Self-managed Transitional Housing as part of Recovery from Problematic Substance Use for People who are Homeless

Donald Skinnner, Leletu Busakwe, Jesse Laitinen and Juha Kaakinen
Stellenbosch University, South Africa
Stellenbosch University, South Africa
Izitalato t/a Streetscapes, South Africa
Tampere University, Finland

Abstract_ *Addressing problematic substance use amongst people who are homeless is challenging, as for many, this is part of survival. Streetscapes, a non-profit organisation based in Cape Town works with the entrenched homeless offering programme participants protected work and, more recently, space in a large communal house. This paper draws on nine qualitative interviews done with residents and staff of Streetscapes, as part of a broader evaluation. The context of people who are homeless is more complicated in the resource-limited environment of a developing country. This housing intervention drew on lessons from housing first and harm reduction to provide self-managed transitional housing for people who have been homeless, living on the street, or in temporary shelters, for more than five years. The residents could use the space to reduce their substance use and refocus their lives. Key to their personal change was having personal security, not having the constant temptation of substance use, and the support and respect they received from each other and Streetscapes staff. The provision of housing, with other key supports, can provide the necessary space to reassess their own substance use.*

Keywords_ *Homeless, South Africa, substance use, housing, evaluation*

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Introduction

This Research Note looks at the impact of the provision of self-managed transitional housing on the continuation of substance use among people who have been homeless for more than five years and use substances to cope with their context. This approach attempted to draw on lessons from the Housing First intervention model. Following the housing first approach is not possible in developing world settings, due to the reduced level of state and other resources available, and the expected higher prevalence of people who are homeless, both due to economic underdevelopment (Kriel, 2017; Raitakari and Juhila, 2015). The model emphasizes providing a more comprehensive service to allow for a break from street life and supporting accompanied care, including having a key service provider accompany the homeless person in particular interactions with service providers (Atherton and Nicholls, 2008; Baxter et al., 2019; Juhila et al., 2022; Raitakari & Juhila, 2015; Tsemberis et al., 2004). A larger change to end homelessness requires strong political commitment to adequate affordable housing, service provision, and an undertaking to prioritise care for the population(Parsell et al., 2025).

The services offered by Streetscapes, described in this paper, attempt to learn from international models in a context of inadequate resources. Streetscapes mainly work with people who have been living on the street for more than five years, which is also referred to as an entrenched homeless person. The organisation's original function centred on providing basic protected work, done in exchange for a stipend of R2 500 (+-€125) per month. The work includes growing vegetables to sell, cleaning streets and litter collection, plus other small operations such as a small climate-friendly laundry. Work served to provide training and employment in a protected setting, offering money that does not require begging or illegal activity. It also provided access to other services, such as counselling, social work, assistance in interaction with state services, including the police, and provided space for them to develop a sense of self-pride. Housing provision became a natural and necessary extension of Streetscapes' work. Clients could not access other accommodation options because of their substance use, and couldn't work on their substance use because they were still trapped on the streets. Reducing problematic substance use was a part of moving people off the street into homes and employment, as this type of use undermines all efforts at change. Streetscapes differed from many other NGOs in applying a modified harm reduction approach. People did not have to stop using to move into a house, but could not use inside the house. The commitment by the organisation is to provide a structured path off the street that is navigable by these members of the homeless community.

A survey of people who are homeless in Cape Town in 2019, found significantly higher use of both alcohol and other substances among the entrenched homeless than among other people living on the streets. This survey, and this study, applied a definition of people living on the streets or in shelters established for the temporary care of people who are homeless(Busch-Geertsema et al., 2016). Alcohol use was reported at 65%, with 25% reporting using four or more times a week. Other substance use was 60% with 38% reporting use more than four times a week (Hopkins et al., 2024; Skinner et al., n.d.). Problematic substance use can present a crucial problem in the readaptation of homeless people back into regular society. Substances are used as a protection from cold, pain, sadness, and discomfort to allow homeless people to manage their lives and anaesthetise themselves for periods. Something as simple as sleep is often only possible in the street context when substances are used(Golembiewski et al., 2017; Mathebula & Ross, 2013; Tsemberis et al., 2004).

People who are homeless may use substances to contain their symptoms and responses to the trauma, particularly as they have few other outlets for treatment or management of the resultant anxiety and other symptoms(Mabhala et al., 2017; Olufemi, 2000; Yohannes, Målqvist, et al., 2023). Sharing of substances can also be a rare point of companionship in the streets and has become a part of street life culture (Mabhala et al., 2017; Osei Asibey et al., 2020a). There are formidable challenges to recovery. A first step has to address concerns around survival and maintenance of life of the streets, and to at least contain the impact of trauma. Addiction on its own is complicated and even in the most supported context many people with problematic use break down under the physical, psychological and social components of addiction(Moyo et al., 2015; Osei Asibey et al., 2020b; Yohannes, Berhane, et al., 2023). Many service providers in South Africa will not work with homeless people who are still using substances, which creates problematic reoccurring hurdles (Mabhala et al., 2017; Moyo et al., 2015).

Methodology

This paper draws on a larger evaluation done of a house set up by Streetscapes to provide a transitional home for some of the homeless who are taking part in their programmes in the City Centre. The broader methodology included the use of organisational data, house evaluation surveys, and qualitative interviews. For this paper, the focus will be on the nine qualitative interviews that were conducted. The study used a participatory approach in which the staff of Streetscapes played a key role in the design, implementation, and analysis of the data.

Unstructured interviews were done with the leader of Streetscapes, a peer supervisor, a female peer who cooks, and six residents of the house. The interviews focused on their reason for moving in, their experiences in the house, what worked for them and what they did not like, and how they perceived their future in relation to the house. The interviews ranged from 30 to 70 minutes and were all recorded and later transcribed. The lead author led the analysis of the data, first drawing out the themes based on a detailed reading of all the interviews and on discussions with Streetscapes staff. The interviews were coded in Atlas ti. A phenomenological approach was used to maintain focus on the material while not restricting new ideas and themes. The final analysis was checked against the interviews and with the Streetscapes team to reduce potential bias.

The lead author is a clinical psychologist who has worked extensively in qualitative and participatory research and aligns himself with the philosophy of health for all, and in providing support and opportunities for people who are homeless, leading to them moving off the streets. The second author is the director of Streetscapes and was involved in all aspects of the study. All the authors align with the philosophies expressed in this paper.

Results

The results follow the process of setting up the house, the problems in the early phase, soon after setting up, and their resolution, before looking specifically at the concerns related to substance use. The addition of the house to the services of Streetscapes, grew out of the development of Streetscapes as an organisation and the realisation of the needs of their clients. Beginning with the provision of protected work and focused services, the organisation has moved into providing temporary shelter where the homeless residents themselves can control the functioning and operations. This is part of a broader development of services for homeless people in South Africa(Hopkins et al., 2021).

History of the house

The house was set up in May 2020, near the city centre, where many of the homeless community are located. Twenty-six people moved in, including single men, single women, and couples. The residents played a part in establishing and agreeing to the house rules, and over time controlled who could move in. This control of the space was important to residents. The setting up of the house coincided with the national lockdowns set up to reduce COVID-19 transmission, which put pressure on Streetscapes to include as many as possible in the house. The alternative living arrangements that existed for the homeless over the period of lockdown were poor, with some verging on abusive(Cogger, 2020; Institute for

Justice and Reconciliation, 2020; Kiewit, 2020; Stent, 2020). The rules of lockdown in South Africa included a ban on alcohol and cigarette sales, which increased problems and tensions in the household.

A restricted harm reduction approach was applied in relation to substance use, in which residents were free to use substances, but not within the house. If they were high or drunk in the house, they had to maintain themselves in a manner that did not interfere with others. The early phase in the house was characterised by the breaking of these rules around substance use, conflict, sometimes leading to violence, and theft from the house and its residents. Many of the core problems described in the house at this phase were linked back to substance use. The restrictions on movement imposed by the lockdown also made it difficult for residents to leave the house to take their substances. When high or intoxicated, the control of behaviour was inadequate for the close living conditions, leading to residents being loud, demanding, and easily triggered into conflict.

> Our main challenges in the house was when they were either intoxicated, there would be physical fights and physical fights resolved sometimes in a stabbing or pulling hair or a fist fight and that type of thing. Um the worst that we've actually had was a physical attack on our night supervisor because the one was high on tik,…… We also had several attempts, suicidal attempts, specifically around two females, they were struggling with their own personal issues, they're currently not in the house anymore. (director)

During the COVID-19 lockdown, most standard methods for earning money, such as begging, guarding cars, collecting recycling, and small jobs were not available. Theft became a more favoured option, and again, given the context of a lockdown, there were few options for stealing other than in the house they lived.

> look it was not a shock or a surprise when anything went missing because it was to be expected so when you see the kettles now there and then the kettle is gone and then another kettle will come and then eventually there is not going to be a number of kettles…… so we worked our way around that because they will be theft, we do have lockers in our room also, so they got us lockers in our room. (peer supervisor male)

Over the period of the lockdown, it was difficult to enforce rules or to remove any person from the house. So, Streetscapes had to ride out the first period of about 6 months, experiencing high levels of conflict and substance use. Even with these problems, most of the residents preferred the house to being on the street. Despite the disturbances and problems, the house still constituted a better space for them. The residents described the threats of violence and abuse, much worse

for women, the harshness and discomfort, the powerlessness and lack of self-worth associated with life on the street, and temptations on the street, especially around substance use.

> I was like drowning in drugs throwing myself away sleeping here, sleeping there and I was like, no and also after that I was getting this virus and that was the biggest shock to me anything could have happened worse to me and then I decide after that I'm rather going to come back to the house and stay here and rather look after myself and try to leave drugs, so ja that was and that's what I am basically doing now. (peer supervisor female)

System applied in-house

The situation in the house improved dramatically once lockdown ended. The most important change was a stricter implementation of the rules, as established by the residents themselves, governing the house. After the problems in the beginning, the leadership of Streetscapes identified the need for "stricter rules and procedures and protocols put in place, versus when there was nothing". This was supported by the remaining residents who pushed for a tighter implementation of the rules. There was a real push from the residents to clean up the house. In the beginning, all the residents had contributed to setting out the rules of the house and how it was to be managed.

> It's a struggle but we win so far and for now what makes it easier for us is if anyone come now there is already rules in place here, there is already a system going so they won't come with their own thing they need to follow the system. (resident male)

A system for managing incidents was also reinforced. A meeting would be held, generally including a senior staff member from Streetscapes, one or more supervisors, and some or all residents of the house. They would listen to a description of the event, hear from the person responsible, consider mitigating issues, and how the person concerned is responding to the meeting. Details were also recorded in a logbook to make sure that problems were not forgotten or passed over.

> We address it with the client and they will be you know 'ok yes, I was intoxicated, I know what I did or I can't remember I was too far off, but I apologise and all of that'. So depending on the severity of the incident that will determine what the consequence will be. So consequence can vary from a verbal warning to maybe a suspension either from work or suspension, if it is really really bad, a suspension from the house. (peer male)

A better intake system to regulate access was introduced after a series of very negative effects. Important checks now include criminal record in terms of repeat violent offences, and mental health. The residents felt it was important to control their space, so they decided that for this house that people can only stay if they don't have a violent record, and where required, they remain on their medication and are well controlled. The latter stipulation came after a supervisor was stabbed by a resident with uncontrolled and unknown schizophrenia. It is important to note that these decisions were made by the resident community, as they were most concerned about disruptions and wanted a more peaceful and safe living environment.

> New clients coming into the program from say last year know from day one that this is a program um it's about a recovery program, it's about changing your habits, it's about personal development and it also has the program, a housing program which gives you the opportunity of staying off the streets and being in a housing setting. (director)

There was a regular narrative from residents wanting to use the space to bring their substance abuse under control. A key subtheme was the need to be in a space where drugs are not used and there is a sober atmosphere, which reduced triggering their own desire to use. The combination of the reinforced system and the residents' own commitments to change resulted in better control of substance use in the house. Having better control reduced the level of residents being triggered into problematic mental states, and overall reduced the tension in the space, enhancing its ongoing impact.

> This house is doing much better for me, nobody is using in the house no one's drinking in the house and if it can be longer like this then I know that I can be stronger in the house (resident female)

> they do make an active choice to want to be better to want to better themselves because on the street what happens you have to be drunk or drugged in order to have maybe a peaceful sleep, so ahm when you are in the house it becomes more you don't have to worry about anything, I can lekker nice put my head down, watch TV till u want to and then go sleep or I can have a chat with anyone. (peer female)

The modified harm reduction approach was maintained and continues to facilitate processes in the house. As before, the house rules are that residents may not use in the house, and when they return to the house under the influence, they have to maintain a standard of behaviour and not disturb other residents. This was augmented by a decision by many to actively work on reducing their own usage. The house provided a space of comfort for people to sleep, being less threatened by criminals and police, and feeling supported and cared for, thereby undermining some of the

principal motivations for usage on the streets. An important additional narrative centred on the residents finding better ways to deal with their own painful memories and trauma. The containment provided by the combination of house, workspace, and additional professional support from Streetscapes appeared to be key.

> If I look at total reduction then I think it's very good because it's like we are taking baby steps to get them where we want them to be and it's working so far. (resident male)

Streetscape's use of peer counsellors, people who used to live on the street and are now living in their own homes and working, improved the understanding between the residents and those providing oversight. The supervisors spoke with great care and concern about their work and their commitment to their task. They feel they have a better understanding of the problems of the homeless based on this commonality of experience and so can assess behaviour better, understand problems and suggest solutions, and interact meaningfully with the residents.

> I wouldn't say as a career its there's this passion within me it's like a hunger that I have to help these people and to rehabilitate drug addicts as well. (peer male)

Connection to rehabilitation facilities is now also easier as they have a home where they can process the information obtained and get support, and are not being triggered into use by their context.

> I was a guy that was using, like smoking you know and drinking but since I started now in matrix in the drug program that they have after that I stopped everything only smoking cigarette now, I stop all that substance. (resident male)

Understanding the role of a house and work in facilitating change

It is clear that the residents believed that living in the house reduced their need to use substances and provided motivation to stop or reduce usage, despite the entrenched patterns of use. The home provides a place of consistency, a roof, and a place where they can have possessions and be safe from attacks, criminals, police, and the public. The role the house played fitted with the workplace, which provided income and purpose. Core to the running of the house was to generate support, tolerance, and understanding around the real difficulties of the transitions being made, including moving off the street and reducing \ stopping substance use. There was a sense of camaraderie in the house later with the sense "All in this together".

> It's fantastic, we like family everything that happens we deal with it now and its over after that we just go one with our lives understanding is fantastic. (peer female)

> Sometimes you get in trouble because you keeping bad company, I come back home if I am doing my things like go to the shop, go to Shoprite to go buy my things whatever I buy nice things I come back I don't go up and down and up and down. I think that the house for me, it keeps me far away from trouble. (resident male)

Streetscapes has also modified its approach over time to become more explicitly focused on personal development among their clients. This has been a natural development over time in the organisation. The development included the addition of peers as described above, social workers, and other forms of care such as counselling, drama therapy, and group support.

> It's not about the stipend it's about your own personal development and where you want to be and that the house program is also there for your availability….. it is not something that we force on them. (director)

Potential for breakdown and catering for it

With any treatment system, relapses are inevitable and part of the recovery journey. This was partly catered for by the harm reduction approach of allowing use. There were initial problems: "at the beginning, it was not clear to them where the boundary was; now I don't have a problem with that at all." The system introduced does allow for relapse and errors to be made before deciding to expel someone from the house. People using substances often try but relapse, so an open-door approach is applied. Some residents spoke of their initial difficulties in controlling their use and how they are now trying again.

> Actually, all of them wanted to come back now again, you understand because they realised now that ahm you only realised that something is valuable when you don't have it anymore. (resident male)

The system does have limitations and did not work for all. Some residents left as they wished to avoid being under the control of others. This often resulted in some conflicts within the house and became the focus of the meetings described above. Some objected to paying over part of their stipend as rental. Even here, the offer remains for people to return and some who left or were expelled have returned to the house.

> I had to leave house so ahm I had to go out that was the punishment and then I could come back again after when everyone is coming back so it was like now I have to go to my own family…… I was like clean for three weeks and then I had to go to my sisters place and that is when I relapse and I was feeling so bad about my relapse because how can you be three weeks clean and only now because of one packet you are back its almost like that three weeks don't count anymore for now this house is doing much better for me (peer female)

Streetscapes' director highlighted the importance of exercising caution in passing judgment on the homeless, given our limited understanding of the challenges they face. This community, lacking in power and living outside societal norms, is particularly vulnerable to stigmatization. Such stigma often perpetuates a stereotype that attributes their situation to failure rather than acknowledging progress. Recognizing the genuine hardships they endure enables the establishment of a system that tolerates setbacks and embraces the capacity for individuals to return and make renewed efforts.

Testimony of residents

The testimony of a peer supervisor on his recovery brings the real difficulties and process into clarity, but also shows how progress is made. He addresses the real challenge he faced while on the streets, how he sought a place where he could recover, and the real mental, emotional, and physical challenges that came with stopping substance use. He is now trying to use that knowledge to facilitate the journey of other homeless.

> I also came from such a life you understand, I was also twenty, twenty years on drugs, so the best person that I see who can help them is our people that come from that route because if that person now say they want to smoke I know exactly how he feels, I even know what can go through his mind, the next thing is to get something, they need to steal something whatever the case, so I know what to look out for I know how to even take his brain away from that (peer male)

This resident spoke of her conflicts, which were typical of the stories presented by the residents. She wanted to move off the street and get out from under the influence of the drugs she was taking. In the quotes below, she shows her conflict between the need for the drugs and the difficulty of moving into a house with its system of controls. The house became a target and the potential start of a new life. Once in the house, she was happy to realise that the homeless people in the house could gather as a community, work together, and enjoy sharing a space.

> I want to get out get out of the drugs but it is too tight for me and everything, I want to move into the house to stay out of trouble because you stay outside you are always doing drugs always doing stupid things so I was trying to I see that the drug is beating me but I am feeling alright now…… its nice we make coffee and be happy together its making something you feel you are in a home, its making you forget about everything outside but if you come and you making my mind very mad you see we drink coffee, we make coffee for each other make like a family (resident female)

Discussion

Substance abuse is notoriously difficult to treat with low success rates. This is complicated in the homeless population as substance use is part of survival against physical discomforts of cold and hunger, the impact of stigma, and the symptoms related to past trauma. Those who have been on the street for longer periods require additional structure and support to manage usage. The Streetscapes approach set up a stable base of protected work with a stipend, other support, and developmental services, and now a shared home to use as a base for starting again. Developmental services include providing skills, space for recuperation, job training, support, and assistance in reconnecting with family and friends(Hopkins et al., 2021). It cannot provide guarantees, especially in a developing world setting. Recognising the concerns raised about the nature of substance use amongst the chronically homeless, a modified harm reduction approach was applied. The house initially had severe problems. The restrictions placed on the community by COVID-19 lockdowns, together with a lax application of the residents' own rules, meant that the house was constantly disrupted with problems often relating to substance abuse. Once lockdown restrictions were reduced, some household members left, and other residents who wished to stay sought to enforce rules and systems. The house began to operate more smoothly and residents could focus on their own efforts to reduce usage. The house has been operating on this basis since around June 2021 and has seen no repetition of the disruption that occurred initially.

The context of people who are homeless must be considered, as there is an approximate 20% of households living in informal housing in Cape Town (Policy and Strategy Dept, 2022), and current sleeping spaces for homeless people, including temporary shelters, cover a small portion of the need. The people included here have been on the streets for over five years and are distanced from family and other parts of society. This increases dependency on substances and each other to maintain themselves day to day.

Key to establishing this space for residents is the consistency in approach across their worksite and home, and over time. Streetscapes manage both the work and home sites, reflecting a management and philosophical approach of care, acceptance, and impartial support that governs all their work. The structure used by Streetscapes of teams working and living together has the advantage of providing ongoing group reflection, support, and encouragement as the group moves through this transition. The social group also reduces the risk of isolation. The disadvantage of the arrangement could be that there is no escape if irritation arises with each other. There is also a lack of privacy in the house, with residents having to share rooms.

Having the residents play a key role in the management of the house facilitated the approach of self-development and of reducing their substance use. The residents were core to the change in the house, with them initiating a new house culture and reestablishing the operational rules and principles. They continue to be invested in the system, assessing rule violations, contributing to the house operations, and deciding who can move in. Peers or previously homeless people fulfil the role of supervisor and give leadership within Streetscapes, understanding the context and the real difficulties of street life. They also come from the same background, so they will not stigmatise the residents. Importantly, they are also respected at work by NGO leaders and professional staff, providing an important example.

The harm reduction approach, even in the modified version applied here, does allow for residents' space for relapses, to set achievable goals, and allows the person to adapt at a realistic pace. Beyond that, it is important that the team, including the fellow residents, understand that relapse is part of the process and respect renewed efforts to change. This community is both giving up substances and the lifestyle they adopted when they felt rejected by mainstream society. Even if they leave the house, they have the space to return and continue their recovery.

Limitations

This study does have major limitations, particularly a very limited sample of nine interviews based around a single housing case study. The group received multiple interventions, so the housing must be seen as part of a larger set of interventions that contributed to making a difference. This is a pilot project attempting to use existing knowledge in a more resource-restrained environment. There is a need to replicate this work in a larger study and to assess the model in other similar contexts.

Conclusion

This housing intervention drew on lessons from housing first and harm reduction to provide self-managed transitional housing for people who have been homeless, living on the street, or in temporary shelters, for more than five years. After a period of disorder, due to the COVID-19 lockdowns and needing to find the right system, the house is now operating as a part of the Streetscapes systems of services. This paper presents qualitative evidence that the members of the house are able to use the space to control their own usage or stop using substances, including alcohol. The key factors that make up the programme were having a protected work and home space, providing a base for the participants to make changes to their lives and substance use as part of moving off the street. The residents run the house

along with the supervisors on a participatory basis, having drawn up the rules and systems themselves, so they have a clear sense of control over their lives. A modified harm reduction approach was applied, with provision made for participants to relapse and recover, and to allow the participants to move at their own pace in controlling their use of substances. Within both work and home spaces, there is an atmosphere of respect and acceptance, with stigma being avoided on all counts. This is reinforced by using peers as supervisors in the house, as they have a greater sensitivity to the lives and context of homelessness, as they have been there themselves.

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