

https://dspace.org/

Perceptions and experiences of shelter managers in working with homeless persons during the Covid19 pandemic

Emmison Muleya; Constance Lelaka

https://hdl.handle.net/10539/45482
DOAJ

Downloaded from a DSpace repository. https://dspace.org/

Discover Global Society

Research

Perceptions and experiences of shelter managers in working with the homeless persons during the COVID-19 pandemic

Emmison Muleya[1] · **Constance Matshidiso Lelaka**[1]

Received: 31 October 2024 / Accepted: 23 April 2025
Published online: 05 May 2025
© The Author(s) 2025 OPEN

Abstract

Aim In South Africa, homelessness is still a complex problem impacted by a number of social, political, and economic variables. Furthermore, the COVID-19 pandemic caused disruptions and impacted people all around the world, particularly vulnerable groups like the homeless, who ought to have received care during the epidemic. During the pandemic, the homeless received much-needed temporary shelters. The purpose of this study was to find out how shelter managers felt about working with homeless people during the COVID-19 outbreak.

Method This qualitative study purposively sampled 15 homeless shelter managers, data was collected face-to-face using a semi-structured interview guide and analysed thematically.

Results Findings revealed four main themes: 'causes of homelessness, ''current support structures', challenges in shelters during COVID-19' and 'benefits of shelters'.

Conclusion Addressing homelessness requires a comprehensive approach that addresses its root causes while providing immediate support and services to those in need. Furthermore, understanding the causes of and responses of shelter managers to the pandemic is vital to informing the activities undertaken by homeless service providers during the pandemic and will help prepare for future disasters and pandemics. Collaborative efforts involving government agencies, non-profit organizations (NPOs), community stakeholders, and experienced individuals are essential to develop sustainable solutions and create inclusive communities where everyone has access to safe and stable shelter and housing.

1 Introduction

Homelessness, in its varied forms and states, is a global challenge that exists in all countries and manifests differently in most communities [1]. South Africa's National Development Plan [2] commits to providing a better life for all South Africans by 2030 which aligns with the global commitment towards meeting Sustainable Development Goals to end poverty including providing shelter and adequate housing by 2030. However, the COVID-19 pandemic revealed the dire circumstances facing homeless people. To stop the spread of the virus, the South African government implemented a number of measures, including a lockdown, strict hygienic and sanitation regulations, a focus on self-quarantine and isolation, the implementation of social rules regarding face masks and shields, the closure of public gathering places, and the requirement that people stay indoors [3]. For those in lower socioeconomic classes generally, this proved to be challenging and worse still for those who are homeless, who experience several vulnerabilities, the lockdown measures were almost impossible to adhere to. At the onset of the COVID-19 crisis homeless persons used to living on the street now had nowhere to go. This exposed the realities that homelessness is can be viewed as a violation on human rights but

✉ Emmison Muleya, Emmi.Muleya@wits.ac.za | [1]The Discipline of Social Work, School of Human & Community Development, University of the Witwatersrand, Johannesburg, South Africa.

also indicative of social exclusion and failure of governments to fulfil Sustainable Developments Goals 1 on no poverty' and 11 on sustainable cities and communities [4, 5].

There are several definitions regarding who is homeless. Sonko-Najjemba et al. gives a definition of homelessness to encompass all or some of the elements guaranteed by the International Covenant on Economic, Social, and Cultural Rights'Article 11 and the Universal Declaration of Human Rights'(UDHR) Article 25 regarding the right to adequate housing. [6]. United Nations (UN) suggested a wider definition of homelessness to include not only homeless persons who sleep in public spaces but includes homeless persons who live in temporary and makeshift houses. This broader definition includes people living in unsafe housing and or those involuntarily sharing accommodation with others due to a lack of adequate housing [1]. In a South Africa context, Statistics South Africa (StatsSA) defined homelessness based on its characterisation namely: primary and secondary homelessness [7]. StatsSA defined primary homelessness as persons without shelter and living on the street, while secondary homeless persons where people who move between different types of shelters and have no formal place of usual residence [7]. This study aligns with this broad definition of primary and secondary homelessness to report on the views of homeless stakeholders both from government and Non-Profit Organisations (NPOs).

According to the UN, the COVID-19 pandemic was a catalyst in terms of bringing much needed attention on the plight of people experiencing homelessness [1]. In several countries, public health and coronavirus transmission concerns sparked innovations in healthcare and service access as well as further attempts to enhance the privacy and suitability of shelter and housing options available to homeless individuals. In South Africa, national efforts to address understand the prevalence of homelessness resulted in a study [6] and consequently the development of a Green Paper on homelessness [8]. Consequently, shelters were recommended as one key temporary housing measure that can help address the problem of homelessness. The small body of literature about homelessness services during the COVID-19 pandemic identified the complexity of the causes of homelessness and available homelessness services more broadly as well as responses to the pandemic on the part of staff who managed and worked within these services [5, 6, 9–14]. However, there has been limited services provided especially from government. Hence, there is an urgent need for government services to focus on ways in which available service provision could be strengthened the need for temporary shelter in the event of a future pandemic. The current study formally investigated the causes of the homelessness during the COVID-19 pandemic and the homelessness services in Gauteng from the perspective of shelter managers.

Homeless shelters play a pivotal role in addressing the immediate needs and providing temporary refuge. Existing literature highlights the multifaceted impact of shelters on homelessness, encompassing housing stability, access to services, community integration, and pathways to permanent housing [15, 16]. De Beer demonstrates that access to emergency shelters significantly reduces the risk of street homelessness and promotes short-term housing stability among vulnerable populations [15]. Shelters also serve as access points to a range of support services [13, 15]. Mlauzi [16] and the City of Johannesburg Metropolitan Municipality [17] further highlighted the critical role of shelters in connecting homeless individuals with essential resources and facilitating access to healthcare, mental health services, and substance abuse treatment.

This study aims to explore the perceptions and experiences of shelter managers in working with the homelessness during the covid-19 pandemic. Understanding the causes of and responses to the COVID-19 pandemic is vital to informing the activities undertaken by homeless shelter managers will help other homeless shelter service providers prepare for future disasters and pandemics. Furthermore, homelessness in South Africa is a pressing social issue that necessitates comprehensive policy responses and needs guidelines to address its underlying causes and mitigate the impact on homeless persons. Therefore,

2 Method

2.1 Research design

This study used a qualitative research approach to interview fifteen shelter managers between January—March 2021. All interviews were held face-to-face at various shelters in the participants offices to maintain privacy and confidentiality. The interviews lasted between 30 and 50 min. The interviews were all guided by the semi-structured interview guide that had open-ended questions and probes were utilised to solicit more data.

2.2 Study setting

The setting for the study included various district areas with Gauteng province South Africa, namely: Johannesburg, Sedibeng, West-Rand, Tshwane and East Rand. Butler, Wilson, Abrahamson [18], defines the study setting as the physical, social, or experimental place within which the study is conducted.

2.3 Population and sampling

The study population for this study included shelter managers who are responsible for the management of the homeless people and supportive staff within the Gauteng Province. Rahman, Tabash, Salamzadeh, Abduli, and Rahaman [19], maintain that the study target population is a group of people or items about which researchers must make broad generalisations.

2.4 Sampling and sampling size

Cresswell and Cresswell [20] defines a sample as a selection of people who are a representative part of a population. Sampling aims to produce a reasonable representative selection of population. For this research, a non-probability technique (Polit and Beck [21]), was employed to recruit participants. Accordingly non-probability samples are selected by non-probability methods. Therefore, there is no way to estimate the probability that each element has of being included in a non-probability sample, and every element usually does not have a chance for inclusion.

The researchers used a purposive technique to select participants for the study. All participants had to meet the following inclusion and exclusion criteria to be considered in the study:

2.5 Inclusion criteria

- 18 years and older
- Male or female or other gender
- Employed for 6 months or more.
- Employed full-time as the manager of the NPO homeless shelter.
- Reside within Gauteng Province
- Willing to sign an informed consent and be audio recorded.

2.6 Exclusion criteria

- 18 years and less
- Employed for less than six months.
- Employed part-time as the manager or junior staff member of the NPO homeless shelter.
- Residing outside Gauteng Province
- Not willing to sign an informed consent and be audio recorded.

3 Data collection

Face-to-face interviews were used to collect data. The semi structured interview guide was employed, and it was divided into two sections. Section A comprised of the demographics of participants while section B was the open- ended questions to solicit more data from participants. The data collection consisted of the demographic section and the open-ended questions such as"In your opinion, what are various causes of homelessness'; 'What are the current support structures to support the homeless?', 'What are the benefits of having shelters for homeless persons during the pandemic?' What strategies are used to address homelessness?'.

3.1 Data analysis

The researchers employed thematic analysis [21, 22] to identify and analyse the perceptions and experiences of shelter managers in working with the homelessness during the COVID-19 pandemic. Data collected was transcribed and analysed between 24 and 48 h so as to minimise errors and to identify possible and related themes. The researchers adopted Poland [22] steps as a guide of three categories of errors as quoted in Polit and Beck [21]to minimize errors and to double check accuracy of the findings, To minimise errors in transcription, the author suggested that researchers must be trained on transcription; record properly during the interview and storing the recording in a secure place.

3.2 Ethical measures

Ethical approval for the study was obtained from Pharma-Ethics an independent Ethics Review Board, with full approval secured on 27 th November 2020 (Ref: 201,023,665). Pharma-Ethics is registered with the National Health Research Ethics Council (NHREC) of South Africa (REC-220508–008), established in terms of the National Health Act (Act No. 61 of 2003). The committee is also registered with the Office for Human Research Protections (OHRP) in the United States of America (IRB00001483) and has a Federal Wide Assurance (FWA00012241) number.

All participants who took part in the study were able to provide voluntary written informed consent prior to data collection. Privacy and confidentiality and anonymity of participants were respected throughout the research process. Henceforth, all methods were performed in accordance with the relevant guidelines and regulations as guided by the Pharma-Ethics Review Board.

According to Korstjens and Moser [23], the trustworthiness of qualitative data consists of four criteria such as credibility, transferability, dependability, and confirmability. To ensure trustworthiness, the researchers kept all forms of the collected data including a trail of details that show how the research was collected and analysed. This was done to prove that the data analysis was not biased and portrayed the detailed responses of the respondents. This is in line with the prescripts as set out in the Pharma-Ethics Review Board and all relevant measures of rigour were followed to ensure compliance with general principles of research. To ensure security, privacy, and confidentiality, the data collected was stored safely, with a different identification pin code labelled them to ensure anonymity.

4 Results

4.1 Demographic data of participants

In-depth interviews were conducted among fifteen shelter managers in Gauteng. The age of the participants ranges between 35 and 63 years, one participant was less than 35 years, eleven participants ranged between 35 and 50, and three participants were above the age of 50 years. All participants were shelter managers at various shelters. There were six shelter managers with less than 10 years of working experience while the majority nine (9) had more than 10 years of working experience.

4.2 Themes

The research findings as set out in Table 1 revealed four (4) themes that emerged from data analysis with various sub themes for each theme. The themes were: 'causes of homelessness', 'current support structures', and 'benefits of shelters'. Below is the table showing themes and sub themes. The results will be discussed under each theme and will be supported by sub themes and excerpts from different participants.

Table 1 Demographics of homeless shelter managers (N = 15)

Variable	Description	Frequency
Age	< 35	1
	35–50	11
	Above 50	3
Gender	Female	7
	Male	8
Race	African	11
	White	3
	Other	1
Profession	Shelter Manager	15
Overall years of experience	< 10 years	6
	> 10 years	9

4.2.1 Theme 1: Causes of homelessness

To support and specify participant's demographics, the following represent the abbreviations provided for each participant e.g. Male Participant 1 (MP1), Female Participant 2 (FP2). Each abbreviation will be used in all the participant's quotes.

The causes of homelessness are discussed under two sub-themes as shown in Table 2, and based on the interviews the main reasons for homelessness were unsurprisingly unemployment/job loss, rejection from family and relationship breakdown.

4.2.1.1 Sub-theme: Rejection from family and family breakdown Although one cannot predict seeing themselves in the street, some unfortunate circumstances are more likely to force and exposed others to become homelessness. There are various reasons why people become homelessness and when asked who is more likely to become homelessness, participants reported as follows

> "For an example, there are homeless because they were rejected before from their families. So then, they run away from homes, and they come here looking for a job. If they do not find anything, they are exposed to drugs. They tend to forget why they are there and then end-up on the street. We have different reasons for people being on the streets". FP2.
> "Relationship breakdowns, misunderstandings, family background, whereby you are not accepted and are treated unfairly or abused also lack of love in the family. They do not have a place to stay; they are unemployed, being rejected by family members and the community as well". FP4.

From the above one could see that in Gauteng province, family breakdowns and at times relationship failure play a role in persons becoming homeless and some end up in homeless shelters.

Table 2 Themes of findings

Themes	Sub-themes
Causes of homelessness	Rejection from family and family breakdown Unemployment
Current support structures	Stakeholder support Support for beneficiaries in need of documentations
Challenges in shelters during COVID-19	Substance abuse and mental health Safety and security Lack of identity documents Impact on service provision
Benefits of shelters	Need for shelters Family reunification Difference in women

4.2.1.2 Sub-theme: Unemployment Not only rejection from family contributes to homeless, but unemployment might lead stress and misunderstanding, resulting in one to feel unacceptable and some people end up as homeless. Some participants felt that there are various reasons some leave home in search of the jobs, and some due to unforeseen circumstances end up taking substances. This is supported by the below quote:

> "For an example, there are homeless because they were rejected before from their families. So then, they run away from homes, and they come here looking for a job. If they do not find anything, they are exposed to drugs. They tend to forget why they are there and then end-up on the street. We have different reasons for people being on the streets". MP3.

Furthermore, findings further indicate that work seeking is one of the main reasons people end up in Gauteng shelters or streets. The shelter managers' feedback was very similar, indicating that seeking employment in cities was the most common factor, followed by job losses, substance abuse and family conflicts.

> "We accommodate all kinds of people, even those one that came to Joburg looking for jobs but never got them. Unemployment keeps rising and people can't afford to pay rent anymore and people end up homeless". FP5.
> "I think Gauteng can be an epicentre because a lot of people go there from different provinces and countries due to believing that there are a lot of opportunities there, it is the city of Gold and also the expectation of finding a job in Gauteng is high".MP6.

4.2.2 Theme 2: Current support structures

4.2.2.1 Sub-theme: Stakeholder support In the main shelters seemed to cope well in supporting the homeless beneficiaries and this was because of support they received from the government. They can provide additional basic care services. Other shelters also offer rehabilitation placement, provide skills development and integrate homeless people back to their communities. Shelters provide temporary residence for people waiting to be placed in drug rehabilitation programs or while they attend pre-rehabilitation sessions. This was reported as follows:

> "We also did programs with SANCA on substance abuse; we had social workers who implemented programs on social crimes and programs where we teach them about issues related to their families because most of them are homeless because of family issues" MP4.

The importance of family re-unification is one of the goals for the services to benefits the homeless people. Despite the efforts, there is still the need and shortage of such services, including providing transport support.

> "Support to beneficiaries for the family re-unification It's just telephonically, because we have transport problems. It was easier when the provincial office was hands on or worked with us because then we could conduct home visits but since then we just conduct telephonically. We ask families to come and visit but with all the clients I've worked with, only one came through" MP8.

The shelter collaborates with various stakeholders, and they provide capacity development benefit the homeless people in strengthening their skills and knowledge. However, most of those who benefit are believed to be the women.

> "We provide skills development, though sometimes our stakeholders come on board and say they will offer placements after we train them, so you find that it favours women more than men. Most jobs prefer females" FP2.

It is key to note that the issue of stakeholder support emerged a key service that was available during the pandemic. Prior to the COVID-19 pandemic only a few homeless shelters provided accommodation, and other needed services were accessed external for instance substance abuse treatment services and skills development services would be done through referral. Therefore, during the pandemic, shelter managers would rely on stakeholder support to refer homeless persons to the external services that they required.

4.2.2.2 Sub-theme: Documentation support The importance of documentation in South Africa is an important one and all persons need to ensure their documents are in order. Although there are challenges with the homeless people, some participants confirmed that some of their services includes support with documentation especially Identity Documents. Thus, for government grants assistance at the South African Social Security Agency (SASSA), homeless persons are pro-

vided with transport support to access such various services with different stakeholders like the Department of Home Affairs which is responsible for issuing Identity Documents. Furthermore, for homeless persons who are not well are also taken into consideration to ensure they access healthcare services to improve their quality of lives and after leaving the shelter, they are welcomed back at the shelters. This is what the below except confirms:

> "Wherever they needed to go we would transport them, be it Home Affairs, SASSA etc. Though sometimes we would call the ambulance, if someone is very sick because we were afraid that transporting them ourselves would take longer, when they got discharged, we would go and take them back to the shelter" MP7.

4.2.3 Theme 3: Challenges faced in shelters during the COVID-19 pandemic

It emerged from the findings that several challenges were faced by shelter managers when homeless persons accessed shelters during the pandemic. Some of the challenges that shelter managers perceived as affecting the homeless during the pandemic as highlighted in Table 2 above, were substance abuse disorders which were linked to mental health, safety and security concerns to shelter employees and homeless people without identity documents, and lastly the impact the pandemic and resultant challenges had on service provision during the pandemic. As a result from the qualitative findings, it was evident that there is an urgent need for mental health services among most homeless people.

4.2.3.1 **Sub-theme: Substance abuse and mental health** "Most of them have mental health issues, due to substance abuse, due to depression and other issues they deal with being in the streets or due to issues with families"MP1.
"One major challenge is that most beneficiaries used substances due to stress and they have been abused in the streets which have let to mental illness. Some are now mentally disturbed" FP6.

Emanating from the findings as shown in the excerpts above, substance abuse is a major challenge for persons experience homelessness. Emanating from substance abuse in the streets, homeless people who come to shelters present mental health related issues.

4.2.3.2 Sub-theme: Safety and security concerns Apart from substance abuse and mental health challenges, shelter managers also expressed safety and security concerns as a challenge not only faced by the street homeless persons but also by staff in the shelters. This shows evidence that shelter workers face many challenges as well in trying to assist homeless people and they are not always adequately equipped to deal with mental health needs of homeless persons.

> "Most of the time we will just keep quiet because we are scared of them actually. They are angry those people, they are bitter. So just to avoid all those things, we just keep quiet and finish what we are doing, and we leave."" FP1.
> "In the beginning of February, there was this other guy amongst the beneficiaries there who raped another beneficiary, so he was arrested" MP4.

Emanating from the above subthemes, it appears that shelter managers need debriefing and support structures to address and manage challenges that come working with homeless individuals. The quotes above confirm that shelter managers have safety concerns and that they also stigmatise homeless persons and therefore sensitisation training need to be provided and if present, enhanced and strengthened. Managers of homeless shelters must get training in order to handle the diverse demands of their clients, maintain the smooth functioning of the shelters, and use best practices while maintaining the dignity of the persons they save.

4.2.3.3 Sub-theme: Lack of Identity documents Lack of Identity Documents for street homeless persons was also a challenge raised by shelter managers.

> "If the government could also fulfil their promises, because they will send forms and ask us for names of those who need ID's, and we submit but we never get any responses and that makes us seem unreliable. ……. Department of Labour came through and promised to help but nothing was done, even Home Affairs which had the biggest impact on the beneficiaries because they were really looking forward to having IDs with the hopes of securing jobs" MP7.

Lack of national IDs is a major hindrance to accessing government services including social grants, but this also limits employment opportunities. Shelter managers felt this is a serious challenge that would need to be addressed mostly by the government.

4.2.3.4 Sub-theme: Impact of Covid-19 on service provision The COVID-19 epidemic forced the majority of homeless shelters to alter their operations in an attempt to reduce the danger of disease transmission.

"We had to cut down our intake by 50% to allow for social distancing, however, that means we have to turn people from the shelter" MP2.

While some shelters had to find ways to expand their areas and capacity in order to comply with new government rules, others had to decrease the number of beneficiaries in order to make more room and social distances. Some shelters have had to alter their operations by being more accommodating in terms of who they can house due to the significantly increased demand for refuge brought on by COVID-19-related job losses.

"Our shelter generally takes only women, children and families but after Covid we take everybody from the street. The need for shelter has increased" MP5.

In order to offer extra assistance during the COVID-19 lockdown, such as drug addiction rehabilitation support, some shelters formed alliances with other organizations.

"Since the Level 5 of Covid, SANCA came on board, provided them with medication for cramps for those with withdrawal symptoms and also gave vitamins to everyone in the facility" FP7.

Some of the stakeholders interviewed during the study indicated that their shelter was only a temporary place of accommodation during Level 5 lockdown, and these were no longer operational.

"We only accommodated the homeless during lockdown, the government decided that we take those homeless people off the streets and allocate them in shelters" FP3.

While homeless shelters made attempt to implement systems and procedures in line with government COVID-19 regulations, some found it difficult to enforce these due to lack of cooperation by some residents.

"They do not cooperate, there is no social distancing there and most of them do not wear masks. Once you say something, they always fight you. So, it is very difficult to work with them" MP4.

4.2.4 Theme 4: Thoughts on benefits of homeless shelters

Homeless shelters make a huge difference in the lives of the homeless people. These facilities are helpful in providing basic food, basic toiletry, clothes, amongst others. These also provide safety to the homeless and take care of their health needs where possible. When one of the participants was asked regarding the need for shelters, this what they said:

"We would give those homeless blankets, mattresses, toiletries, clothing and food"MP2.

Other participants alluded to the fact that there is indeed the need for the shelters.

4.2.4.1 Sub-theme: Need for shelters Homeless shelters make a huge difference in the lives of the homeless people. They are helpful in providing basic food, basic toiletry, clothes, amongst others. They also provide safety to the homeless and take care of their health needs where possible. When some of the participants was asked regarding the need for shelters, this what they said:

"We need more shelters as shelters allow us to give those homeless blankets, mattresses, toiletries, clothing and food". FP5
"Shelters are a must have as shelters allow for conducive environment for social work services like counselling and to get details for reunification". MP2

Furthermore, shelters not only assist with the aforementioned needs, but they also play a key role in reuniting families.

4.2.4.2 Sub-theme: Family re-unification There are numerous engagements taking place between the homeless and their families. Family re-unification is conducted by qualified social workers, whom, after establishing a working relationship with the homeless person at the shelter would then trace the family whereabouts and address or if not possible, make phone calls to establish contact between the homeless person and their family. The social workers at the homeless

shelter will then prepare the family and the homeless person for reunification where it is possible to do so. Shelter managers indicated that shelters continue to make a difference and are eventually linking the homeless with their families to make a difference. Furthermore, one of their intervention programs includes family re-unification and this is supported by the below quote:

"Reintegration takes place, and we have situations where couples, mother and kids were reunited with their families" FP5.

Some participants confirmed that although there were limited shelters, other shelters were able to make a huge difference in re-uniting the homeless people with their families. This is supported by the below quote:

"There were 4 shelters initially but because most of the beneficiaries reunited with their families, we were left with one shelter"MP2.

There is huge support from participants for shelters to strengthen family re-unification among the homeless and their family members.

"It's the only way to reduce homelessness, those people have families even though they cannot understand them well. Family re-unification can be a good solution to get the off the streets. Also trying to get the family to understand that if a person behaves in a certain manner, there are things that can be done other than chasing them away". MP7

This also include the need for families to get awareness on the causes of homelessness and challenges that those living on the streets so that they can understand homeless persons better and embrace them with their challenges rather than pushing them away.

4.2.4.3 Sub-theme: Difference in women Some women are being rescued from their risk behaviour in the streets and respond positively when brought to shelter. Shelter managers said that women are willing to join the program and participate freely and voluntary since they want to make changes in their lives. This is supported by the quote below:

"With women, we take those that got caught in prostitution to rehabilitation centres. A success that we have is a former prostitute who left all that and she has a job in Mamelodi, taking care of her own daughter. Her story is very painful one; she was sold by her mother to an older man working in the mines, that relationship was abusive. She was raped and the police got involved and ran away where she fell into the wrong hands, but our team found her and her life has changed around"PF6.

Based on the findings as shown above, participants were of the view that homeless women are more willing to come to shelters than males and when they do come to shelters, they are always ready to change their lives for the better.

5 Discussion

The study explored the perceptions and experiences of shelter managers in working with the homelessness during the COVID-19 pandemic. The findings as summarised in Table 2 revealed four main themes namely, (1) causes of homelessness, (2) current support structures, and (3) challenges experienced by shelter managers and (4) benefits of shelters. Overall, the COVID-19 pandemic had sudden and major impact on the operations of homelessness services in South Africa and most severely in Gauteng province which is where most of the homeless persons are based [14].

Homeless service providers in Gauteng responded to the pandemic in a variety of ways and made major changes to service delivery than has ever been before [14, 24]. Based on findings from this study, it's clear that several factors contribute to homelessness but more so economic factors like unemployment. Historically, homelessness in South Africa has deep roots, stemming from apartheid policies, forced removals, and systemic inequalities [11]. The transition to democracy in 1994 brought hope for change, but thirty years later, significant challenges persist. The main challenges noted were, high unemployment rates, particularly among marginalised communities, contribute significantly to homelessness. Limited access to formal employment opportunities perpetuates cycles of poverty and housing insecurity. This finding is consistent with other studies on the causes of homelessness in South Africa amongst others [9–11]. For instance, Cross and Seager [9] highlighted the way unemployment stresses poor households and sets in motion the process of exclusion,

whilst Roets et al. [11] summed up the challenges along social, political, cultural and economic factors. Latest information from StatsSA [7] still considers the economic reason as the largest contributor to homelessness in South Africa.

Despite the paucity of literature on homelessness, rejection from family is also another factor [6]. Research such as that of Cross et al. [9]; Roets et al. [11]; Kgadima and Mahlangu [5]; Pophaim and Peacock [25] have attributed the causes of homelessness to poverty, substance abuse and social exclusion. An inference can be drawn from studies that have attempted to examine how the individual-vulnerability viewpoint relates to unique situations and traits that affect the varying risks of homelessness among people in precarious and marginal housing [26]. Researchers should examine family and household issues, including domestic violence, foster care, physical or sexual abuse, childhood trauma, marital and/or relationship breakdowns, widowhood, and family disputes that result in relocation, to identify individual-vulnerability factors. Cross and Seager [9] identified the following individual-vulnerability factors in South Africa: substance abuse, addiction, poor mental health, family relationship problems like abuse, domestic violence, and severing family ties, and the desire for independence and a better life. When looking at various reasons to be homeless, it is vital to note that everybody is different; some people may only need one of these variables to end up homeless, while others may experience homelessness because of a mix of various circumstances. Therefore, addressing the various needs of homeless people is an enormous task which requires involvement of multiple stakeholders from across different sectors in the response.

Pertaining to available support structures during the pandemic, the findings indicate that homeless persons who were in shelters received more help than those in the street. Services provided at homeless shelters included offering rehabilitation placement, provision of skills development and integrating homeless people back to their communities. Some shelters provided temporary residence for people waiting to be placed in drug rehabilitation programs or while they attend pre-rehabilitation sessions, but a key challenge was lack of stakeholder support and stakeholder coordination and limited resources. Civil society organisations like NPOs in South Africa have played a significant role in responding to homelessness with their approach often relying on volunteers and donations and there was need for government support [27]. However, funding limitations make it difficult for NPOs to provide more comprehensive services that address identified needs of beneficiaries [28]. Limitations in skilled human resources in NPOs made it difficult to provide more specialised services and support. While homeless shelters are doing as much as possible to assist homeless people, there is a clear need for additional resources and support from government to provide better and more comprehensive services. A big area of need might be staffing levels, particularly professional social workers as well as other professionals needed to offer a well-rounded service. Social work services were underfunded prior to the COVID-19 pandemic, and the provincial government in Gauteng only funded four homeless shelters prior to the COVID19 pandemic. It is reported that funds were to be made available in South Africa from government and a new implementation strategy was suggested to be put forward [29], with funds of roughly R87 million was made available [24]. Some of the challenges faced by shelter managers during the pandemic included substance abuse disorders which were linked to mental health, and lack of identity documents (IDs). Lack of national IDs is a major hindrance to accessing government services including social grants, but this also limits employment opportunities [11]). There was also a change in the way shelters functioned during the pandemic to accommodate more homeless persons. The COVID-19 pandemic forced most shelters to alter their operations in an attempt to reduce the danger of disease transmission. While some shelters had to find ways to expand their areas and capacity in order to comply with new government rules, others had to decrease the number of beneficiaries in order to make more room and social distances. In order to offer extra assistance during the COVID-19 lockdown, such as drug addiction rehabilitation help, certain homeless shelters formed alliances with other organizations [24].

The role of homeless shelters in for addressing homelessness cannot be understated and the provision of temporary accommodation through shelters was an appropriate response during the pandemic. Earlier studies such as the one by Kriel [27]; Vally and De Beer [28]; Viljoen [12]; Obioha [30] ; Mlauzi [16] amongst others pointed out that addressing street homelessness in South Africa requires a housing approach. Homeless shelters can meet the needs of the homelessness in so many ways and continue to make a difference and as the findings indicate, within shelters social workers are able to link homeless beneficiaries with basic needs such as food, clothing and access to medical facilities. Shelters will play an important role especially for vulnerable groups such as homeless people with disabilities and homeless women. A study by Olufemi [31] on homeless women in the Johannesburg area recommended that it might be appropriate to give special attention to the poorest segment of the population, which includes the homeless women living on the street and made call for homeless women to participate fully and equally in policies and strategies to alleviate poverty. Based on Olufemi's study findings, the order of priority given by homeless women who participated in his study towards their pathways out of homelessness, employment was first priority followed by housing [31]. Similarly, the findings of this study indicate that women respond positively to empowerment in shelters and therefore provision of homeless shelters is seen as a top and key priority that can enable empowerment and assist tackle homelessness.

More importantly, homeless shelters establish the link between homeless persons and their families with ultimately family re-unification being one of the priorities in the services offered. Muleya and Mlilo [24] indicate that one way of exiting homeless shelters in Gauteng province based on the provincial intervention strategy is through the family re-unification programme undertaken by social workers. Family re-unification is important to address some of the individual-vulnerability factors identified earlier in the study such as rejection from family because of family disputes or domestic violence amongst other factors. It is necessary to point out that based on the provincial strategy referred to in the preceding, in instances where reunification is not possible, the homeless persons are then empowered for independent living through skills development trainings and link to employment and job opportunities [24]. Other key benefits of shelters include the link to other government services such as the Department of Home Affairs for issuing and re-issue of Identity Documents and Birth Certificates; Department of Education for bursaries; the Department of Employment and Labour for registering of CVs on the employment database for homeless persons with qualifications and the Department of Small Business and Enterprises for seed funding and business startups. All of these opportunities are difficult to access for street homeless persons and therefore being in a shelter plays a vital role in accessing these services.

Homelessness in South Africa is a pressing social issue that necessitates a comprehensive policy response and guidelines to address underlying causes and mitigate its impact. Existing literature offers insights into the development, implementation, and effectiveness of policies and guidelines aimed at addressing homelessness in the country. The South African government has developed a National Housing Policy Framework aimed at addressing housing challenges, including homelessness [30]. This framework outlines strategies for increasing access to affordable housing, promoting tenure security, and preventing evictions. Research by Marutlulle [32] examines the implementation of the housing policy framework and its impact on homelessness in urban and rural areas. This study explored perceptions and experiences of shelter managers in working with the homelessness during the covid-19 pandemic and the following conclusions and recommendations are made.

5.1 Limitations

The opinions and perceptions of shelter managers who worked in homeless shelters during the COVID-19 outbreak were examined in this paper. Because of the nature of the study, not all managers who work with the homeless were included, and not all homeless people are represented in this research.

The study took place at urban areas and some areas were not included, therefore more research is included to include other areas such as peri-urban and rural areas.

Further research using quantitative methods should be pursued to enhance and strengthen our understanding of shelter managers and of homeless persons.

6 Conclusion and recommendations

The economic causes of homelessness in Gauteng points to a need for a comprehensive multi-sectoral approach to mitigating these as it wouldn't be possible for one government department to address homelessness. Therefore, collaborative efforts involving the various stakeholders in the job creation and job retention are essential as job seeking was identified as one of the major reasons for homeless. In addition, upskilling of homeless persons, curbing school dropouts and repairing family disunity would be necessary to curb the homelessness crisis in South Africa.

As was discussed, other significant reasons for homelessness include family disputes, rejection from family members Family re-unification services should be increased as staying with family offers much more sustainable pathways out of homelessness.

Some of the other challenges faced in shelters during the COVID-19 pandemic such as lack of identity document, mental health and substance abuse could only be meaningfully solved through establishing strong multi-sectoral interventions that deal with the root causes and findings pointed to shelters offering a platform for support to the homeless especially for homeless women.

It also emerged that shelter managers felt unsafe and also stigmatised homeless persons and to address this, a sensitisation training would be helpful. Improvements in programs provided in homeless shelters is needed to ensure that more comprehensive services that are delivered including those that enhance access to government services such as social grants, health services, mental healthcare, substance abuse rehabilitation, replacing lost identity documents and family support interventions. This article contributes to scholarship on provision of social welfare services to the

homeless in a way that addresses the challenges as experienced by shelter manager and there are possible lessons for other countries on ow to manage homeless services.

Acknowledgements The authors thank the Gauteng Department of Social Development for permission to conduct the study and participants of Gauteng shelters taking part in the study

Author contributions Emmison Muleya and Constance Matshidiso Lelake wrote the main transcript text and both authors reviewed the manuscript before submission.

Funding No funding was received for preparation of this manuscript.

Data availability The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate Ethics approval was provided by the Pharma-Ethics an independent Ethics Review Board, with reference Ref: 201023665. Prior to data collection, all participants provided written consent. All the relevant and applicable ethical principles were observed.

Competing interests The authors declare no competing interests.

Open Access This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by-nc-nd/4.0/.

References

1. UN. 2023. *Inclusive Policies and Programmes to Address Homelessness*, Report A/78/236 of the General Assembly. Online Available at: https://digitallibrary.un.org/record/4018593?ln=en&v=pdf.
2. RSA. 2012. *National development plan 2030: Our future makes it work*. https://www.gov.za/documents/national-development-plan-2030-our-future-make-it-work. Accessed 4 August 2024.
3. Ramaphosa, C.M. (2020, March 23). *Statement by President Cyril ramaphosa on escalation of measures to combat COVID-19 Epidemic*. DIRCO. http://www.dirco.gov.za/docs/speeches/2020/cram0323.pdf.
4. Perrier, R. 2021. The rights revolution in South Africa: How can the homeless benefit?. In S. De Beer & R. Vally (eds.), F*acing homelessness: Finding inclusionary, collaborative solutions*, pp. 63–93, AOSIS, Cape Town. https://doi.org/10.4102/aosis.2021.BK239.03.
5. Mahlangu T, Kgadima P. Social exclusion and marginalization of homeless people: A clarion social work call for the spirit of ubuntu to reign. Social Work/Maatskaplike Werk. 2021;57(4):45–57.
6. Sonko-Najjemba, R., Mataboge, R., Lelaka, T., Kamoga, N., Chabawarwa, T., Oladokun, P., Sonko, G., Cindi, J., and Mtoba, C. 2021. *An assessment of the needs of homeless people in Gauteng Province, in the context of COVID*-19. Strategic Analytics and Management (Pty) Ltd. Report for Gauteng Department of Social Development.
7. Statistics South Africa (StatsSA). 2023. *Statistical release – Census 2022*. https://www.gov.za/sites/default/files/P03014_Census_2022_Statistical_Release.pdf.
8. Groenwald, C; De Beer, S; Perrier, R & Makusha, T. 2023. *Developing a green paper for homelessness in South Africa :Inception report*. https://repository.hsrc.ac.za/bitstream/handle/20.500.11910/23215/9814353.pdf?sequence=1&isAllowed=y
9. Cross C, Seager JR. Towards identifying the causes of South Africa's street homelessness: Some policy recommendations. Dev South Afr. 2010;27(1):143–58.
10. Tenai NK, Mbewu GN. Street homelessness in South Africa: a perspective from the Methodist Church of Southern Africa. HTS Teol Stud/Theol Stud. 2020;76(1):1–10.
11. Roets L, Botha A, Greeff M, Human SP, Strydom H, Watson MJ, Chigeza S. A synthesis of homelessness in South Africa: A rapid critical appraisal. Dev South Afr. 2016;33(5):613–27. https://doi.org/10.1080/0376835X.2016.1203756.
12. Viljoen, C. 2020. C*hallenges faced by social workers rendering Services to adult homeless individuals.* Master of Social Work in the Faculty of Arts and Social Sciences, Stellebosch University. https://scholar.sun.ac.za/server/api/core/bitstreams/d445eca0-63d2-42be-b267-b05359e10cbb/content [Accessed 20 August 2024].
13. Mathole R, Ross E. How do you stay at home if you don't have a home? Experiences of homeless persons at homeless shelters in Tshwane, South Africa during the COVID-19 pandemic. J Soc Distress Homeless. 2022;33(1):122–31. https://doi.org/10.1080/10530789.2022.2107329.

14. Mathole R, Ross E. Challenges and opportunities experienced by service providers at homeless shelters in Tshwane, South Africa during the COVID-19 Pandemic. Int J Homeless. 2024;4(1):56–68.
15. De Beer S. Homelessness IS a housing issue: responding to different faces of homelessness. A city of Tshwane case study. S Afr Rev Sociol. 2020;51:(3–4):56–76. https://doi.org/10.1080/21528586.2022.2026247.
16. Mlauzi K. Here's how SA can tackle homelessness. South African Institute of International Affairs (SAIIA). 2018;e184151. https://saiia.org.za/research/heres-how-sa-can-tackle-homelessness/.
17. City of Johannesburg. Homelessness policy. 2024.https://joburg.org.za/documents_/Documents/HOMELESSNESS-FINAL-APPROVED-POLICY-2024.pdf.
18. Butler C, Wilson P, Abrahamson V. Optimum models of hospice at home for end-of-life care. National institute for health care research. Health Serv Deliv Res. 2022;10(24):1–304.
19. Rahman M, Tabash MI, Salamzadeh A, Abduli S, Rahaman MS. Sampling techniques (probability) for quantitative social science researchers: conceptual guidelines with examples. SEEU Review. 2022;17(1):41–51.
20. Creswell JW, Creswell JD. Research design: Qualitative, quantitative, and mixed methods approaches. Thousand Oaks: Sage publications; 2017.
21. Polit DF, Beck CT. Nursing research: generating and assessing evidence for nursing practice. 8th ed. Philadelphia: JB Lippincott Williams and Wilkins; 2012.
22. Poland BD. Transcription quality as an aspect of rigor in qualitative research. Qual Inq. 1995;1(3):290–310. https://doi.org/10.1177/107780049500100302.
23. Moser A, Korstjens I. Series: Practical guidance to qualitative research. Part 1: Introduction. Euro J Gen Prac. 2017;23(1):271–3.
24. Muleya, E., and Mlilo, S. N. 2023. The use of ubuntu in social work practice: Lessons from the Gauteng Homeless Programme. In B. Mayaka, C. Uwihangana, & A. D. van Breda (Eds.), The ubuntu practitioner: Social work perspectives (pp. 85–113). International Federation of Social Workers. Online Available at: https://www.ifsw.org/product/books/the-ubuntu-practitioner-social-work-perspectives/
25. Pophaim J-P, Peacock R. Pathways into and out of homelessness: towards a strategic approach to reducing homelessness. Acta Criminol. 2021;34(2):68–87.
26. Wong, Y. I. 2020. Encyclopedia of Social Work: Homelessness. Available: https://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-182. [Accessed 20 August 2024].
27. Kriel JD. International responses to homelessness: Lessons for the City of Tshwane. Dev South Afr. 2017;34(4):399–413.
28. Vally R, De Beer S. Pathways out of homelessness. Dev South Afr. 2017;34(4):383–4. https://doi.org/10.1080/0376835X.2017.1335098.
29. Gauteng Department of Social Development [GDSD]. 2021. Gauteng City Strategy on Adult Street Homelessness 2020 - 2024. Unpublished.
30. Obioha EE. State response to homelessness in South Africa: A multi-agency housing focused intervention approach considered. Dev South Afr. 2022;39(6):990–1006.
31. Olufemi O. Feminisation of poverty among the street homeless women in South Africa. Dev South Afr. 2000;17(2):221–34.
32. Marutlulle NK. A critical analysis of housing inadequacy in South Africa and its ramifications'. Afr Public Serv Deliv Perform Rev. 2021;9(1):a372. https://doi.org/10.4102/apsdpr.v9i1.372.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.