A RESILIENCE LENS ON HOMELESS OLDER PERSONS IN THE CITY OF TSHWANE: AN ILLUMINATION THROUGH PHOTOVOICE

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ABSTRACT

This qualitative study explores and describes the resilience of homeless older persons in the City of Tshwane, South Africa. Eleven participants, recruited purposively, participated in photovoice activities supplemented with semi-structured interviews. Data were analysed through reflexive thematic analysis and trustworthiness was ensured. Findings indicate that conflict, abuse, family disappointment, unemployment, mental health challenges, declining mobility, isolation and a lack of access to services are risk factors hindering resilience. Religion, support and socialisation, amongst other things, are identified as protective factors enabling resilience. Recommendations for resilience-informed biopsychosocial gerontological social services to homeless older persons are offered to navigate towards better-than-expected outcomes.

Keywords: City of Tshwane, gerontological social services, homeless, late-life homelessness, older persons, photovoice, resilience

INTRODUCTION

In 2017, it was reported that the worldwide population aged 60 years or older was 962 million, which was more than twice the number in 1980 at 382 million (UN, 2017:2). It is expected that the number of older persons will double by 2050 and reach 2.1 billion (UN, 2017:2). Africa's population of older persons is expected to increase from 46 million in 2015 to 157 million by 2030 (Solanki, Kelly, Cornell, Daviaud & Geffen, 2019:174). The World Health Organization

(WHO) (2002) also forecasts that the population figures of older persons in Africa are set to increase from 67 million by the year 2025 to 163 million by 2050. The population figures of older persons in South Africa are consistently increasing. The Mid-Year 2021 Population Estimates Report by Statistics South Africa (StatsSA) indicated that the number of individuals over the age of 60 years is 5.5 million (StatsSA, 2019:7). This phenomenon, an increase in the number of older persons in the population, is referred to as population ageing and poses many challenges in all spheres of society. As populations increase across the world, a similar trend is to be expected concerning older populations who are homeless.

Homelessness is a worldwide phenomenon. The term *homeless* is defined as (Hradecky, Barták, Cveþek, Edgar, Pavel, Penkava & Ruszová, 2007:11):

> *not having a decent dwelling that is adequate to meet the needs of the person and his/her family, being unable to maintain privacy and social relations as well as not having exclusive possession, security of occupation and legal title.*

A lack of reliable national statistics leads to challenges in the accurate calculation of how many individuals are living on the street (Hopkins, Reaper, Vos & Bough, 2020:6). The latest national available data, dated 2008, estimates that there are between 100 000 and 200 000 homeless individuals in South Africa (Hopkins *et al.,* 2020:6). It was reported that 11 391 individuals were listed as homeless on the database of StatsSA, despite challenges in counting and the verification of the numbers (Naidoo, 2015:131). Census 2011 data indicated that there were 6 244 homeless people within the City of Tshwane (henceforth, CoT), the research site of this study (StatsSA, 2011).

The social work profession has always been involved in rendering services to older persons and homeless populations. It would seem that homelessness among older persons is on the rise with increasing numbers of people vulnerable and in need of appropriate social work intervention.

This paper presents a brief literature overview, followed by a rationale for the study, the goal of the study and research question, a discussion of resilience theory, the research methods, an exposition of the findings and discussion, and ends with a conclusion and recommendations.

LITERATURE OVERVIEW

There are various types of homelessness, such as economic homelessness, situational homelessness, chronic homelessness, "near" homelessness and late-life homelessness. *Economic homelessness* refers to individuals who become unemployed due to failed job opportunities resulting in them having to live on the streets (Tshwane Homelessness Forum, 2015:5). *Situational homelessness* refers to individuals who are temporarily homeless due to acts of abuse, domestic violence or family conflict, or those who have been released from prison or hospital without an alternative place to stay (Tshwane Homelessness Forum, 2015:5). *Chronic homelessness* refers to individuals living on the streets due to mental health difficulties or substance misuse (CoT, 2017:24). *"Near" homelessness* refers to individuals who are at risk of becoming homeless due to uncertain housing circumstances (CoT, 2017:24), while *late-life*

homelessness describes individuals becoming homeless later in their lives, e.g. during late adulthood (Grenier, Barken, Sussman, Rothwell, Bourgeois-Guérin & Lavoie, 2016:32).

The most prominent causes of homelessness have been identified as poor economic conditions, the lack of job opportunities, substance misuse and mental health problems (Makiwane, Tamasane & Schneider, 2010; Phillips, 2015; Sermons & Henry, 2010). Risk factors for older persons becoming homeless are identified as eviction when they are not able to continue living with family members, high-priced rent in the private rental market, and the breakdown in a significant relationship (Petersen & Parsell, 2015:368). Housing crises in later life are often caused by life events such as becoming a widow or widower, a breakdown in a marriage or partnership, termination of employment, being evicted and also mental illness (Crane, 2005, in Petersen & Parsell, 2015:369). The disintegration of a marriage, the death of a significant other, financial distress caused by retirement, and the inception of mental illness are all triggers of homelessness for older persons (Gebeyaw, Kotecho & Adamek, 2021; Petersen, Parsell, Phillips & White, 2014).

Homeless older persons (HOPs) are faced with many challenges in their daily life experiences. Emotional distress is one of their greatest challenges as they feel lonely and have no support system as they try to survive on the streets (Thompson, Bender, Windsor, Cook & Williams, 2010). Homeless individuals tend to experience more anxiety, low self-esteem and feelings of depression (Petersen & Parsell, 2015; Thompson *et al.,* 2010). HOPs are more prone to experience health problems as they are unable to access the necessary medical resources they may require (Grenier *et al.,* 2016). They also have to deal with a lack of ablution facilities, food, recreational facilities, employment opportunities and higher levels of poverty (Alowaimer, 2018; Rewathy, 2018). Conditions related to ageing such as difficulties managing the basic activities of everyday life may develop earlier among HOPs than in the general population (Brown, Kiely, Bharel & Mitchell, 2013:2). HOPs are three to four times more likely to die earlier than individuals in the general population as they are more likely to be susceptible to victimisation and overlooked by law enforcement (Petersen *et al.,* 2014; Rewathy, 2018).

A review of several international and national research databases (e.g. EBSCOhost, Google Scholar, Sabinet, Social Work Abstracts) confirmed that there is a lack of research on the resilience of HOPs in South Africa, more specifically in the CoT, especially during the COVID-19 pandemic. Several studies on homelessness and HOPs, as well as studies on the resilience of various street populations, have been conducted in many developed countries around the globe, including Australia, Canada, New Zealand and the United States of America (USA) (Amore, Baker & Howden-Chapman, 2011; Grenier *et al.,* 2016; Kolar, 2011). In the developing world, including South Africa, most of the recent studies on the homeless considered specifically from a social work perspective have been limited to the Gauteng province. For example, in 2021 Mahlangu and Kgadima (2021) published a study that focused on the social exclusion and associated stigma of homeless adults in the CoT; Geyer (2020) published work on the resilience of HOPs in the CoT; however, these studies reflect the context of pre-COVID-19. Moyo, Patel and Ross (2015) published on homelessness and mental illness in Hillbrow in the City of Johannesburg.

GOAL AND RESEARCH QUESTION

The goal of the study reported on in this paper was to explore and describe the resilience of HOPs in the CoT through photovoice. The study endeavoured to answer the following research question: "How resilient are homeless older people in the City of Tshwane?"

RESILIENCE THEORY

Resilience theory enabled the authors to develop an understanding of the lived experiences and interactions of HOPs. The term *resilience* is defined as (Ungar, 2019:2):

> *the capacity of a biopsychosocial system (including a person, family or community) to navigate to the resources necessary to sustain positive functioning under stress, as well as the capacity of systems to negotiate for resources to be provided in ways that are experienced as meaningful.*

Resilience theory has developed extensively over the years. This study adopts the socio-ecological perspective of resilience theory. Considered from this perspective, resilience is studied with a focus on the various interactions on more than one level of individuals' interactions with their environments. Ungar (2008:225) argues that resilience includes:

> *the individual's ability to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in a culturally meaningful way.*

The process of resilience is therefore regarded as being co-facilitated by individuals and their social and physical environments, as well as the various interactions within these environments (Khanlou & Wray, 2014; Ungar & Theron, 2019).

Resilience is often viewed as an individual trait or as a process or outcome. Trait-based perspectives of resilience view resilience as rooted in the personality of an individual and is therefore regarded as a character trait of the individual (Leys, Arnal, Wollast, Rolin, Kotsou & Fossion, 2018). This perspective considers that resilience is intrinsically associated with resources such as the individual and social factors that an individual can rely on to overcome hardship (Harms, Brady, Wood & Silard, 2018). Resilience has also been viewed as a dynamic process that changes as the conditions of the environment change, rather than as being a fixed quality of an individual (Hlungwani, 2017). If resilience is viewed as a process, one can examine how individuals cope in the face of adversity and their wellbeing can be assessed over time to determine whether they are resilient when faced with adversity, as with the situation of HOPs (Harms *et al.,* 2018).

The process of resilience is influenced by the association between internal characteristics of the individual and the various contexts and circumstances that the individual is surrounded by, with the motivation to 'resile', which usually remains inactive until it is stimulated by circumstances in the environment of the individual (Hlungwani, 2017; Skondol, 2010). Resilience is understood to be a dynamic process that transpires from an interaction between

risk and protective factors. HOPs may be faced with various risk factors in their daily lives, the impact of which can be buffered by the availability of promotive and protective factors.

Resilience is understood to be comprised of three important components, namely: (i) promotive and protective factors and processes, (ii) risk factors, and (iii) developmental and behavioural outcomes. These components of an individual's life need to be understood to be able to appreciate how and why some individuals do better than others when they are faced with difficulties (Ungar, 2019). *Promotive and protective factors* enable individuals to recover, adapt and transform (Ungar & Theron, 2019). Promotive and protective factors and processes may be internal or external. Internal promotive and protective factors may include stress responses, self-assurance, strong coping skills, a sense of unity, self-efficacy, hopefulness and cognitive abilities, while external promotive and protective factors may refer to the individual's natural, political, social and economic environments, quality relationships and access to resources, which enable them to achieve positive outcomes (Ledesma, 2014; Ungar & Theron, 2019). Promotive and protective factors also depend on relations in the microsystem, mesosystem (interactions between individual factors), exosystem (institutional settings) as well as the macrosystem (which includes culture, laws and policies) (Ungar, Theron, Murphy & Jefferies, 2021). Ungar and Theron (2019) assert that the classification of promotive and protective factors and processes include relationships, experiences of being in control, experiencing usefulness, social justice, having access to basic resources, having a strong identity, and experiencing a sense of unity and cultural devotion.

Risk factors refer to circumstances that make it more likely for an individual to have undesirable outcomes after having been exposed to danger (Hlungwani, 2017). When an individual's risk exposure is considered, the focus should be on the quality of the environment and on whether a particular context can provide adequate support to individuals with varying risk profiles (Ungar, 2019). The impact that exposure to risk factors has on an individual's wellbeing should also be assessed, as this will influence which promotive and protective factors can mostly contribute towards achieving positive developmental outcomes (Ungar, 2015). The risk exposure, the quality of adverse experiences, the chronicity and severity of risk, the levels at which risk exposure occurs (biological, social, cognitive or environmental), the attributions of causation and the cultural relevance of the stressors they are faced with should be assessed to evaluate an individual's resilience (Ungar, 2015; Ungar & Theron, 2019). Resilience may be present if individuals have experienced an obstacle to their wellbeing on at least one level of adversity and there is evidence of the individuals' contextual promotive and protective factors that contribute to their wellbeing (Ungar, 2015).

The role of social and physical ecologies is considered in *developmental outcomes*; individuals who are faced with substantial degrees of stress should receive greater attention as resilience can occur even in the presence of risk factors (Ungar, 2011). Resilient individuals are also able to achieve favourable *behavioural outcomes* (Ungar, 2019).

Embedded in the social-ecological perspective of resilience theory, the authors aimed to explore and describe the promotive and protective factors, risk factors and developmental outcomes of HOPs that (could) enable them to navigate towards better-than-expected outcomes.

RESEARCH METHOD

Rooted in constructionism as a research paradigm (Padgett, 2017), a qualitative research approach enabled the authors to co-construct meaning and understand the resilience of HOPs in the CoT (Creswell, 2015). The case study research design, specifically the collective case study design, was used as it enabled the authors to develop an in-depth understanding of a relatively small number of cases across different areas of the CoT through the collection of both verbal and visual data (Nieuwenhuis, 2020).

The study population was comprised of HOPs in the CoT. Purposive sampling was used as participants who presented with specific characteristics that related to the study were recruited (Nieuwenhuis, 2020). The researcher worked in conjunction with the *Tshwane Leadership Foundation (TLF)* as gatekeepers to obtain access to, and recruit, potential participants. The following inclusion criteria were adopted in the study:

- The participants had to be HOPs of 60 years and older;
- The participants had to have been homeless, therefore finding themselves without a permanent residence; for at least three months at the time of data collection;
- The participants had to be located in the CoT, more specifically the suburbs of Pretoria Central, Salvokop, Sunnyside and Burgerspark;
- There were no limitations regarding the gender or race of the participants;
- Participants had to be able to converse in Afrikaans or English, or any other language that the researcher, an outreach worker of TLF (a translator) and the participant could converse in;
- The participants had to provide informed consent.

Data were collected to the point of data saturation, which refers to the point where all themes and categories have been saturated and no new data were generated from the participants (Padgett, 2017).

The data were collected through photovoice and face-to-face interviews. Photovoice enables marginalised groups, such as HOPs, to be included as equal partners in the research process and was found to be quite effective in resilience research (Hafferjee & Theron, 2022). In implementing photovoice, the participants were offered a choice between whether they wanted to take photos with a cell-phone camera provided by the first author, or if they wanted the photographs taken on their behalf as per their instructions. Because of the age group involved, it was found that the participants could not manage with disposable cameras. Regardless of the choice the participants made, they were required to have photographs taken that depicted their lived experiences. Such photos were contextualised by eliciting information from the participants in terms of what they represented in the photographs.

Photovoice was supplemented by semi-structured interviews, informed by an interview guide (Geyer, 2021). The interviews enabled the first author to explore specific topics that related to a social-ecological perspective on resilience, and in this way to explore and describe the resilience of the participants.

Both data sets, originating from photovoice and semi-structured interviews, were analysed according to the six-phase non-linear process of reflexive thematic analysis as proposed by Clarke, Braun and Hayfield (2015). Aligned with the constructivist orientation and the nature of qualitative research, the trustworthiness of the study was ensured through several strategies. *Credibility* was ensured in a number of ways. The first author had several interactions with each participant to collect rich data (i.e. prolonged engagement). During the data-analysis phase, preliminary themes were discussed with the second author (i.e. peer debriefing) and their accuracy was confirmed through member checking with two participants. Furthermore, two data sets were triangulated to obtain a holistic understanding and to answer the research question. *Transferability* was possible as all the research procedures and the findings of the research are reported, which could enable subsequent readers and researchers to translate the findings into their own contexts. *Dependability* was realised by keeping an audit trail, which is a written account of the research procedure, including reporting what took place throughout the research project. *Confirmability* was achieved by member checking and keeping an audit trail (Lietz & Zayas, 2010).

Ensuring confidentiality (including signing a confidentiality agreement with translators), respecting privacy through photovoice, obtaining informed consent from the participants, avoidance of harm and debriefing participants were some of the ethical considerations that were adhered to during the study (Babbie, 2017). The study received ethical clearance from the Research Ethics Committee of the University of Pretoria (Ref No.: HUM033/0820).

FINDINGS AND DISCUSSION

This section offers a brief overview of the demographic profile of the participants, followed by the outcome of the reflexive thematic analysis.

Demographic profile

Demographic information was collected during face-to-face interviews. The participants were all HOPs, aged 60 years and older. The participants were located in the following suburbs of the CoT: Pretoria Central Business District (CBD), Sunnyside, Salvokop and Burgerspark. Two participants were living on the street, while five participants were living in a shelter after being homeless and spending a considerable time on the street. Another four participants had been admitted into a shelter after being discharged from a medical facility, making a total of 11 participants who were all considered homeless. The participants did not have any form of permanent residence and found themselves living on the street or temporarily in a shelter. Ten participants identified themselves as male, while only one participant identified as female. Ten of the 11 participants reported themselves to be adherents of the Christian faith, while one participant indicated esoteric beliefs. Seven participants identified their home language as Afrikaans, while one participant identified his home language as English. One participant identified his home language as Sepedi, another Setswana, and one participant isiZulu. All of the participants in the study reported that they were unemployed. Four of the participants had passed matric/Grade 12, while three participants had completed Grade 10. Another three participants completed a lower grade and one participant went on to tertiary education. All the participants had been admitted into shelters during the COVID-19 pandemic, yet some moved

back to live on the street. The majority of participants resided in shelters at the time of data collection because of the emergency housing offered to homeless populations during the COVID-19 pandemic.

Themes

Six themes were generated from the data and are discussed below.

Theme 1: It runs in the family

The theme sheds light on aspects such as conflict, discord and abuse, the effects of disappointment and detrimental living circumstances that have been identified as causes of the participants' homelessness.

The following statements express how the participants perceived the conflict, discord and abuse to have contributed to their homelessness.

> *I did not experience much stability growing up. My parents got divorced when I was 2 years old. I mainly stayed with my mom. I went to eight different schools while staying with my mom as she frequently relocated. My mom suffered from mental health issues and I suffered a lot of trauma due to this and being exposed to my mother's difficulties.* (PAR 2)

> *My father was an alcoholic and a gambler. His addiction was severe. One day we would have a car, the next day the car would be gone … I experienced a lot of instability growing up.* (PAR 7)

> *Yes, my father passed away when I was 7 years old. My mother remarried. My stepfather was not a good person. He was an alcoholic and he physically abused my mother. My family life was unstable. I was chased away from home by my stepfather many times when he was drunk and abusive. It all was just too much for me and I decided to leave at the age of 16 when I also left school to try to make a life of my own.* (PAR 8)

Thompson *et al.* (2010) describe family conflict, maltreatment and victimisation as factors that contribute to homelessness among individuals and have concluded that continuous family conflict is regularly identified as an important factor that contributes to the decision of individuals to leave their family home. The participants indicated that their decision to leave home was a well-planned decision over some time. The participants' experience of family conflict and discord reached a point where being homeless became a more attractive option. When taking resilience into account, factors such as neglect, emotional and/or physical abuse at family or social levels, poorly resourced housing, problematic attachments and instability are regarded as risk factors for homelessness (Kolar, 2011).

The participants further identified their experiences of 'not fitting into the norms and values of their family system' as leading to their homelessness.

In the black community, if you are a man and you are not working, you are not seen or regarded as a man. I lost my manhood through losing my job and being unable to provide for my family. Losing my job and the family conflict that happened after that. My family did not look to me as the man of the house anymore. (PAR 8)

I left my family home at the age of 19 as I was not accepted for being gay. I had to get away from home. (PAR 10)

African males are often tightly held to the traditional (and patriarchal) expectations where the social norms often dictate that they must take care and be responsible for family income (Jardine & Dallalfar, 2012:20). From these comments it would seem that the participants did not fit into what was socially and culturally expected of them. They experienced disappointment and rejection in their family system, or their perception of being rejected, which lead to their homelessness. The quality of an individual's environment and appropriate support from an individual's specific culture or context can enable a process of adaptation (Ungar, 2019:2). The participants seem not to have experienced this.

Challenging living circumstances were equally identified as a contributory factor that caused the participants to leave their homes in search of a better future or in search of opportunities that may enable them to support their families, back home, financially. The following comment is representative of the views expressed by the participants:
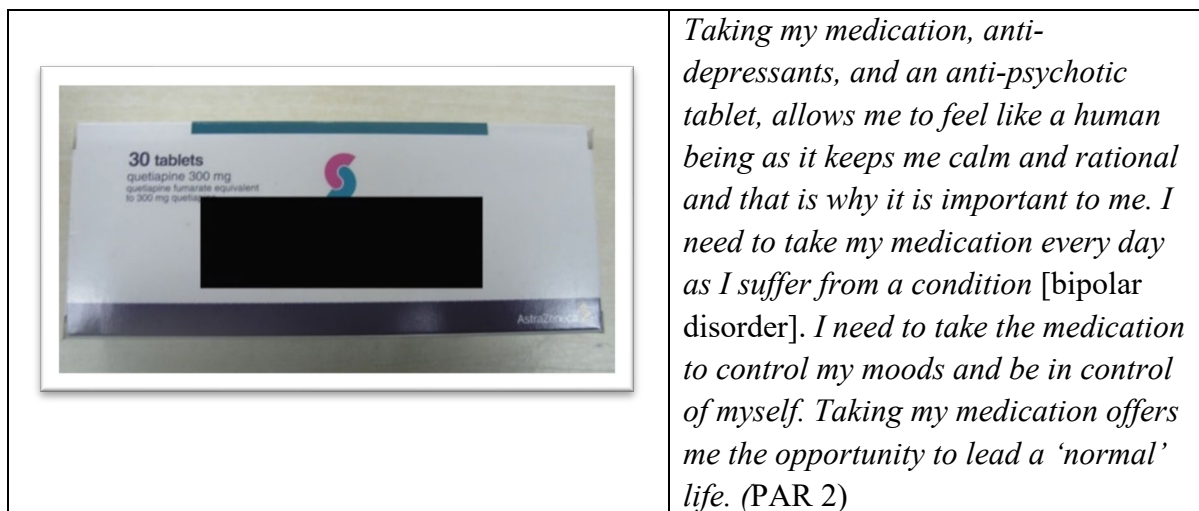
I could not stay at my family home. We had a four-bedroom house that was occupied by too many people: my two sisters, their husbands and children. There was not enough space for all of us to live there. The home became overcrowded and it was difficult for those who were working to take care of the entire household. (PAR 11)

Older persons are more susceptible to becoming homeless because of a lack of viable housing options as well as overcrowding in hospitals and other facilities that might cater to their needs (Grenier *et al.,* 2016). Family instability and severe poverty are experienced as adversity and hardship, thus exposing the individual to risk and potential homelessness (Shean, 2015).

Theme 2: An ongoing battle

This theme explains the challenges the participants experience in their daily lives as individuals who are homeless and the risks that they face. Risk factors, such as mental health challenges, job loss and other challenges are highlighted in this theme.

The following excerpts describe how the participants experienced their mental health to be a challenge. They also indicate how the participants view their experiences of having mental health problems as contributors to their homelessness. The following photograph and comment indicate the kind of challenges that homeless older persons have to deal with in their daily lives.

	Taking my medication, anti-depressants, and an anti-psychotic tablet, allows me to feel like a human being as it keeps me calm and rational and that is why it is important to me. I need to take my medication every day as I suffer from a condition [bipolar disorder]. *I need to take the medication to control my moods and be in control of myself. Taking my medication offers me the opportunity to lead a 'normal' life. (*PAR 2)

Participants also expressed the following views:

I experienced symptoms of depression from a very early age. Due to financial difficulties and debt, we lost our home. This led me to become really stressed and I began seeing a psychiatrist. The psychiatrist diagnosed me with depression and I was admitted into YY [a public psychiatric hospital in the CoT] *for a period of time. After being discharged from YY, I was brought to XX* [a facility that has housing for patients with special needs as well as individuals who are homeless and looking to get back on their feet]. (PAR 1)

I had a good job as an accountant, although I was not qualified. I, however, suffered from obsessive-compulsive disorder [OCD] *and at times I was extremely paranoid. I began drinking to cope with my anxiety. I felt everyone was looking at me and I heard voices. My paranoia became so bad that I stayed away from work, I had no energy. I was admitted to the hospital soon after. I lost my place of residence as a result of staying away from work and could not look after myself.* (PAR 7)

Homelessness is often a consequence when individuals with mental health problems do not have any form of support (Chamberlain & Johnson, 2011). It can be seen from the experiences of the participants that mental health challenges often led to job losses and breakdowns in family relationships, which in turn led to homelessness. In older persons mental health challenges, a risk factor, are caused by a dynamic interaction between social, biological and psychological factors, which often remain undetected and untreated (Gyawali, Khan, Chaudhury & Khadka, 2019). Many participants indicated that they do have access to medical and psychological resources which serve as resilient enabling behaviours (Ungar, 2019).

The following comments illustrate how the participants experienced job loss and subsequently becoming homeless.

I lost my place of residence as I lost my job and my rent payments were falling behind. I got evicted with nowhere to go, so I ended up sleeping on the street. I was found in Arcadia where I was sleeping on the street and brought to XX [a shelter in the CoT].

Losing my job ultimately led to me losing my home as I could not afford the rent anymore. (PAR 4)

I left my family home as I was promised a job opportunity in Pretoria. I came here and the man who promised me the job was nowhere to be found. He fooled me. I trusted him for the job. (PAR 5)

Being unemployed often leads to HOPs experiencing financial insecurity, which has been regarded as a risk factor that adds to their experience of psychosocial distress (Girgis, 2020). Job loss and unemployment are therefore regarded as a cause of homelessness and a risk factor that the participants are faced with and that may hinder resilience-enabling behaviours (Ungar, 2019).

Other challenges that the participants experienced were theft and physical limitations. The following photographs and comments indicate these challenges that homeless older persons encounter in their daily lives:

	This is my room which I share with two others. I sleep in that bed every day. It is also where I hide my money. I am afraid that it will be stolen. It feels as if I need to protect my belongings the whole time. Theft is a common part of our lives. (PAR 3)
	It would be hard to take a photo of physical limitations and tiredness, but that is what I wanted to show. As an older person, I am not as mobile or physically fit as I used to be. I can become tired very easily and sometimes just making my bed gets hard. (PAR 5)
	Sometimes when I come to the roof and I watch the streets, I witness the robberies and the street fights that happen. Sometimes I can see that they stab each other. The police will sometimes come to see what is happening. There will be a big commotion. Crime happens almost every day. It makes you feel unsafe. It sometimes feels as if it [the crime] *is happening to me and I feel unsafe.* (PAR 7)

Ageing is naturally linked with a decline in an individual's health. Poor living conditions on the streets may worsen such health problems (Gebeyaw *et al.,* 2021). The participants shared information about the threats to their safety and their vulnerability in terms of their declining physical and mental abilities, which could be considered risk factors hindering their navigation towards greater resilience (Grenier *et al.,* 2016).

Theme 3: Alone in the world

This theme illuminates how the participants perceived themselves as isolated in the world. It describes feelings of loneliness, estranged relationships and rejection that the participants have experienced throughout their lives – all of these could be regarded as risk factors that may hinder the ability of the participants to navigate towards resilience.

The participants mostly keep to themselves and are left with thoughts that they need to work through on their own, as they do not easily share their feelings and emotions with others. The following photographs depict how the participants experienced feelings of isolation and loneliness in their daily lives.

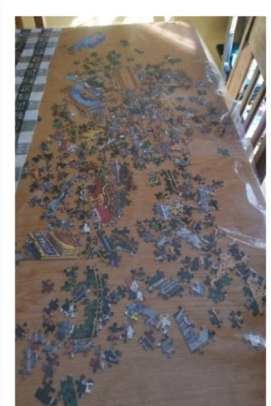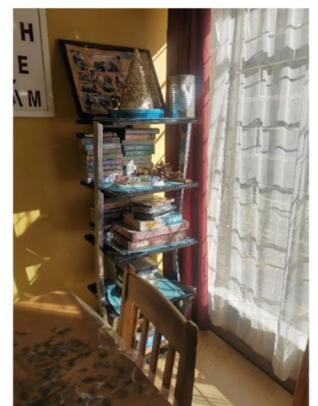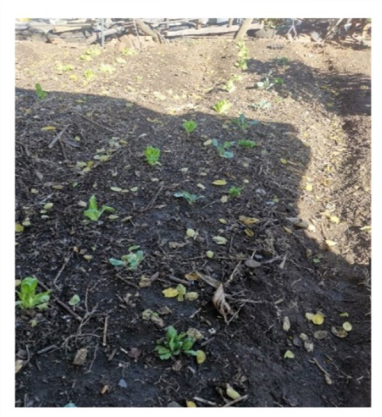|	
	This is the bench where I sometimes sit for hours during the day. I sometimes feel very alone and isolated just like this bench. We don't always socialise with one another and not having regular visitors can make one feel extremely alone. (PAR 8)
	This is a picture of the halls [sic] *where we stay. Most of the time it looks empty and cold. It makes me feel alone and scared. The picture shows a bit of how I feel.* (PAR 4)

	I do not do much while sitting here. I mainly think. This is an escape from my life. We all have something that we need to escape from or want to escape from. For me, it is the misery and loneliness that I experience. It's to escape from my negative thoughts. (PAR 1)
	This is where I sit every day for hours at a time. We do not always talk to each other. This is what I do to pass the time. I sit and I think about my whole life and things that have happened in my life. (PAR 4)

Having relationships with family, friends and adults within an older person's community may be beneficial to enable resilience, while the absence of these connections may lead to difficulties in adapting to homelessness, which may in turn evoke feelings of isolation (Bissel Centre, 2016; Shean, 2015). Socially isolated individuals can become emotionally numb and experience a detachment from their feelings, if they lack emotional interactions and support (School of Public Health and Tropical Medicine, 2020). Older persons, in particular, are more prone to experience social isolation because of the loss of family or friends, retirement, changes in health and mobility as well as ageism (Smith, Steinman & Casey, 2020). Loneliness may impact negatively on older persons' functionality, health status and may lead to early mortality, and are therefore regarded as risk factors (Smith *et al.,* 2020). Loneliness is regarded as a considerable source of stress, which is a risk factor, while close relationships act as an important source of social strength (WHO, 2002). Social support is regarded as a protective factor against emotional and behavioural conflicts, which may impact positively an individual's resilience (Shean, 2015).

Theme 4: What I need

This theme offers an overview of services or activities that are available to the participants or indicate what they require to assist them in their daily life. These could be considered the promotive and protective factors that enable older persons to navigate towards resilience.

The following photographs depict what the participants considered to be sources of socialisation or stimulation available to them.

	We can play these games, build puzzles and watch the movies for entertainment. These activities are something positive and time-consuming that helps us to pass the time. This picture shows some of the recreational activities that we have that are stimulating. (PAR 7)
	A group of us are walking with the physiotherapists as part of our weekly sessions. The physiotherapists visit us weekly and we go for walks. This is something I regard as a strength as it keeps us active and it's also a good thing emotionally to get out of our everyday surroundings at the shelter and get some fresh air and see different scenery. (PAR 5)
	The vegetable garden helps the centre to make sure we eat enough vegetables… Perhaps some of the more able residents can take part in the vegetable garden or have certain duties in the vegetable garden, which will keep us busy and maybe we can exercise in that way. (PAR 6)

HOPs may require additional care as their physical and mental health, as well as their physical abilities, deteriorate as they age. The following photographs indicate the participants' feelings about physical immobility and need for special care.

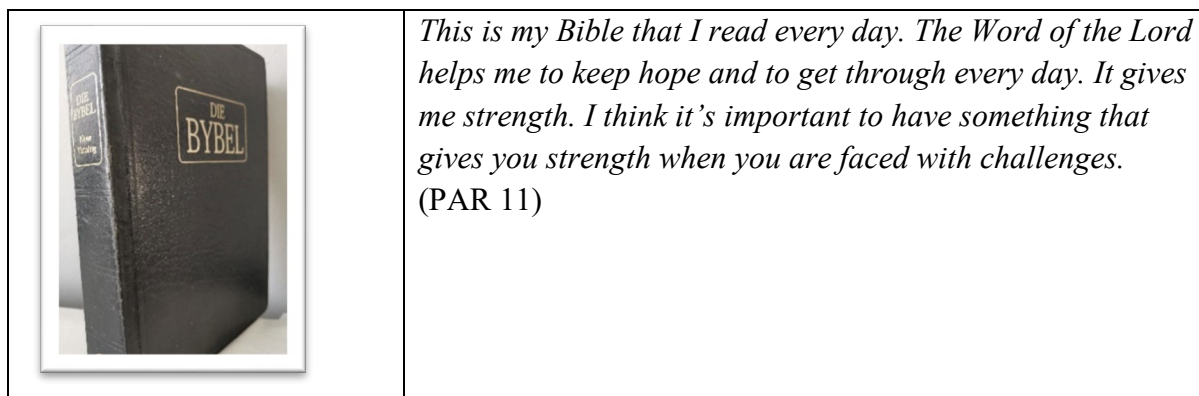|	*I am looking clumsy and tired. I recently had a stroke and my left arm is weak. I cannot properly lift it or use it. I am not sitting up straight due to my body feeling weak.* (PAR 4)
	Although it is not me in a wheelchair, I am also faced with the risk of my health and physical abilities becoming weaker which might make me dependent on others for support. (PAR 8)

Older persons are inclined to experience a decrease in independent mobility in the process of ageing, which may lead to poor quality of life and an increase in social isolation (Manini, 2013). The availability of, access to, and utilisation of resources may enhance resilience and act as a protective factor against stressors that older persons face (Girgis, 2020). For older persons to experience growth, they should be involved in social activities and events; continuous education should be offered and involvement in community building could be beneficial (Noronha, 2015). Studies have shown that individuals who experience high exposure to risk and who have adequate resources are likely to display greater resilience (Ungar & Theron, 2019). Socialisation and stimulation are regarded as internal promotive and protective factors that can enhance resilience.

Theme 5: All hope is not lost

This theme presents positive dimensions in the lives of the participants that serve as promotive and protective factors that assist them in their daily lives, despite the challenges and hardships that they are faced with.

The following comments indicate how the participants have identified religion as an aspect that assists them in their daily life to help them cope with their challenges as it acts as a source of hope and strength. The following image portrays the importance of religion in the lives of the participants as it acts as a protective factor in their lives.
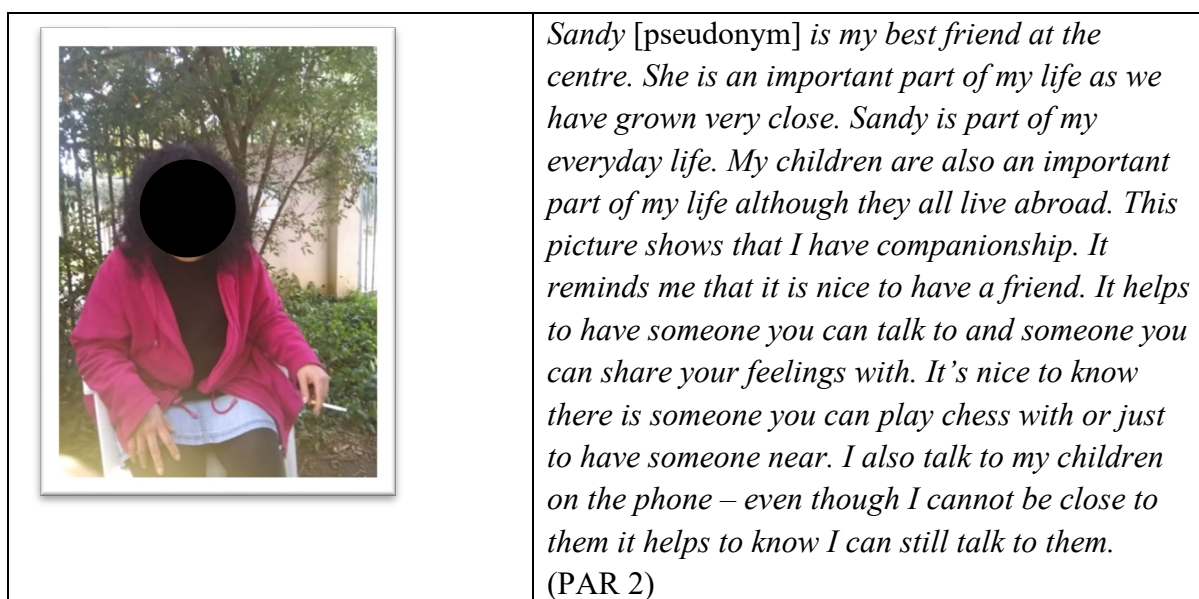
| | *This is my Bible that I read every day. The Word of the Lord helps me to keep hope and to get through every day. It gives me strength. I think it's important to have something that gives you strength when you are faced with challenges.* (PAR 11) |

I pray to God daily and leave all my worries at His feet. (PAR 6)

Religion can be regarded as an internal protective factor that exists on a personal level. It helps HOPs to cope with adversity, sustains their wellbeing and aids the achievement of better-than-expected outcomes. Various studies have indicated that religion is linked to physical and psychological wellbeing amongst older adults (Noronha, 2015).

The following photographs illustrate the support structures that the participants have identified in their daily lives that assist them to cope with challenges and promote resilience. The various support structures include family, friends and staff members.

| | *Sandy* [pseudonym] *is my best friend at the centre. She is an important part of my life as we have grown very close. Sandy is part of my everyday life. My children are also an important part of my life although they all live abroad. This picture shows that I have companionship. It reminds me that it is nice to have a friend. It helps to have someone you can talk to and someone you can share your feelings with. It's nice to know there is someone you can play chess with or just to have someone near. I also talk to my children on the phone – even though I cannot be close to them it helps to know I can still talk to them.* (PAR 2) |

	The social worker is available every day. She is there for us to talk to when we need to and she is there for emotional support. Sometimes we all need to feel supported and need someone to talk to so having this support available makes some days easier. (PAR 5)
	Myself and John [pseudonym] *are standing together. John is a good friend of mine at XX* [name of the shelter] *who is always there to support me. John helps me a lot and I know I can always turn to John when I need assistance. I wanted to show John as something positive in my daily life. This picture reminds me that there is at least someone I can talk to.* (PAR 4)

The support of family members acts as an important personal protective factor that can aid HOPs in handling difficult situations (Girgis, 2020:45). Social support exists on a personal, social and environmental level, and can therefore be regarded as an external and internal promotive and protective factor in the process of fostering resilience (Ungar *et al.,* 2021).

Theme 6: Desired outcomes

This theme deals with the desired outcomes, despite being faced with adversity, which HOPs envision would enable them to lead a life where they can contribute to their communities and take responsibility for themselves and their own wellbeing.

The comments below highlight how the participants perceive the opportunity of being reunited with, or making amends to, their families as something that would enable them to live a functional life again.
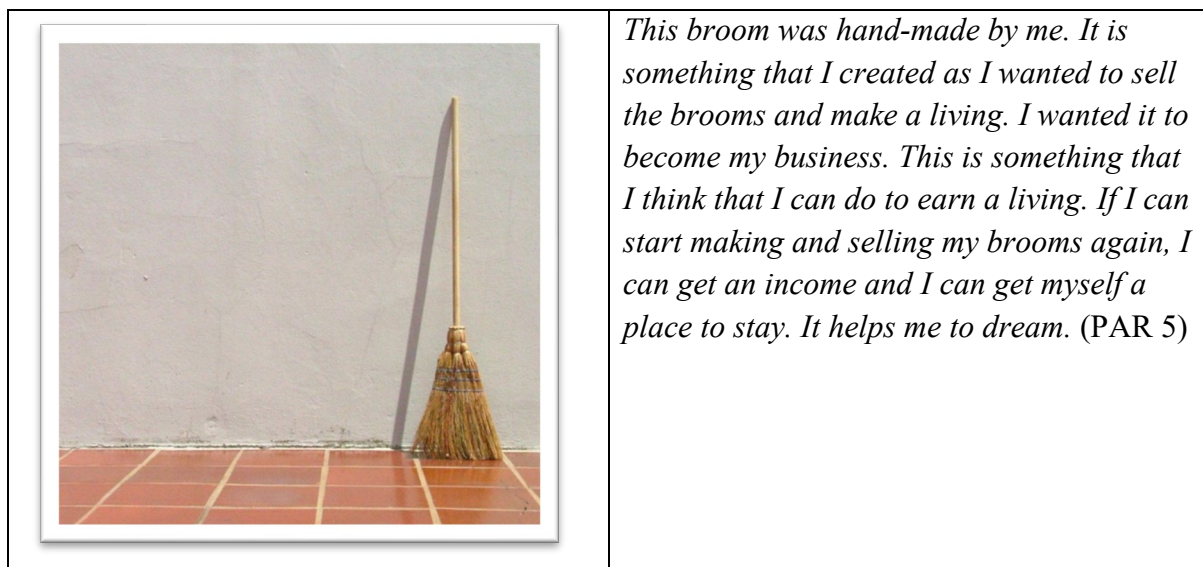
> *At the moment I do not talk to my family at all. My family resents me and they are angry with me as they did all that they could and more to give me a place to stay*

which I let go of. They spent a lot of money on me to attend rehab various times. I caused them great damage – emotionally and financially. I need to apologise. Perhaps then, we can be reunited. (PAR 7)

I would need reconciliation with my family for me to return home. If we can create a safe and trusting relationship between us again, I might feel comfortable being with them again. (PAR 10)

The participants identified starting small businesses, receiving an income, and having a job as solutions that could enable them to lead a 'normal' life where they could return to a more stable condition. One of these ideals is shown in the photograph below.

This broom was hand-made by me. It is something that I created as I wanted to sell the brooms and make a living. I wanted it to become my business. This is something that I think that I can do to earn a living. If I can start making and selling my brooms again, I can get an income and I can get myself a place to stay. It helps me to dream. (PAR 5)

Furthermore, the participants expressed themselves as follows:

Finding a job at the moment would be the best way for me to start building myself up to a point where I can be independent again. (PAR 2)

I want to sell fresh fruits on the street as it is a fast-growing business and many people do it here in the community, so I also want to start, but I need the money first to be able to start. (PAR 8)

Escaping homelessness is almost impossible without any prospects of employment, and for those with limited skills, job opportunities are very limited (National Coalition for the Homeless, 2007). Being able to contribute to their communities and sustain themselves could serve as a solution to the homelessness of older persons. Resilient individuals who can rely on their inner strengths and motivations may be able to push through during difficult times. Feelings of worthiness may come from being employed and contributing to society, which may result in more resilient behaviours (Girgis, 2020). Older persons require support, acceptance, love and empathy from their families, which all serve as promotive factors in the process of enhancing resilience (Świderska, 2014). Having their relationships with family members re-established can not only be a means to end their situation of homelessness, but can be a source of support.

CONCLUSION AND RECOMMENDATIONS

HOPs described and illustrated promotive and protective factors as well as developmental outcomes that may enable them to navigate towards better-than-expected outcomes. They shared their adversities and offered their views on strategies to enable them to return to 'normal'. Based on the findings and discussion, it is concluded that the HOPs involved in the study could be considered quite resilient. They use promotive and protective factors to act as buffers against the numerous adversities they face as a result of their age, biopsychosocial health and homeless status.

Informed by the literature, the views of participants, and aligned with the socio-ecological perspective on resilience, recommendations are offered for resilience-informed biopsychosocial gerontological social services to HOPs in the CoT on the micro-, meso-, exo- and macro-levels.

Micro level

Social workers and psychologists should be recruited to facilitate the reintegration of HOPs into their family systems. They should be linked with community-based services that may improve their overall wellbeing.

The right to self-determination of HOPs should always be cherished. Having HOPs take ownership of their situations and being able to set their own goals in intervention gives them a sense of independence and autonomy, which could promote their resilience.

HOPs should be assisted in applying for the old-age grant, provided that they meet the criteria. A service centre could assist in this regard. Some older persons do not have the documentation required, such as an ID card. They should be assisted in obtaining the documentation. Being financially independent has been identified as a desired outcome for HOPs that has the potential to allow them to escape from being homeless.

Liaisons with the South African Social Security Agency and the Department of Home Affairs are necessary to connect HOPs to the mentioned services.

Potential housing crises, e.g. overcrowding, family or relational conflict or poverty, should be identified and addressed through casework by social workers before they result in the persons becoming homeless.

Using innovative artistic strategies, such as painting, listening to music, dancing exercises, storytelling and drama, while working with older persons may have positive outcomes on their psychological wellbeing. HOPs have indicated mental health issues to be a risk factor. Experiencing good mental health may act as a protective factor that buffers against the adverse impacts that homelessness may have on an older person's life and overall wellbeing.

Meso level

Having supportive relationships has been indicated by HOPs to be a promotive and protective factor in their lives. Therefore, committees that are concerned with the challenges that HOPs

face should be established/maintained with the focus on bringing about change in the attitudes and support offered by the family members of HOPs and the communities where HOPs reside.

Opportunities for socialisation among HOPs should be made available as they have been identified as a factor that can promote resilience. HOPs should be invited to socialisation opportunities in which educative talks, activities and recreation, such as card games, are offered.

Employment has often been indicated as a desired outcome by HOPs that may provide them with a pathway out of homelessness. Likewise, vocational training and opportunities should be created for HOPs who are still able to work and contribute to their community.

Companionship and having someone who cares have been identified by HOPs as promotive and protective factors. Hence, outreach work could be undertaken/maintained by organisations such as TLF to HOPs who are on the streets. Outreach work could promote the identification of HOPs and may also be valuable in influencing their physical health and material needs. Social support and companionship can help HOPs navigate towards resilience.

Exo level

Engagements with social work organisations that work with older persons, such as the Pretoria Council for Care of the Aged, should take place to identify older persons who might be at risk of becoming homeless (i.e. near-homeless).

Domestic violence and family abuse are regarded as contributory factors to homelessness. Safe and sustainable shelters could allow victims of domestic violence and family abuse to maintain their jobs, which may in the long term prevent street homelessness among older persons.

Older persons who reside in shelters must have access to health services as being homeless impacts negatively on an individual's physical and mental health.

Forums such as the Tshwane Homelessness Forum can strengthen their partnerships or collaborations with stakeholders, such as the Departments of Human Settlement, Water and Sanitation, Department of Health, Department of Social Development, Police Services as well as institutions such as Lawyers for Human Rights, to promote and protect the rights of HOPs.

Monthly network/stakeholder meetings with all professionals and stakeholders involved in service delivery directed at HOPs may be beneficial in discussing strategies and solutions to homelessness which could ensure their effective implementation.

Education and awareness campaigns on a community level regarding homelessness among older persons may be able to decrease the stigma that is associated with HOPs and may lead to more support being offered to this vulnerable population.

Macro level

HOPs have stated that a reason for them becoming homeless, is due to financial difficulties and not being able to pay rent, which had resulted in them losing accommodation. Efforts should be targeted at preserving the CoT's shrinking supply of affordable housing, which can be done by advocating for a minimum amount of rent payable by older persons.

Targeting housing subsidies, homogenising the procedures for diverse subsidy programmes and prioritising the processing of housing applications for HOPs could guarantee that HOPs receive assistance as rapidly and proficiently as possible. These services can be managed by the appropriate directorate of the CoT.

Out-patient care centres can be developed that accommodate older persons once they are discharged from a mental health facility or after a long hospital stay. HOPs have indicated that a pathway into homelessness was often being discharged from hospital care and not having a place to go. Providing older persons with a place (i.e. aftercare facility) where they can go after being discharged from hospital care may prevent homelessness among older persons.

Homelessness data standards and reporting instruments should be re-evaluated and re-developed to account for as many individuals in the population as possible. Not much information is available on the current situation of homelessness in the country. The CoT can play a leading role in obtaining data on this issue.

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