Age at first experience of homelessness</p> <p>60 years or older 45-59 years 35-44 years 25-34 years 18-24 years 11-17 years 10 years or younger</p> <p>Two in 5 people first became homeless upon becoming an adult (between the ages of 18 and 24 years) followed by 30% that became homeless between the ages of 25 and 34 years.</p>	<p>Length of current stay on street/ in shelter</p> <p>More than 20 years 10-20 years 5-10 years 3-5 years 1-3 years 6 months to 1 year less than 6 months</p> <p>Largely similar duration of current episode of homelessness as the overall population. Twenty nine percent of the population have been on the street/in shelter for between 1 and 3 years followed by 22% being homeless for between 5 and 10 years.</p>

Unemployed frequent hard drug

13%
n=553



16%

n=695

Females

<p>Race</p> <p>White: 18 Indian: 8 Coloured: 9 Black: 65</p>	<p>Region of origination</p> <p>EtheKwini: 34 Elsewhere in KZN: 35 SA: 26 Foreigner: 3 Unknown: 2</p>	<p>51% have children under the age of 18 years</p>
<p>Of all sub-group populations discussed, the greatest variation in the race profile is noted for females. Black Africans still make up the majority (65%).</p>	<p>A greater distribution in region of origination is noted for females compared to other subgroups discussed. Just over a third comes from eThekweni and elsewhere in KZN respectively with a quarter hailing from elsewhere in South Africa. Only a small portion (3%) are of foreign origination.</p>	
<p>Age</p> <p>60 years or older: 13 45-59 years: 22 35-44 years: 21 25-34 years: 27 19-24 years: 16 Under 18 years: 2</p> <p>This sub-population has a more even distribution across the age groups.</p>	<p>Age at first experience of homelessness</p> <p>60 years or older: 9 45-59 years: 19 35-44 years: 17 25-34 years: 19 18-24 years: 27 11-17 years: 7 10 years or younger: 2</p> <p>Similarly, a more even distribution is noted in the age at which females became homeless. A substantial portion of this subgroup became homeless at an older age (28% first becoming homeless at 45 years or older).</p>	<p>Length of current stay on street/ in shelter</p> <p>More than 20 years: 3 10-20 years: 10 5-10 years: 20 3-5 years: 15 1-3 years: 25 6 months to 1 year: 14 less than 6 months: 12</p> <p>A more even distribution in length of stay on the streets/in shelters when compared to other sub populations. One in four females are newly homeless (less than 1 year) and one in three female have been homeless for more than 5 years.</p>

<p>Race</p> <p>This populations mainly comprise of Black Africans (78%) followed by Coloured (15%) and Whites (7%). No Indian children were found living on the streets/in shelters.</p>	<p>Region of origination</p> <p>Six in 10 people originate from within the eThekwini Municipality followed by 2 in 10 that come from elsewhere in KZN.</p>	<p>87% Male</p>	<p>Children</p> <p>2%</p> <p>87</p>
<p>Age</p> <p>Thirtyone percent of of the child population are 15 years old followed by just over 20% aged 16 years and 17 years respectively. Fifteen percent of thee poulation are 10 years old or younger.</p>	<p>Age at first experience of homelessness</p> <p>Most (68%) children report having first experienced homelessness between 11 and 17 years of age.</p>	<p>Length of current stay on street/ in shelter</p> <p>Four in ten children have been on the street for between 1 and 3 years. Nearly a quarter have been homeless for between 3 and 5 years. A substantial portion report long term homelessness (20% report more than 5 years).</p>	

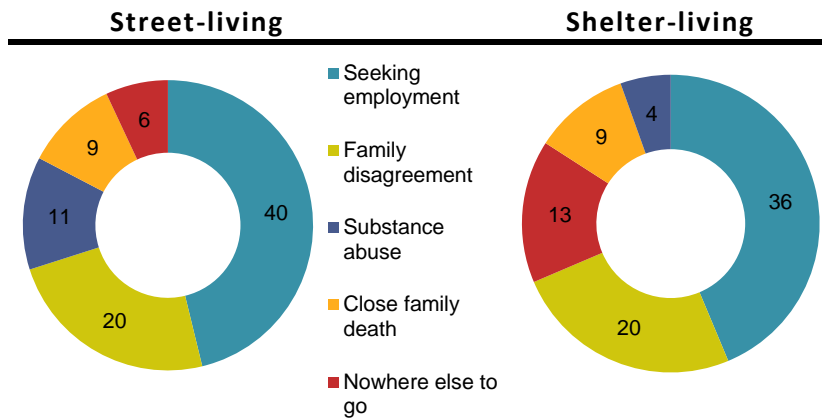


On becoming homeless

Pathways into homelessness

Indicative of the heterogeneity of the homeless community, a range of pathways emerged in our analyses of the participants’ narratives and the survey data. These included, in order of frequency, seeking employment in the city, family trauma (including family conflict and death of a close family member), individual substance abuse and the lack of an alternative place to go⁶ (see Figure 12). Most people also indicated that the inability to find reasonable employment in the city was one of the main reasons they have remained homeless.

Figure 12: Pathways into homelessness



Reasons for ending up on the street differ by subgroup. For the children and those who reported that they currently engage in hard⁷ drug use, family disagreement and substance abuse emerged as key pathways into homelessness. The child participants also reported experiences of abuse at home and the desire to live on the streets as some of the key reasons that they ended up on the streets (see Figure 13). The latter finding could be associated with the easy accessibility of illicit substances on the streets, but it could also reflect an extreme strategy to escape from family trauma. Furthermore, the children participants reported that they have remained on the streets/in shelters as they do not have anywhere else to go and want to remain on the streets.

Figure 13: Pathways into homelessness by subgroup population

Ranking	Engaged daily in activities for pay	Originate from eThekweni	Foreign migrants	Unemployed frequent hard drug users	Females	Children
1	Seeking employment 42%	Family disagreement 27%	Seeking employment 66%	Family disagreement 23%	Seeking employment 30%	Family disagreement 29%
2	Family disagreement 19%	Seeking employment 20%	Nowhere else to go 12%	Substance abuse 22%	Family disagreement 23%	Substance abuse 12%
3	Nowhere else to go 10%	Substance abuse 13%	Refugee 5%	Seeking employment 18%	Nowhere else to go 15%	Abused at home 12%
4	Family death 8%	Family death 11%	Family disagreement 5%	Nowhere else to go 9%	Family death 8%	Nowhere else to go 12%
5	Substance abuse 6%	Nowhere else to go 11%	Family death 2%	Family death 9%	Substance abuse 4%	Want to live on the street 11%

⁶ For street-living participants, the latter two factors are swapped in order of significance.

Our qualitative data shows that the pathways into homelessness are not mutually exclusive. Rather they are shaped by various family, individual and contextual factors that interact and collectively contribute to shaping pathways to homelessness. For example, in the extract alongside we see the strong influences that family factors (such as death of a parent and family conflict); individual factors (like personal aggressive behaviours) and financial challenges have on the development of this participant's pathway to homelessness.

For one participant, for whom substance abuse emerged as a key driver to homelessness, her drug addiction did not only lead to street-living but also led to diminished family relationships which complicate future efforts for family reintegration and reconciliation. Her story is reflected alongside.

The difficulty associated with joblessness and associated poverty was a common theme that emerged. For some, moving to the streets was a consequence of their dire financial circumstances, while for others, 'the city' was perceived as an opportune place to secure a job. Although 'the city' offered some financial relief to persons trading on the streets, many of the participants' searches for jobs had been unsuccessful, even for those who had relevant skills and experience.

The recognition that there are multiple contributing factors shaping individual's pathways is particularly important for policy development and support services aimed at promoting pathways out of homelessness. It will typically not be possible to help an individual out of homelessness by addressing one factor in isolation without considering other contributing causes. Our findings on the multiple causes are echoed in the literature which has identified numerous factors that place people at risk for becoming homeless. These include being victims of interpersonal violence and abuse, personal and familial substance abuse, prior experiences of living on the street, mental health issues, extreme poverty and family disintegration (Cross & Seager, 2010; Mapuva, 2010; Lehman et al., 2007; Kemp et al., 2006; Kahne, 2004; 2002; Anooshian, 2000; Bibars, 1998).

“ My dad passed away in 1999 then I stayed with my mother. Most of the time I was staying with my mother, then she got sick and passed away as well. Then I stayed with my half-sister from my dad, she was mistreating me. When I had money I would support in the house but when I didn't have and asked her for money she will swear at me, so we had a disagreement then I ended up beating her up... I ended up beating her so I just decided that let me just leave because I will end up doing wrong things. I took a taxi and came here. I never thought I can live this kind of life but I was not happy. ”

(Street-living participant)

“ I had already [started] smoking and I couldn't stay at home while smoking it because I didn't want them to find out. I would always ask money for this and that saying they want things at school, [but] came results time my dad was surprised that if I am studying then where are the results! He started getting sick after finding out that I was smoking instango [cannabis]. He asked me for how long have I been smoking and why didn't I tell him because I was always asking money from him. He then got discharged and asked that we reconcile and I come back home, but the family always had that thing that I am a 'trouble child' so it was not good at all. So now I am just a person, smoking and I think of him every now and then. ”

(Street-living participant)

“ Some of us we leave home there's not much opportunities at home so we come here, and sometimes we think we can get jobs and everything fast and only to know that it takes time so in that time we're just living here. ”

(Street-living participant)

On being homeless

We were interested in understanding how street and shelter-living individuals experience and survive on the often intimidating and dangerous streets. We focus here on the participants' experiences and challenges associated with a) making a living, b) living conditions and access to amenities, c) experiences of violence and intimidation and d) health and wellbeing.

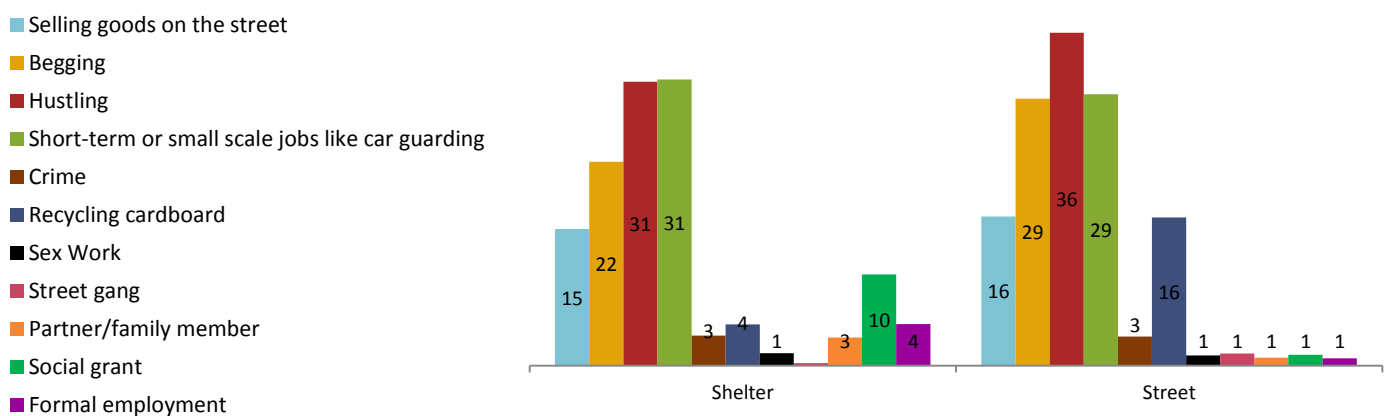
Surviving the streets

The participants were asked to tell us about their experiences of living homeless in Durban and to identify the ways in which they make a living during this time. A key theme that emerged in the qualitative data was the importance of finding a 'street home' and building alliances. These alliances were considered important for safety and security on the streets as friends often warn each other should any form of danger (perhaps gangs or the police) approach. In relation to obtaining money, begging and hustling emerged as key activities that were adopted by the participants to secure money.

Nearly half of the participants indicated that they were jobless at the time of the survey. With only a few reporting involvement in secure employment. Many engaged in small scale jobs (such as car-guarding or gardening), begging and hustling as their main sources of income (see Figure 14 below). For those that work for pay daily and those that originate from eThekweni, small scale jobs and hustling were mostly reported. Cardboard recycling is mainly done by females and foreign migrants with similar rates of selling goods on the street, begging and small scale jobs reported by these groups. Children report high levels of begging followed by small scale jobs and selling goods on the street.

The term hustling emerged during the qualitative phase and appears to refer to doing everything and anything (both legal and illegal), to get by – a key factor being the unpredictability, making it

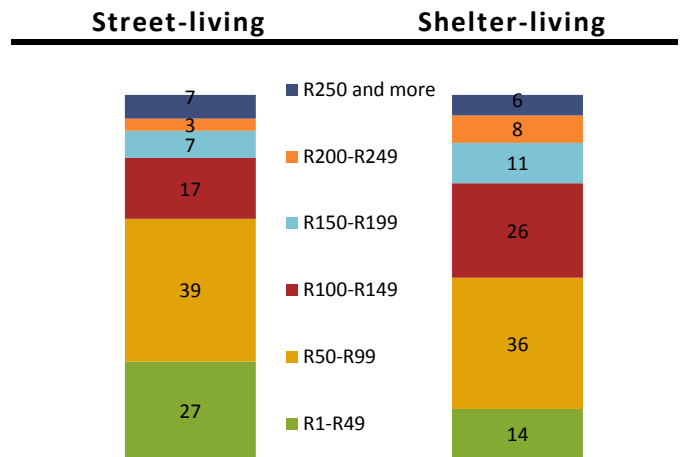
Figure 14: Sources of income



Two in five males staying in shelters report engaging in activities for pay daily, with 1 in 5 females reporting similarly. Just over half of those staying on the street report not engaging in activities for pay in the week preceding the census. Highest rates of daily work were reported by foreign migrants with the highest rates of not working any days reported by females. Amongst the other groups, roughly a third of people engaged in daily activities of pay.

The earning levels of the street-living are lower than that of the shelter-living population (see Figure 15). The largest proportion (39%) of street-living people that engage in activities for pay report earning between R50 and R99 per day worked followed by 27% reporting earning less than R50. For the shelter population, 36% report earning R50 and R99 per day worked followed by 26% reporting earning between R100 and R149. Females report higher earnings levels with 11% reporting earning between R200 and R249 per days and a further 12% earning R250 or more a day. Earnings levels for children were low with 87% reporting earning less than R100 per day worked.

Figure 15: Average daily earnings

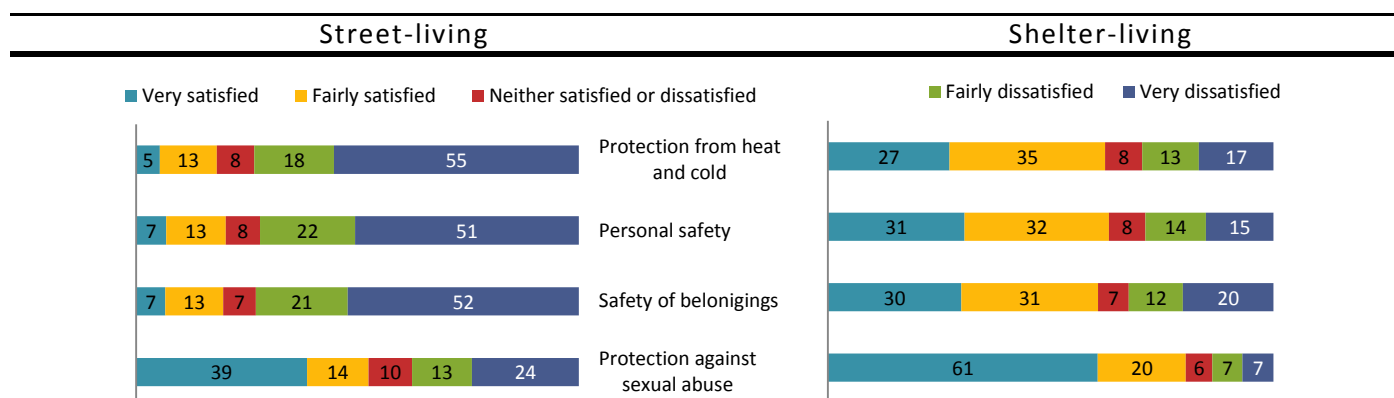


Living conditions/amenities

Our analysis of the survey data revealed a difference between the perspectives of shelter-living and street-living individuals in relation to their living conditions. Specifically, shelter-living persons reported higher satisfaction with their living spaces in terms of protection from heat and cold, their personal safety, the safety of their belongings and protection against sexual abuse (see Figure 16).

Females were largely satisfied with their living conditions with the greatest dissatisfaction levels reported by those engaged in frequent hard drug use. Overall, most groups were relatively satisfied with their protection against sexual abuse, and less so with their protection from heat/cold and the safety of their belongings in the area where they sleep.

Figure 16: Satisfaction with living conditions



Most people living in shelters report spending less than R50 per night on the shelter. Less than half report that the shelter they stay in is couple/family friendly. On the street, 30% of respondents indicated that the area where they sleep was not couple/family friendly.

During the qualitative phase a number of participants raised concerns regarding their safety. They reported accounts of harassment and stigmatisation on the streets, as well as being robbed, stereotyped, or discriminated against because they lived on the streets.

Table 3: Environmental characteristics

Street-living	
79%	The area in which they sleep is couple/family friendly
Shelter-living	
84%	Pay between R1 and R49 per night to stay in the shelter
46%	Their shelter is couple/family friendly


“When you are sleeping at night you can’t wait for the morning to come, at times you find that you are sitting and they have done whatever that they want to you. You just tell yourself that is fine even though is not.”
 (Street-living participant)

“... you see the people whose robbing we are going to say they homeless people (.). I once learnt that its people from Umlazi, they only come on Friday in the street. They are going to come in at the time you’re asleep, they sneak up on you and steal your things, when you wake up) all your stuff is go ne, if you sleep you must tie your things around you...”
 (Street-living participant)

Access to basic necessities

Table 4: Access to personal items

The participants were asked about their access to basic necessities such as food, personal items (clothes, underwear, hygiene products, soap, toothpaste, blankets etc.), ablution facilities and laundry facilities.

 Personal items				
Street-living	45%	Purchased	Shelter-living	62%
	35%	Donations		23%

In the qualitative data, a lack of basic amenities such as clean drinking water, self-care/cleaning facilities and good quality shelters were often mentioned. An important challenge mentioned by female participants conveyed the difficulties they face in accessing clean bathrooms and sanitary towels during their menstruation period. The living conditions of the shelters also emerged as a significant challenge for homeless individuals. The participants reflected that, although they are paying to sleep in the shelters, they are unsatisfied with the quality of the services they are receiving at majority of the shelters. These conditions left the participants feeling exploited and unsupported.

The survey data indicate that personal care items are primarily purchased however a sizable portion of the populations receive these items through donations. Food items were primarily purchased (Street: 52% and Shelter: 70%) or accessed at community organisations (Street: 37% and Shelter: 19%).

“ The rooms are not fit enough to be used by human beings here in the shelter, the shows are filthy and very unhygienic to be used by human beings, it’s terribly bad. In the morning going out you find blood on the stairs. Whoonga is everywhere. The security is

“ These people [shelter owners] are cashing in on us. We don’t even know where the R20’s go to because nothing gets done! The toilet can be broken for 2 weeks, there can be cold water for a whole week and people drink, brake bottles and leave a mess! The management doesn’t care as long as you pay your R20. You can’t even call the shower a “shower”; there’s just a single pipe with flowing water to your body. There’s no privacy, men can walk in and see you naked, and we all shower in the same place. ”



(Street-living participant)

Table 5: Access to food

 Food				
Street-living	52%	Purchased	Shelter-living	70%
	37%	Community organisations		19%

Street-living populations primarily access ablution facilities and water for bathing at public facilities (62%) followed by accessing these for free at NGO's or local businesses such as petrol stations (17%). Access to water for washing clothing is largely accessed at the same sources. Fifty percent of this population access ablution/bathing facilities daily and wash their clothing weekly. Most shelter-living populations access ablution/bathing facilities and water for laundry at the shelters where they stay (71% and 65% respectively). Most people living in the shelters (84%) are able to access ablution/bathing facilities daily with half of this population reporting washing their laundry daily.

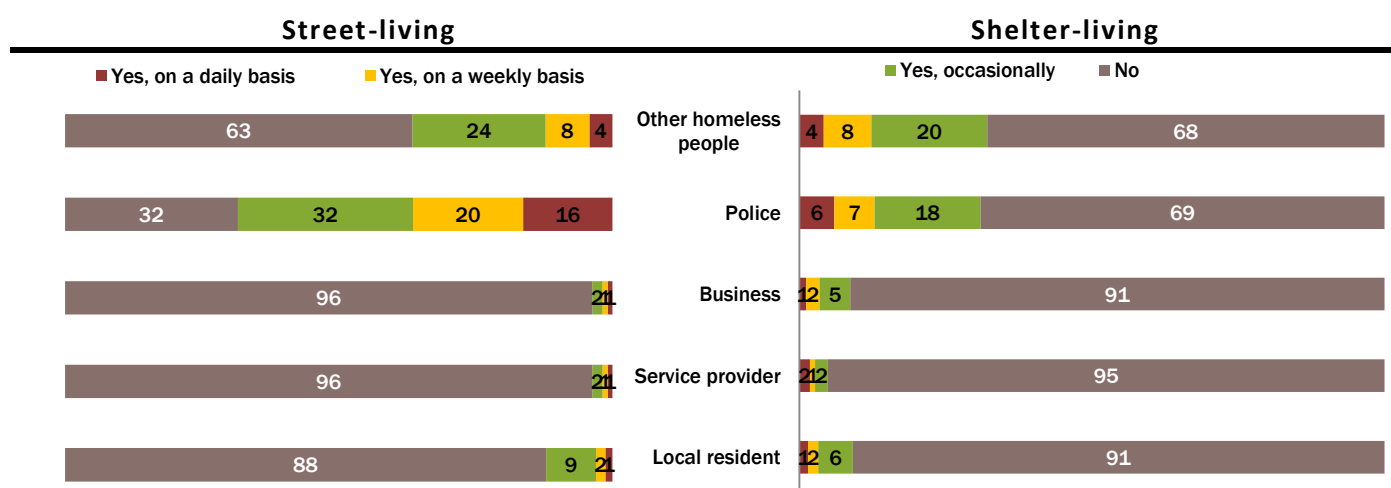
Table 6: Access to bathing/ablution facilities and water for laundry

 Bathing/Ablution				 Water for laundry				
Where access		How often access			Where access		How often access	
Use public facilities	62%	Daily	53%		Street-living	Use public facilities	63%	Daily
Free at NGO/Local business	17%	Weekly	35%	Free at NGO/Local business		17%	Weekly	51%
Pay to access	10%	Less than weekly	12%	Pay to access		9%	Less than weekly	15%
Access at shelter	71%	Daily	84%	Shelter-living	Access at shelter	65%	Daily	56%
Pay to access	13%	Weekly	12%		Pay to access	19%	Weekly	32%
Use public facilities	11%	Less than weekly	3%		Use public facilities	12%	Less than weekly	12%

Experiences of violence and intimidation

Respondents were asked if they had experienced intimidation or violence in the past. Those living on the street reported that the highest rates of intimidation/violence were experienced from the police (68%) followed by other people living on the street (37%). Low levels of intimidation/violence were experienced from business, service providers and local residents. The shelter population experienced lower levels of intimidation/violence by the police (31%) but similar levels intimidation/violence by other street/shelter people (38%).

Figure 17: Experiences of violence/intimidation



Amongst the subgroup populations, intimidation/violence was similarly primarily experienced from police and other street/shelter living persons. The highest rates of intimidation/violence from police were reported by those unemployed people that frequently engage in hard drug use and are the group that report the highest rates of daily intimidation/violence. Children also report high rates of intimidation/violence from police with 54% having experienced intimidation/violence in the past. Overall, females report the lowest experiences of violence. Table 7 overleaf reflects the types of violence/intimidation experienced by the two primary perpetrators of violence. Violence or intimidation experienced by another person on the street/in the shelters is mostly in the form of physical violence followed by verbal abuse. For those females reporting violence/intimidation 1 in 10 females that report experiencing sexual abuse from another person living on the street/in shelters.

Across all sub-group populations with the exception of females, people mostly experience physical violence from the police followed by seizure of property. For females on the street/in shelter, police mostly seize their property.

Table 7: Types of violence/intimidation experienced by the two primary perpetrators of violence

	Property seized	Physical violence	Verbal abuse	Sexual Abuse		Property seized	Physical violence	Verbal abuse	Sexual Abuse	
Street	58%	62%	32%	1%	Police	46%	58%	39%	1%	Shelter
	28%	63%	38%	3%	Another Street person	21%	58%	35%	3%	

Most people did not report the violence they last experiences to the authorities as they did not feel reporting it would help (Street-living: 64%, Shelter-living: 72%). The experience of harassment by law enforcement has led to stained relationships and lack of trust by street living individuals. Due to negative experiences with police removals, street living individuals have lost confidence that the police will serve and protect them as citizens.

Experience of violence from law enforcement officials was a common theme in the qualitative data. The participants indicated that the police often use violence and harassment tactics when they engage with them. This violence was reported to take the form of personal property confiscation, inappropriate arrests, and violently dislocating them outside the environments where they often access services.

“ [The] police come here and take our blankets and throw them away. ”
(Street-living participant)

Police officials have noted the difficulties they face. While acknowledging that some members may overstep the mark, they argue that violence from the police is over estimated. They are charged with the responsibility of enforcing the city by-laws and this involves having to move those sleeping on the street along. They are pressured to enforce this by the municipality, local business and residents. The police maintain that when waking and moving on those sleeping on the street physical contact is inevitable, but that a shake or prod to wake someone up is too often inappropriately called assault. They also point to a tension between their duty to support waste removal efforts, i.e. helping remove cardboard used to sleep on, and the protection of street living individuals’ private property.

“ You see when they see people sleeping here, they come they rip the blankets off and the people they throw it in the truck and they tell you to move. ”
(Street-living participant)

Health and wellbeing

Physical health

Seventy four percent of street-living populations and 80% of the shelter-living population have at some point required medical assistance. Roughly half of this population indicate having required assistance within the preceding 6 months of administering the questionnaire. Most people access healthcare at public clinics and hospitals and almost all report receiving health care service the last time it was required (96%). Key reasons for seeking out medical assistance the last time people were in need of healthcare include acute conditions (street-living: 36%, shelter living: 30%) and accidental injury (street-living: 22%, shelter living: 18%). Impediments or disabilities were reported by 12% of the street-living population and 16% of the street-living population.

Table 8: Healthcare needs

	Street-living persons		Shelter-living persons	
Last time sick and require medical assistance				
Primary healthcare facility	90 % visit a public facility	6 % visit NGO clinic	94 % visit a public facility	4 % visit private doctor
Illness experienced last time required health care	Acute conditions: 36% Accidental injury: 22%		Acute conditions: 30% Accidental injury: 18%	
Impediments / disabilities	12%		16%	

Female respondents reported higher rates of seeking medical assistance for chronic conditions as well as communicable diseases (27% and 22% reporting for these reasons respectively). The highest rates of disabilities/impediments were reported by females (17%). Testing for various illnesses was relatively high. Highest rates were noted for HIV (street-living: 66%, shelter living: 77%) and TB (street-living: 55%, shelter living: 64%).

While access to facility based healthcare for severe cases where medical assistance is required is high, there is a need for preventative health support, on-site health support and health support to be provided with respect and dignity. In the qualitative data, many of the participants spoke about the stigmatisation that street and shelter-living persons experience from emergency response workers. For them, this created a hopeless attitude towards these emergency care workers and also reinforced the subjective hopelessness that many homeless persons experience. This was evident in the participant’s expressions of “they treat us like dirt” and “if it’s me, I’m going to lie till I die on the street waiting for an ambulance! Nobody is trusted in helping us with ambulances”.

““ We only get police because they want to lock us up. But when you want an ambulance, a street man or a street lady can die, (.) because you have to state where are you, where are you calling the ambulance from, where that person, if you say Stanger street where about? Stanger Street, oh it’s a (skhotheni) it will take five hours for the ambulance to come because they treat us like di-dirt. ””

(Street-living participant)

The qualitative data also reveals some environmental health challenges related to unhygienic living conditions. The participants reported a lack of basic amenities such as clean drinking water and access to ablution facilities. The latter was particularly challenging for females who conveyed the difficulties they face in accessing clean bathrooms and sanitary towels during their menstruation period.

Psychosocial wellbeing

Using the Kessler Psychological Distress Scale, we assessed the mental wellbeing of the survey participants. The results suggest that a third of the street-living participants and a quarter of shelter-living participants in shelters suffer from severe distress or anxiety (see Table 9 below). Highest rates of severe distress/anxiety were noted for unemployed persons engaging in frequent drug use (30%), females (29%) as well as persons who originated from eThekweni (28%)

Table 9: Mental wellbeing

Street-living persons				Shelter-living persons			
29%	exhibit severe distress/ anxiety	17%	exhibit moderate distress/ anxiety	24%	exhibit severe distress/ anxiety	13%	exhibit moderate distress/ anxiety

The findings presented here are not surprising, given the various psychosocial challenges that the homeless face daily. In the qualitative data, issues relating to mental wellbeing are reflected in the participants’ narratives on hope and hopelessness. Accounts of hopelessness appeared to be more prevalent in the discussions than narratives of hope. The narratives alongside are examples of the hopelessness that many of the participants felt.

Related to this, the participants’ accounts were replete with references to the desire of being treated like “human beings”. Seltser and Miller (1993, p. 93) assert “being homeless threatens the essential dignity of human beings, undermining or often destroying their ability to be seen, and to see themselves as worthwhile persons”. This disrespect and lack of dignity could very well be one of the key factors that contributed to the high rates of distress reported above. Amongst people who are homeless, Miller & Keys (2001) found that being treated with dignity contributed to an increase in self-worth and self-sufficiency and motivated their participants to exit homelessness. On the other hand, treatment without dignity was associated with symptoms of depression and feelings of anger and worthlessness. The provision of services that aim to restore and/or strengthen hope and dignity amongst people who are homeless is therefore imperative and could advance pathways out of homelessness.

“All we can do is just give into this life and accept that this is who we are now ‘till the day we die.”
 (Street-living participant)

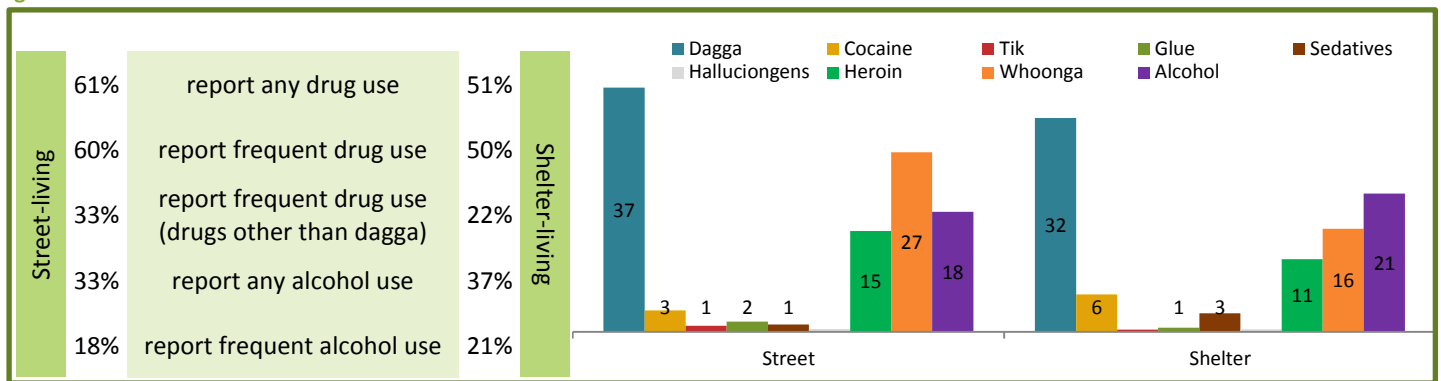
“Eventually you accept the situation. You accept that this is probably the place where you will die. You accept that this is who you are now: someone living on the streets. You leave your family and your children behind and it’s not nice. You play it over you mind until you forget. So it’s something we’re used to and have accepted that we will die on these streets!”
 (Street-living participant)

Substance use

Previously we indicated that substance use was a common pathway into homelessness. However, in addition to being a pathway into homelessness, for some, substance use was also considered to be a factor which was perpetuating homelessness. For some this was because the streets were considered a space where illicit substances were easily accessible while others indicated that they remain on the streets as they cannot return home because of the family destruction that their substance abuse has caused in the past.

Three in five people living on the street report using drugs, with nearly all that use drugs reporting frequent use (daily/every second day). Use of hard drugs was reported by a third of the population. Alcohol use was substantially lower, with a third of the population reporting any use and 18% reporting frequent use. Rates of drug use amongst the shelter-living population were lower, with half of this population reporting drug use. As with the street-living population, those living in shelters that report drug use report frequent use of drugs. Compared to the street population, a higher proportion of those people in shelters consume alcohol. As noted with the street living population, some people engage in occasional use of alcohol. Twenty one percent of the shelter living population consume alcohol daily or every second day.

Figure 18: Substance use



Highest rates of substance use were noted for children (66%) and for those that originate from eThekweni (65%). Alcohol consumption was highest amongst foreign migrants (40%) and those that engage daily in activities for pay (37%). Rates of substance use amongst women were relatively low.

Amongst both street and shelter living populations the most common substance used was dagga. In shelters this is followed by alcohol (21%) while on the street the second highest reported substance used is Whoonga. Other reported substances used include Heroin (street: 15%, shelter 11%) and Cocaine (street: 3%, shelter 6%).

Dagga was the most commonly used substance across most sub-group populations, with the exception of the unemployed persons engaging in frequent drug use sub-group that mostly use Whoonga. Amongst children, higher rates of glue usage were reported when compared to the other sub-group populations.



“ I mean you see its kind [of] like, you know when you are seeking for happiness and you know if I can have one or two sips then I can feel better, at least for that certain time. But to be honest we do not like to do it but for the sake of you want to feel better and forget about what is happening; your poverties and stuff like that you know? That is why we are like, we are drowning our sorrows. ”

(Street-living participant)

Movements home

Sixty-nine percent of the street-living population have a place somewhere off the street that they refer to as home. A slightly lower proportion (58%) of the sheltered population report similarly. Of these people, almost half report visit home often, and a fifth report visiting when they have money to give to their families. Of those people that do have a place somewhere off the street that they refer to as home but do not go home/have not tried going home, key issues raised include an inability to return home due to the lack of familial or community relationships and the inadequacy of resources at home. Largely similar findings were noted across subgroups. The qualitative data echoed these findings where ‘female traders’ reported that they often refrain from visiting home until they have enough money to contribute to the family (for example, schooling for their children). Another key issue that emerged in the qualitative data was that some homeless persons would resist going home as they fear being stigmatised by their family- and community members. These experiences often produced feelings of shame and failure, which can complicate family relationships and, to some extent, perpetuate homelessness.

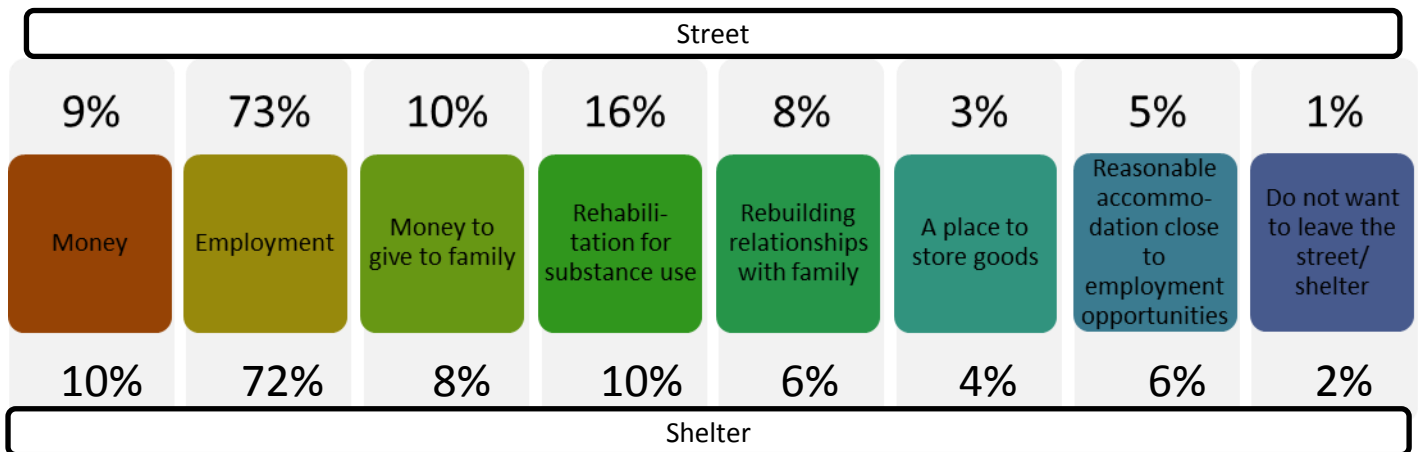
Table 10: Movements home

Street-living persons			Shelter-living persons		
<p>69%  Have a place somewhere else that they refer to as home</p>			<p>58%  Have a place somewhere else that they refer to as home</p>		
<p><i>Of these people, 60% report going home/ having tried to go home</i></p>			<p><i>Of these people 71% report going home/ having tried to go home</i></p>		
<i>Of those that visit home:</i>					
<p>44% visit home often</p>	<p>21% Visit home only when they have money to give their family</p>	<p>17% Would like to visit home but have no money for transport</p>	<p>50% visit home often</p>	<p>24% Visit home only when they have money to give their family</p>	<p>15% Would like to visit home but have no money for transport</p>
<i>Of those that do not visit home:</i>					
<p>38% Indicate that there aren't sufficient resources at home for them to go home</p>	<p>21% Want to return home, but don't have a relationship with their family/ community anymore</p>	<p>10% Do not want to visit home</p>	<p>20% Indicate that there aren't sufficient resources at home for them to go home</p>	<p>30% Want to return home, but don't have a relationship with their family/ community anymore</p>	<p>11% Do not want to visit home</p>

Overcoming homelessness

The street and shelter-living were asked what they felt would help them overcome homelessness. Participants were able to give more than one response. By far the most common response ‘employment’. People felt that if they were able to obtain employment they would be able to transition off the street/out of the shelters. Money to give family, money in general and support for substance use were also mentioned, but to a lesser extent.

Figure 19: Needs to get off the streets/out of shelters



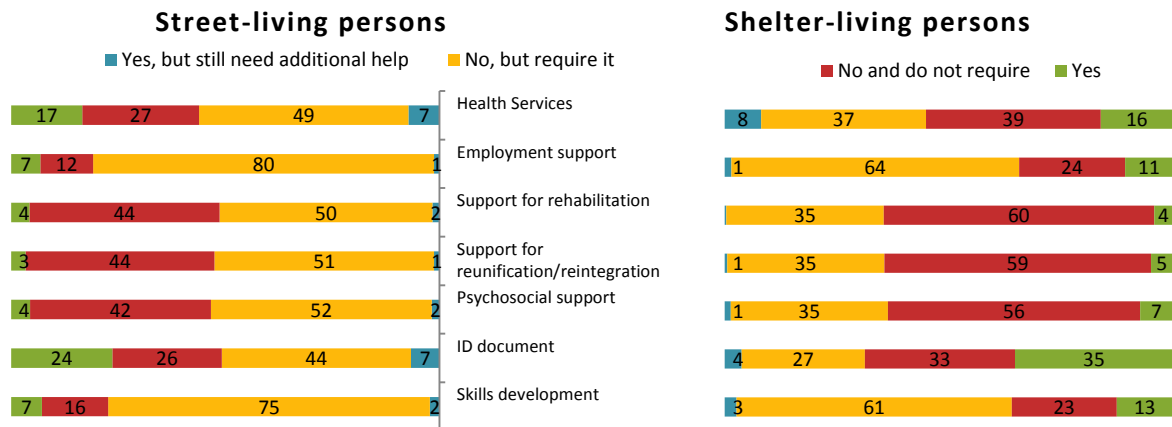
Employment was cited by most people across the sub-group populations (with the exception of children) as a key factor that would enable them to get off the streets/out of shelters.

For children nearly 1 in 5 felt that rehabilitation for their substance use would help them transition out of homelessness and 20% felt that reunification/ reintegration support would be a pathway out of homelessness. The overwhelmingly majority of unemployed people who engaged in frequent hard drug use felt that employment is what they needed to overcome homelessness with only 20% citing rehabilitation for their substance use. Support to secure steady employment also emerged as a significant requirement to assist individuals to move out of homelessness in the qualitative data. The participants’ narratives suggest that secure employment is linked to notions of self-esteem; self-worth and hope which has been found in prior research (see Layard, 2005; Frey & Stutzer, 2002; Winkelmann & Winkelmann, 1998).

Prior access to services and current support service needs

In terms of support service needs, the greatest demand for both groups is for skills development and employment support. Demand for other services such as support for rehabilitation, support for reunification/reintegration, psychosocial support and ID books is greater amongst the street-living population with roughly half of the street living population requiring assistance with these services compared to just over third of those in shelters that require assistance.

Figure 20: Prior access to services and current support service needs



Similar demands for employment support and skills development are noted across subgroup populations. Those people engaged in daily activities for pay and those that originate from eThekweni indicate a lower need for ID’s compared to other groups with foreign migrants indicating a greater demand for ID’s compared to other groups. Three in five unemployed people engaging in frequent hard drug use said that they require health support with 7 in 10 requiring rehabilitation from substance abuse. Females and those people engaged in daily activities for pay indicate a lower support need across the services.

“ We want work, we need work, we need to work. If they can give us opportunities. ”
 (Street-living participant)

The need for capacity development opportunities for the homeless was also mentioned in the qualitative data. Specifically, requests were made for vocational skills as well as support to complete secondary school.

“ ... there are a lot of things that I want to do but I can’t because I don’t have my ID book with me. ”
 (Street-living participant)

Improving employment

Improved skills and education were most cited needs to gain better employment. Missing ID books was also cited as a hindrance to better employment.

Table 11: Needs for improved employment

	Street-living persons	Shelter-living persons
1 Improved Skills	58	52
2 Improved Education	41	34
3 ID book	26	17
4 Better Physical Health	8	11
5 Better Mental Health	5	7
6 A place to store personal items	4	3
7 Access to telephone/internet	2	3
8 Access to child care	1	1

3. Feedback sessions and policy roundtable discussions

The HSRC presented the results to the various stakeholder groups (listed in the methodology section). Stakeholders were asked to consider whether the findings match, where relevant, their experiences. During these discussions several issues emerged.

During the street and shelter-living persons' feedback session the participants confirmed our findings and put forth that the following issues are to be prioritized:

- Innovative employment opportunities like picking up boxes (and safe places to store these) or partnering with businesses to allow homeless persons to sleep outside their spaces and safeguard them for a minimum wage (“night-guards”),
- Support, especially monetary, to secure Identity Documents (IDs),
- Easily accessible, appropriately available (in terms of flexible operating hours), free and safe shelters
- Readily available substance abuse treatment facilities
- Respectful and non-violent responses from law enforcement

The results were also well-received by the service providers and municipal representatives. Issues raised by these groups related to question on our next steps, linkages back to previous work done on the topic in the Warwick region and how best to co-ordinate efforts when moving forward.

The key issues discussed with Metro Police related to our findings on experiences of police violence and intimidation. As expected, these findings were questioned, especially given that they are self-reported, involving subjective definitions of violence. While the police recognized that some officers do not respond appropriately to the homeless, they argued that they are often misrepresented as violent or intimidating because of the labelling of what they see as justifiable actions as violent, including a) waking people up with their batons as they do not have gloves to protect their hands; or b) responding violently to the violence they receive from certain homeless persons. The police generally feared/warned that the findings are likely to reflect the police in a negative light and thus need to be understood in context, especially in relation to the bylaws which they are mandated to enforce and which local business owners and residents are keen to see enforced. Furthermore, in relation to shelters, the police highlighted a need for formal rules and regulation which would facilitate policing responses towards shelters.

Similar to the homeless community, the academics highlighted the need for innovative job-creation opportunities for homeless persons and also argued for the formalization of shelter rules and regulations in Durban.

Policy roundtable discussions

During the feedback sessions, the respective stakeholders were asked to identify two representatives to participate in the policy roundtable discussions. The aim of the round tables was to draw out the implications of our findings for policy and service provision in Durban in the form of key theme areas for further investigation. Two round tables were held, the first to allow everyone the chance to hear the views of others and the second to try and reach agreement. Overall, twenty-four participants (excluding 5 members of the research team from the HSRC) participated in the roundtable discussions. Table 12 details the stakeholders represented.

Table 12: Policy Discussion participating organisations/groups

National government	COGTA
Provincial government	KZN: Health and KZN: Human Settlement
Academic institutions	UKZN, DUT, and HSRC
Municipal departments	Metro Police, eThekweni: Communications, eThekweni: Safer Cities, eThekweni: Treasury, and eThekweni: Durban Solid Waste eThekweni: Human Settlements
NGO representatives	CAST, iCare, Isinkwa Setheku, and Denis Hurley Centre
Community organisations	Homeless Committee
Private sector	Durban Chamber of Commerce and Industry

The participants were asked to draw on the findings of study and consider three main questions:

1. How can the pathways into homelessness be interrupted? (i.e. prevention approaches)
2. How can the lives of those living on the street and in shelters be improved?
3. How can persons who are already homeless be supported to move out of homeless? (immediate and long-term strategies)

Six key themes emerged from the policy discussion meetings. Each theme will be discussed below, in no particular order, with reference to some of the key issues for consideration and international and local (where available) literature. The panel was asked to discuss issues that occur at an individual level rather than structural issues, which while critically important, are beyond the scope of the discussion.

Figure 21: Themes that emerged from the policy discussions



The aim of the two policy discussion meetings was to draw out the key themes that emerged from the results and start a larger discussion relating to the next steps in addressing the needs of those living on the streets and shelters of Durban. The process of establishing clear recommendations and allocating responsibility for implementation requires further research into the various implementation options and a review and evaluation of programmes that have been implemented elsewhere in the country/internationally. To spearhead such processes key departments have been identified for each theme. The identified champions of each theme would require the support of a number of other departments/ parties in taking this process forward. Table 13 (below) summarises the identified theme champions.

Table 13: Theme champions

Theme	Champion departments	Supporting departments
Job creation	<ul style="list-style-type: none"> • Economic Development Unit: eThekweni Municipality • Business Support Tourism and Market Unit : eThekweni Municipality 	<ul style="list-style-type: none"> • Business (Chamber of Commerce and Industry) • Parks department • KZN: Public works • Safer Cities
Shelters	<ul style="list-style-type: none"> • Human Settlements: eThekweni Municipality 	<ul style="list-style-type: none"> • Department of Social Development: KZN • Department of Health: KZN • Health Unit: eThekweni Municipality • Safer Cities
Referral and advice centres	<ul style="list-style-type: none"> • Safer Cities • Community Based organisations 	<ul style="list-style-type: none"> • Department of Social Development: KZN
Law enforcement	<ul style="list-style-type: none"> • Metro Police: eThekweni 	<ul style="list-style-type: none"> • Safer Cities
Public awareness	<ul style="list-style-type: none"> • Safer Cities • 	<ul style="list-style-type: none"> • Community Based organisations • Communications: eThekweni
Targeted services	<ul style="list-style-type: none"> • Safer Cities • Community Based organisations 	<ul style="list-style-type: none"> • Water and Sanitation: eThekweni • Architecture and planning: eThekweni • Department of Home Affairs: KZN

Job-creation: finding alternative, 'informal' approaches

Joblessness and job-creation are structural challenges that extend beyond street and shelter living people. That said, we focus in this section on the suggestions that target homeless persons that emerged in the round table panel discussions. Joblessness or the inability to secure steady employment was reported as a significant challenge by many of the participants. Indeed, many of those who have homes elsewhere left these spaces in search of employment in the city. Recognising these challenges the panel identified job creation as a priority intervention. It was seen as an alternative to a 'hand-out approach'. The panel agreed that employment opportunities for this population should be innovative and, as far possible capitalise on the daily activities that street and shelter living people are already involved in. Some of the key ideas mentioned by the panel included the formalisation of car-guarding and employing street living individuals to clean and regulate the parks and spaces where they sleep or that they frequent (e.g. public parks or toilets).

A brief scan of the literature and other web-based platforms indicates that these kinds of targeted projects hold some promise. The majority of these programs involved street cleaning initiatives (see for example local initiatives like *Straatwerk*, *Project Ophelp*, *Project Dignity*, and *Trashback* and international projects like *There's a better way*, *Down Town Street Teams*, *Mission: Off the Streets (MOST)* and *Cleaning the streets program*). A few of these incorporated psychosocial services for the homeless such as linking persons to mental health services and opportunities for housing (e.g. *There's a better way* and the *Cleaning the streets program*).

While empirical evidence on the usefulness of these initiatives is notably absent in the literature, anecdotal reports suggest that these programmes have generally been well received. For example, *Trashback* has been reported to not only facilitate jobs creation to alleviate homelessness, but it also claims to promote self-esteem, self-worth, hope for the future, and individual agency through life skills and technical skills development (See: trashback.org) Similar outcomes have been reported for the *MOST* program (See: www.siloam.ca/programs-and-services/employment-training/). An example of a program that has been successful in its implementation and uptake is the US based '*There's a Better Way*' which is one of the few municipally funded initiatives. This initiative was so successful that the municipality decided to expand its coverage (Wogan, 2015). Not all of the evidence has been positive, In relation to car-guarding, for example, a study by Blaauw and Bothman (2003) found that car guarding was not a pathway to formal employment but rather acted merely as a survivalist activity. Although these programmes appear to hold some merit, it's recommended that the usefulness of these programmes, especially the international initiatives, be evaluated in relation to their contextual relevance.

Key Departments that should lead the process of further evaluation

Economic Development Unit: eThekweni Municipality
Business Support Tourism and Market Unit : eThekweni Municipality

Departments/parties that could be involved in this process

Business (Chamber of Commerce and Industry)
Parks department
KZN: Public works
Safer Cities



Shelters

The panel prioritised the need to define the role of the municipality in regulating shelters. A shelter norms and standards policy for Durban has been in the pipeline for some time; however there is no clear date for when this policy will be tabled. Moreover the panel noted a need to consider how to standardize municipalities' approaches to shelter provision and regulation across South African cities. The case of the Johannesburg Displaced Person's Unit was mentioned as something that the eThekweni municipality needs to explore further – as this unit is reported to provide direct support to the running of a shelter.

There is limited existing research on the effectiveness of homeless shelters. There are studies which have found that former residents of homeless shelters were living in permanent residences up to 11 months after leaving the shelter, and in some cases showed improvements in various outcomes compared to when they entered (Pollio et al. 2006), but because none of these studies include a control group there is no evidence that the shelters were responsible for the improvement in outcomes. Moreover, we should be clear that if we apply the definition of a shelter used in much of this literature, then there are no shelters in the Durban CBD. The most common definition of a shelter includes that it is accessed free of charge, typically being run by the state or a non-profit. All shelters in Durban charge and the vast majority are run for profit – we found only one not for profit shelter in the CBD and one supported by the Municipality to provide accommodation for traders.

A worthwhile point to take away from the literature, despite the different definition, is that shelters are not a long-term solution (Hurtubise et al., 2009). Shelters provide temporary respite, but if not complemented with other services can lead to the institutionalization of residents and the creation of dependency (Hurtubise et al., 2009; Hartnett & Harding, 2005).

As mentioned, the municipality has been planning a shelter policy. While there was agreement on the need to regulate the shelter industry in the city, a number of challenges were noted. Compliance with regulations will increase cost: as these shelters are run for profit this will lead to an increase in price and possibly a decrease in demand, leading to a rise in the number of street living individuals. Moreover, regulating shelters will cut the number of shelters which allow drug use. On the face of it this would be a good outcome, but many substance users may then opt to stay on the street, rather than in a regulated environment. Rules in general were often mentioned as a reason not to stay in certain shelters.

The importance of improving access to and quality of shelters could not have been emphasised more. However, the importance of acting with care and conducting appropriate consultations when considering how to do this was similarly stressed.

The shelter issue is clearly a complex one that requires a better understanding of the various factors at play. There is a need to critically evaluate the state provision of shelter in other South African cities, the policies that have been adopted in these cities (e.g. The Western Cape Norms and Standards for homeless adults), and the roll-out and effectiveness of such policies.

Key Departments that should lead the process of further evaluation

Human Settlements: eThekweni Municipality

Departments/parties that could be involved in this process

Department of Social Development: KZN
 Department of Health: KZN
 Health Unit: eThekweni Municipality
 Safer Cities

Referral centres and advice centres

Many of the panellists raised the need for a referral centre/helpdesk that would be the first point of contact for someone that finds themselves homeless in Durban. Such referral /helpdesk/drop-in centres could be standalone centres, integrated into existing community based organisations or integrated into Sizakhala/ Khutsong service centres. The challenge with such an approach in the Durban context is the limited availability of certain services such as rehabilitation and job creation programmes specifically tailored for the homeless population. The absence of such services makes referral to them impossible.

A related suggestion was the establishment of citizens' advice centres, a concept that has had some success internationally as well as one successful establishment set up in Tshwane⁸, South Africa. Such a centre would provide a service to the street and shelter living as well as other people in need of information and guidance. In Australia, an initiative set up advice centres targeting three vulnerable groups; those with mental health problems, female support, and housing and homelessness support. These centres cover crisis assistance, housing, legal, health care and access to services amongst others. This centres model has been formally evaluated and shown to have had positive impacts for its clients (Starfish consulting, 2008).

There are numerous examples of referral centres/help desks internationally, most often provided by non-profit organisation that provide a range of referrals including housing, employment, medical and education (See: Project home in Philadelphia projecthome.org and Central City Concern in Oregon <http://www.centralcityconcern.org/> for examples). There are some specialised centres providing employment support (See: Employment connection based in Seattle, <http://www.employmentstl.org/>) and healthcare (CATCH in Toronto, <http://www.icha-toronto.ca>).

Challenges in setting up both referral and advice centres include start-up funding, developing a sustainable operating model and finding a suitable location (Wenger, Leadbetter, Guzman, & Kral; 2007). Once established such centres can help link hard-to-reach populations to services (Conrandson, 2003; Johnsen, Cloke & May, 2005; Wilson, 2015).

In South Africa, there are a number of community based organisations that offer drop in centres/reception services (See: The Carpenters Shop: <http://www.thecarpentersshop.org.za/>, U-turn <http://www.homeless.org.za/>, and The Wellness Centre Trust, <http://www.thewellnesscentretrust.co.za/>). Such centres have detailed process pathways and integrated support options allowing them to provide comprehensive support to those living on the street/in shelters.

Key Departments that should lead the process of further evaluation	Departments/parties that could be involved in this process
Safer Cities	Department of Social Development: KZN
Community Based organisations	

⁸ See Dikeletsong Citizens' Advice Bureau <http://www.cab.org.za/>

Law enforcement: Rethinking current responses

The panel emphasised the need for the police to adopt alternative approaches towards the street and shelter living. The ‘arrest first’ response that is currently enforced by the police is a direct result of the local by-laws that essentially criminalise homelessness (see for example the Bylaws on *Begging, Vagrancy, Camping and sleeping, and Control of public behaviours* amongst others). Although there was general agreement that this complicates police responses, specific reference was made to the inappropriate relational styles of the police towards the population. This is supported by the study findings as the participants reported high rates of police violence, victimisation and harassment. Our findings are echoed in other local and international studies where policing homelessness has also been found to come down to relational issue (du Toit, 2010; Tipple & Speak, 2009; Sewpaul et al., 2012; Moyo, Patel & Ross, 2015; Hipple, 2016). Questions then arise about what the role of the police should be in relation to the issue of homelessness. Kleinig (1993, p. 294) posed several important questions that are relevant for the South African context as well:

Is it their [police officers’] role (...) to act as social sanitation workers, clearing the streets or other public places of human refuse, so that the rest of us may go about our lives unchallenged and unoffended? Is their role the more limited one of strict enforcement of rules and regulations relating to the use of public space, leaving the homeless be so long as they do not violate any ordinance? Should they instead act in some kind of social service capacity, as amateur social workers, providing some kind of psychological and social support, liaising with other agencies and groups that are able to assist in an extended way? Or should they perhaps adopt a more progressive role, by lobbying and otherwise pressing for social changes that would more effectively respond to the causes of homelessness and the particular needs of the homeless?

The questions posed by Kleinig (1993) are difficult to answer and require in-depth consideration and input from various stakeholders. The panel recognised that policy response in the field are a collective mission and not solely the responsibility of law enforcement or any individual agency, but that currently the police are faced with the demand that they enforce by-laws, but without adequate support from other agencies. As a result, the police are left to address social, economic and emotional issues in which they lack training. Rather what is required is for other agencies to become more involved and for the police to shift to what Hipple (2016) refers to as partnerships in problem-solving where the operational narrative on ‘policing homelessness’ is shifted from an ‘arrest first’ to ‘arrest-alternative’ approach.

The most successful examples of changing the relationship between police and homeless people have come when they have been led by the police themselves, rather than imposed on them. The Homelessness and Panhandling Unit (HPU) adopted by the Indianapolis Metropolitan Police Department (IMPD) is a specialised unit that works in partnership with mental health services to link homeless individuals to support services as a ‘non-arrest alternative’ approach (see Hipple, 2016 for an in-depth discussion). This successful approach was emerged out of a process initiated by the IMPD which worked with members to think through better ways to handle their mandate.

Key Departments that should lead the process of further evaluation

Metro Police: eThekweni

Departments/parties that could be involved in this process

Safer Cities

Public awareness

Public awareness of the nature and extent of homelessness, as well as the pathways into homelessness and the daily challenges faced, was raised as one way to improve the lives of street and shelter living people. Such awareness may change attitudes to and treatment of affected individuals. It may reduce the demand on police services and increase the demand for the municipality to adopt progressive policies. The discussion focused on improving awareness through the media. It was discussed how the print media in Durban has largely been positive in raising awareness of issues related to homelessness, at least in regard to the larger newspapers. However it was suggested that there is currently a gap with regards to radio (which does not cover the issue beyond charity drives) and other forms of public awareness. The panel argued that there needs to be a large campaign, rather than a reliance on ad hoc coverage. It was suggested that such a campaign not only target the general public, but should also include specific components to address understandings of and attitudes towards homelessness within public institutions.

In the international literature it has been suggested that perhaps the most significant obstacle facing advocates for the street and shelter-living are the cultural myths and stereotypes that have been constructed through news and popular media discourse and people’s perception and attitude towards the homeless community (Klodawsky et al, 2001). Grzyb (2005) argues that media coverage of homelessness perpetuates common stereotypes about the “choice” homeless people make to live on the streets, and sensationalizes homelessness by giving disproportional attention to the infrequent instances of violence and anti-social behaviours involving homeless individuals. Such studies echo the analysis of representations of homelessness, in which Platt observes that homeless people tend to be typified as victims of circumstance and personal failure, individuals “for whom things are done rather than who get things done for themselves” (1999: 105).

There are similarities between the international examples and the local situation. Although not specifically studied, many of the panel members believe that stereotypes of the homeless as drug users who frequently engage in criminal behaviour are common and often inappropriately applied to the entire population. The extent to which the media has contributed to the perpetuation of these stereotypes is unclear, but it is certainly viewed as the appropriate tool with which to break them.

Given the objective of educating the public about the diversity of the street and shelter living population in Durban, it was suggested that a media campaign could focus on the framing of the issue around homelessness differently. Examples of such framing can be seen in the Canadian example where Herman and Chomsky (1988) showcased the “surprising faces” of homelessness. It was suggested that by drawing attention to some of the less often noticed groups on the street such as women, children, and the elderly, would provide a “fresh” angle on an old story and would provide a “worthy victim” whom with people could connect to.

The most notably example of awareness raising in South Africa through the media is *The Big Issue*, a magazine produced in Cape Town, and many other cities around the world, by homeless individuals as a means of education, creating awareness of services and generation of income for homeless people.

Key Departments that should lead the process of further evaluation

Safer Cities

Departments/parties that could be involved in this process

Community Based organisations
Communications: eThekwini

Targeted services: Improving access to current services and offering new services

The panel raised the need for basic services such as ablution facilities available 24 hours a day as well as specialised services such as ID safe keeping and storage facilities for personal items.

Inaccessibility of ablution facilities for homeless people is not unique to the Durban context, and is seen across the world. Internationally solutions to this challenge have been to provide mobile services, such as laundry services (See Orange Sky Laundry: <http://www.orangeskylaundry.com.au/>) and shower facilities (Lava Mae: <http://lavamae.org/>). In on region of Sacramento, public ablution facilities were kept open 24 hours a day to serve homeless people with paid attendants responsible for ensuring appropriate use of the restroom, as well as continued cleaning (Teselle, 2016). The effectiveness of such this programme has yet to be evaluated. In Durban, in efforts to address backlogs in service delivery in over 300 informal settlements, showers, toilets and sinks have been installed in shipping containers piped into existing municipal services as a temporary solution (Constable, 2015). A possible intervention is to install such containers within the CBD servicing the street living population that reside there.

As seen in the census results, more than half of the street-living population and a third of those in shelters do not have their ID books. ID books are critical for employment and other services. While safe storage for ID books is provided in Durban at one FBO, there is a need to increase coverage of such services as well as increase awareness of such services. This service can be extended to include additional components such as authenticity certification to photocopies of ID books and allowing street and shelter-living people to use the organisations address as a personal address for job applications as done in other regions of the world (c.f. Burt et al. 2010). Storage of personal items was also raised by the panel. It was noted that street-living people in particular often utilize storm water systems as a storage facility which sometime impacts on water services leading to substantial costs yearly. This area was identified as a key area where funding reallocation to storage facilities would prove beneficial. Additionally, in the new Stranger street buy back center, storage facilities have been integrated into the building design, an indication of ways in which such services can be integrated into planned and existing infrastructure.

Key Departments that should lead the process of further evaluation

Safer Cities
Community Based organisations

Departments/parties that could be involved in this process

Architecture and planning: eThekwini
Department of Home Affairs: KZN
Department of Social Development: KZN
Water and Sanitation: eThekwini

Continuing the process: towards policy and improved practice

This study was designed as a process. Phase 1 initiated the process with an effort to understand the multiple causes and consequences of homelessness in Durban. It gave us a deeper understanding of the complexity of the lives of people living on the streets and in shelters, and established relationships with key stakeholders. Phase 2 built on the understanding derived from Phase 1. With the census we were able to measure how common the different causes and consequences identified in phase 1 were. Phase 3 built on both previous phases. The detailed picture of the population of street- and shelter-living people which had emerged from the research allowed for discussions on appropriate policy options to be situated in an understanding of the local context. This has led to the identification of promising and locally relevant intervention options.

The process has been highly informative, but all of it will be for nothing if the process is not continued. The study provides the foundation for policy development and improved practice. However, to see policy change within the municipality and improved practice from both the municipality and other service providers, much more must be done:

- A. The ideas which emerged from the policy round tables must be thoroughly investigated and careful consideration given to how they could be adapted to the local context.
- B. Those ideas which survive review and can be successfully adapted must be taken up by the appropriate implementing agency (whether FBO, NGO, municipality or provincial government department), monitored, evaluated and further refined.
- C. A policy must be crafted, drawing on the experience of other South African cities, but tailored to local conditions.
- D. The policy must be adopted by council and appropriately funded and allocated sufficient human resources to allow for effective implementation.
- E. The policy must then be implemented, monitored, evaluated and further refined.

The above next steps will only be achieved if we have two things:

1. Strong leadership; and
2. Effective coordination

Leadership is required to drive the process - it will not move without it. At the provincial and municipal level this leadership will have to be political. It is only with political leadership and associated will that the implementing departments will have the space to act.

Within civil society, including within the population of street and shelter living people, it will be difficult for a single organization or individual to take a leading role. Leadership here will require organizations and individuals coming together and forming some kind of coalition if they are to have a clear voice.

Coordination will be critical. Within provincial and municipal government there is a clear need for multiple departments to act. Home Affairs, the Departments of Social Development, Health and Human Settlements (Provincial and Municipal), Safer Cities and Metro Police, among many others, have a role to play. Without coordination a critical piece of the response could be missing or worse, departments' efforts could end up working in opposition to one another. The leadership and associated political will must, then, be of sufficient strength to influence multiple actors and stop the passing of responsibility from one department to another under the guise that it is not their mandate. At the level of civil society there are a number of opportunities to improve efficiency and close gaps in the services provided, if only there were better coordination. Feeding programmes can be provided on



different days to avoid there being more than enough on one day and nothing on another, or many in one area and none in another. With joint planning it might be noted that while certain services are commonly provided, such as feeding schemes, others are rare, such as family reunification.

The critical question then is: where will the leadership and coordination efforts come from. As mentioned they are needed in both government and civil society, but perhaps they will start in one and move to the other.

Conclusion

Greek tragedies have a particular structure. The protagonist makes one or two bad decisions or suffers some small misfortune and this sets in motion a series of events which leads to their life spiralling out of control. They were written in this way to remind their audiences in Ancient Greece to pause before judging someone who finds themselves in difficult circumstances; to give thought to the possibility that such luck or circumstance could befall anybody, including themselves. We are not suggesting that all street- and shelter- living people should be considered victims of extreme misfortune. But if our experience of working with this community has taught us anything, it is that there is a need for pause and for re-examining stereotypes – a lesson apparently well understood by the authors of Ancient Greece.

The people we interviewed were in many important ways much like anyone else. Like all of us they live complicated lives, have made some good decisions and some bad, have tried to do right but often ended up doing wrong. While sharing common characteristics with everyone else and each other, their current situations varied in important ways. The stereotypes hold for some but not for all. We certainly encountered people who abuse substances and pay for their addiction through criminal activity. We met others who have skills and may even be able to find employment if they tried but opt rather to drink and spend their days on park benches. But then we met pensioners who hand over the bulk of their pension each month for the right to occupy a bed in a shelter. We met young women who have run away from abusive homes and while recognizing the dangers of the street see it as a better option than where they came from. Then we met many, many, young people who had come into the city in search of work. In defiance of the stereotype of laziness, these people had come because they were not happy sitting around at home, unable to make a contribution or support themselves.

We need to change the narrative at the public, political and administrative level. If at all levels we see those living on the streets and in shelters for the varied group of individuals that they are, who while they may be down on the luck are still deserving of common respect and must be treated with dignity, existing negative responses would not be tolerated. When the humanity of the population is acknowledged, it is hard to justify loading them in the back of vans and dropping them off far enough away from the city that it will be difficult for them to return. When the diversity of the population is acknowledged, it is hard to agree with a policy which focuses on only one particular problem, such as substance use.

A more understanding and humane narrative can push us towards more appropriate and respectful interventions. We hope that by sharing the deeper understanding we have gained through this study, those with the skills and power to find solutions will be better supported to do so. The team which undertook this project did so because Durban is our city. We did not want to stand by while fellow residents suffered in such acute ways as we see on the streets. As the HSRC what we can contribute is research and the associated understanding of the challenges and possible solutions. We hope that the work we have done will form a cornerstone to the foundations of a meaningful response to this population. We are greatly encouraged by the organizations and individuals we encountered during this project. There are many people within the municipality, civil society and the private sector that are already doing so much and are enthusiastic to do more. Then there are the people we interviewed: while they currently present a challenge, they are also a future resource.

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Appendices

Appendix 1: Qualitative data collection

Table 14: Breakdown of focus groups

	Sample/Category	Stratification	Location	No. of participants
1	Female traders	Mixed age group	Warwick junction	10
2	Female (SA)	Mixed age group	CBD	6
3	Male (SA)	Older age group	CBD	7
4	Foreign female	Mixed age group	Umbilo	10
6	Foreign male (Central Africa- French)	Mixed age group	Point	10
7	Male and female mixed focus group	Mixed age group	Periphery	15
8	Female substance abuser	Younger age group	CBD	9
9	Female group with their children on the street.	Mixed age group	Greyville	6
10	Male substance abuser	Mixed age group	Davenport	5

Younger age group (18 – 35 years); Older age group (36+ years)

Table 15: Breakdown of Life-grid interview participants

	Sample/Category	Stratification	Location
1	1 female trader	Older age group	Warwick junction
2	1 female (SA)	Younger age group	Albert Park
3	1 male (SA)	Older age group	CBD
4	1 male (SA)	Younger age group	Umbilo
5	1 foreign male (East/West, Africa-English)	Younger age group	CBD
6	1 foreign male (Central Africa – French)	Younger age group	Point
7	1 female foreigner - Periphery	Younger age group	CBD
8	1 female substance abuser	Younger age group	CBD
9	1 female group with their children on the street.	Older age group	Greyville
10	1 male substance abuser	Younger age group	CBD

Younger age group (18 – 35 years); Older age group (36+ years)

The recruitment criterion for the government representatives that participated in the study was essentially based on the extent to which these individuals work with, or in areas related to homelessness. The aim here was to develop an informed understanding of how government representatives (as individuals who we considered to be responsible for prioritising the needs the homeless) conceptualise homelessness, and what kind of formal support structures or initiatives are available for homeless individuals in Durban. We intended to recruit representatives from three levels namely provincial, municipal and ward level. Unfortunately, only one provincial and one municipal representative agreed to be interviewed, while four ward counsellors participated in the study.

Appendix 2: Phase 2 details

Point in time census and survey tool development

The development of the point in time census and survey tool was an iterative process guided by the findings of the qualitative phase, input from the steering committee, and a review of the literature. The qualitative findings revealed that the census questionnaire needed to include questions that will capture descriptive information, and allow us to interrogate the breadth of the different pathways into homelessness, experiences and perspectives on living homeless, and the support needs of the homeless across various groups (e.g. gender, race, nationality, etc.). For example, questions on ‘pathways’ were recommended to include response categories related to the following issues:

- substance use and abuse
- joblessness and the pursuit of a “better life” in the city
- family violence
- death of a close family member, abandonment and neglect, and
- extreme poverty

Questions on the experiences of the homeless covered areas related to strategies for acquiring money (surviving on the streets), experiences and perspectives on shelter living, exposure to and experiences of violence and victimisation, mental wellbeing, and the support needs of the homeless to move out of homelessness. In keeping with the CBPAR approach, tool development was conducted in collaboration with the steering committee where members were invited to provide input on what they, based on their experiences as homeless persons or working with the homeless, think has to be asked in the survey. Comments were also solicited from people who have worked on homelessness in the past as well as in areas of poverty and inequality. In addition, we also reviewed the tools that have successfully been used in internationally and in South African studies to identify possible questions. The South African questionnaires included the audit and report of street people in the Cape Metropolitan area (Hooper, 2000), Durban’s Homeless: How South Africans and Africa’s Refugees-Migrants struggle to survive on the streets (Mohamed, 2008) and the Gauteng Street Child Census (Roestenburg and Oliphant, 2005). Internationally were reviewed the Rand Health Homelessness Survey (Rand, 1995) and the Hillsborough County Homelessness Survey (Homeless coalition of Hillsborough county, 2008).

Following this process, a final list of main themes, was developed. These are:

- Demographic information
- Pathways to homelessness
- Current Living arrangements
- Returning home
- Surviving on the street
- Challenges living on the street/in a shelter: Social
- Challenges living on the street: Health

Data capture and Quantitative analysis

Questionnaire data was captured by a data capture team at the HSRC. SPSS 24 was used for analysis. Data were weighted for the shelters as discussed in the methodology section. For the street living respondents data were weighted according to visiting points: that is we assumed those at visiting points that were included in the count but not in the survey were the on average the same as those at the same visiting point. Data analysis at this stage is purely descriptive.

Data analysis proceeded through the following steps:

1. Cleaning and quality control
2. Diagnostics
3. Descriptive analysis
4. Bivariate analysis

Cleaning and quality control

Data were examined to identify data capture errors and inconsistencies. Originals were checked and data confirmed as necessary.

Diagnostics: The Kessler Psychological Distress Scale was used as a measure of distress or anxiety. The scale is made up of 10 items with a combined Cronbach's alpha of 0.90.