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A FORMATIVE EVALUATION OF A PROGRAMME FOR STREET PEOPLE

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A dissertation submitted in partial fulfilment of the requirements for the award of the
Degree of Master of Philosophy (Programme Evaluation)

Faculty of Commerce
University of Cape Town
2011

COMPULSORY DECLARATION:

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this research proposal from the work, or works of other people has been attributed, cited and referenced.

Signature:

Date:

ACKNOWLEDGEMENTS

My sincere thanks and appreciation are offered to:

Joha Louw-Potgieter, my supervisor, for her sagacious advice and unending patience and support.

Peter Lovick, Don Sayers and the staff of Living Grace for their helpfulness and graciousness, and for allowing me access to their organisation.

The street people who allowed me to interview them and without whom this dissertation would not have been possible.

My parents and brothers for their support and encouragement.

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EXECUTIVE SUMMARY

This dissertation is a theory-driven process evaluation of a programme for street people. The programme is run by Living Grace, a faith-based organisation which aims to help clients leave a life on the street and reintegrate into mainstream society. The evaluation is intended to be formative in nature and the primary audience is the programme manager.

The programme theory behind Living Grace's programme was derived primarily through correspondence with the programme manager. The plausibility of this programme theory was then assessed through a review of similar evaluations and other relevant literature. The programme theory was deemed to be plausible if slight amendments were made. The programme theory can be summarised as follows: clients will be able to reintegrate into mainstream society if they are provided with employment, accommodation and long-term psychosocial support in the form of case management.

Using this revised programme theory as the basis of the evaluation, 12 evaluation questions were formulated in order to determine if Living Grace was implementing the programme as planned. The evaluation questions were concerned with three areas: service utilisation, service delivery and organisational support. Questions relating to service utilisation were answered through survey interviews with street people who made use of Living Grace's service during the week of June 22nd to June 28th, 2011. Brinkerhoff's (2003) Success Case Method was adapted in order to interview an additional four clients who were considered to be success cases. Evaluation questions relating to service delivery and organisational support were answered through interviews with the programme manager.

The results of the evaluation suggested that Living Grace did not have enough resources to implement the programme as planned. There were not enough funds to hire a social worker nor were there sufficient resources to provide accommodation to clients. Living Grace has had success in providing employment but employment opportunities were limited and there were not enough resources to expand the employment programme.

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The plight of the homeless within South Africa has been graphically described as follows: “the street homeless are the proverbial skeletons at the feast, the excluded poorest who enter unobserved and stand by gaunt and starved, terrifying to the invited guests but deprived of any capacity to join the party” (Cross & Seager, 2010a, p.18).

The challenges which homeless people face every day are numerous and are not likely to be overcome with any ease. These challenges include hunger, malnutrition, disease, crime, abuse, violence, mental illness, exposure to the elements and difficulty in accessing government services. The homeless may also experience isolation and difficulties integrating into mainstream society. The severity of these challenges in combination with the lack of data on South Africa’s homeless suggest that permanent solutions to homelessness will be challenging.

Seager and Tamasane (2010) have conducted a survey of the health problems of the street homeless in South Africa. The results of the survey showed that one out of every five homeless people had experienced assault or had been injured in some manner within the previous six months. Twelve percent of homeless adults and almost 7% of street children under the age of 18 could be considered to be disabled. More than half of the adults had experienced symptoms of depression during the previous 30 days. It was also noted that street people were at risk for contracting the Human Immunodeficiency Virus (HIV) or other sexually transmitted diseases as “they tend to be sexually active from a young age, have more partners, are less likely to use condoms, tend to use alcohol and drugs more frequently than other groups (which may impair their decision making about safe sex), and they are vulnerable to rape and ‘survival sex’ (sex in exchange for food and other essentials)” (Seager & Tamasane, 2010, p.76).

These challenges for the homeless are not restricted to South Africa. Results of a needs assessment (Herman, Streuning, & Barros, 1994) amongst the homeless in New York City showed that the most common need was finding a place to live while the next most pressing need was for employment or income. Other needs included the resolution of health problems and help in obtaining public assistance. The authors argue that the multiple needs

of the homeless suggest that any programme which seeks to help them must be able to grant access to multiple services.

In an evaluation of a multi-site programme in the United States, Rog (1999) found that homeless families had multiple needs, including access to mental and physical health services, substance abuse treatment and education and training. She also noted that domestic violence and poor mental health were the most prominent challenges which homeless women faced.

Numerous organisations have risen to the challenge to assist homeless people to leave a life on the street and integrate into mainstream society. These organisations have to address the many difficulties which the homeless face on a daily basis.

Living Grace is one such organisation which faces these challenges in its attempts to assist clients to move from the streets into mainstream society. This dissertation will provide an evaluation of its street person's programme.

Programme Description

The following programme description was obtained from the Living Grace website (www.livinggrace.co.za), the Living Hope website (www.livinghope.co.za), discussions with the programme manager (P. Lovick, personal communication, April 14th, 2011), and programme documents (Lovick, 2010).

Living Grace is a non-profit organisation which is located on the Western Cape Peninsula in the town of Muizenberg. It belongs to the umbrella organisation Living Hope which is administered by the Living Hope Trust. This trust administers four different organisations each of which is concerned with poverty alleviation in some manner. The trust is funded by donors from multiple countries including the United States and England, and the trust is also supported by the Western Cape Provincial Government.

Living Grace “seeks to transform the shattered lives of the destitute through the love of Jesus” (www.livinggrace.co.za). They also seek “to play a vital role in the motivation, treatment and support of people who are without basic necessities, to transform the lives of those who are lost and through effective networking to be a voice for the voiceless” (www.livinggrace.co.za). The organisation was founded by Avril Thomas, who started it in 2001 as a means to provide meals to the destitute; this was intended to be a temporary measure while local residents set up a shelter for the homeless. However, the shelter did not materialise and so the Muizenberg Street Peoples Service Provider’s Forum was initiated with Thomas elected as chairperson.

Over time, the Forum became more knowledgeable of the needs of street people and it was decided that there was a need for an assessment centre which was perceived as a way to encourage the homeless to live more responsible lives. Street people were consulted as to what constituted their needs and the programme has subsequently expanded its services.

Living Grace currently runs three programmes: a food share programme, a programme aimed at people recovering from substance abuse and a programme for street people. Due to limited time and resources, this dissertation will focus solely on the street people programme.

The aim of the street person’s programme is to help clients move into permanent accommodation. In order to achieve this it is believed that the clients need to achieve three objectives. The first is to find employment. The second objective is to find temporary or long-term shelter so that clients do not have to sleep on the street. The third objective is to assess the reason that the client is living on the street and if possible to find a solution so that the client does not revert to living on the street.

Underpinning these three objectives are additional services offered by Living Grace. These additional services do not have a direct causal relationship with the goal of getting clients off the street but without these services it is likely that Living Grace would be unsuccessful. These five services are the provision of food, hygiene, primary health care, emotional support and assisting clients access relevant state services. Having sufficient food is not

going to result in a client getting a job but it will make the job search easier if the client is not experiencing severe hunger pangs. Likewise, the possession of an identity document will not lead to a job but it is often a prerequisite for obtaining employment.

Living Grace has organised its services for street people into four categories: provision for physical needs, provision for social needs, spiritual programmes, and skills training and the creation of employment. However, these services are resource-dependent and as such are not always readily available. The target population and each one of these services will be described in more detail below.

Target population

Living Grace targets its services at the street homeless although some of their clients may live in shacks. It is difficult to prove that one has no permanent shelter and thus Living Grace is not always able to verify that its clients are the street homeless. They also target people who are over the age of 16 years as they have found that older homeless people can easily manipulate youths and they wish to avoid mixing the two groups. However, exceptions can be made for parents with young children.

Not all clients will utilise all of the services offered by Living Grace. Some clients will not want to undergo the psychosocial evaluation while others may not require emotional support. Despite this, these clients may still use the remaining services to get off the street. For example, a client lost his job and was evicted as he was unable to pay his rent. He then used Living Grace as a place to obtain food and hygiene while he looked for another job and within two weeks he had found employment and a place to stay. This flexibility in applying the programme is a necessity when dealing with a target population that is transient and may not be willing and/or able to access every service.

Programme duration

Living Grace will generally only offer services to clients for three months. This is to prevent clients from becoming dependent on its services. However, this time constraint is not

applied rigorously and exceptions are made for clients if it is felt that there are not better alternatives.

Provision for physical needs

Living Grace attempts to address the physical needs of their clients by providing a storage area consisting of lockers in which street people are able to store their possessions. Also provided are showers, toilets and laundry facilities. Food parcels are handed out and clients can cook food on Living Grace's premises. This facility also serves as a place where clients can attend workshops. Finally, clients are offered primary health care including oversight for the administration of medication for Pulmonary Tuberculosis (TB) and HIV.

Living Grace also set up the Big John fund but due to lack of funding this is no longer available to clients. This fund is a way for clients to access money so that they can purchase the necessary resources to build a shack and therefore have access to permanent accommodation.

Clients who attend the out-patient rehabilitation treatment are given letters which they may present to a nearby shelter and a bed may thereby be secured for them. Clients who are able to return to their original homes may be offered assistance in acquiring transport for the return trips home. Food parcels may be arranged for clients who are returning to their homes if it is believed that the clients will place a strain on their families' resources.

Provision for social needs

Living Grace tries to care for their clients' social needs by providing an outpatient rehabilitation programme for those who are substance abusers. This programme is run by a health professional. Personal counselling is also offered at any stage and while this is not done by a professionally trained counsellor there is anecdotal evidence which suggests that this service is still of value to the clients. Living Grace also offers advice on how to obtain identity documents, pensions, grants and how to access social services.

Clients will also be offered a voluntary psychosocial evaluation in order to determine their needs. It is envisioned that a social worker will administer this evaluation and also offer other services including the running of support groups, helping clients attend hospital visits and reuniting clients with their families when appropriate.

Skills training and employment

Living Grace is able to offer a six month employment contract as a street sweeper with the Muizenberg Improvement District (MID). In order for a client to be placed on the waiting list for this job, a client has to volunteer consistently at Living Hope. The volunteering process is straightforward. Once lunch has been served to clients, various tasks need to be completed in order for Living Grace to function effectively (e.g. the floor needs to be swept) and clients who offer to assist in the completion of these tasks can be placed on the waiting list. It should be noted that clients who volunteer are also offered an additional food parcel but it is unclear if food or employment is the primary motivation for volunteering.

Living Grace is also able to assist clients in terms of job search. Those who need a resume can create one on the premises and help is offered to those who need assistance in the creation of a resume. There are also plans to train clients in services which can then be offered as a source of income (e.g. clients will be trained as window cleaners or bin cleaners and will then utilise these skills in a small business venture). However, due to the lack of a trainer, this project has not officially started.

Provision for spiritual needs

Living Grace has a second major goal apart from helping homeless people live permanently off the street and this aim is to convert clients to Christianity. In order to receive the midday meal, clients must attend a religious service. This service consists of prayer, singing songs and listening to a sermon.

Programme Theory

Programme theory is a vital component of any programme. The theory serves to “explain why the program does what it does and provides the rationale for expecting that doing so will achieve the desired results” (Rossi, Lipsey, & Freeman, 2004, p.135). The importance of programme theory lies in the fact that if “the assumptions and expectations embodied in a program’s functioning do not represent a credible approach to bringing about (the expected) improvement, there is little prospect that the program will be effective” (Rossi et al., 2004, p.135). In other words, an implausible programme theory will prevent a programme from achieving its outcomes.

The theory behind Living Grace’s programme to reduce homelessness is straightforward: if a client is given access to accommodation, employment and is able to address the causes of his or her homelessness, then it is believed that the client will leave the streets and reintegrate into society. The provision of accommodation, employment and psychosocial support is accompanied by the provision of food and basic hygiene. The theory behind their aim to convert people to Christianity is that if a person is told the gospel message then he or she might convert. Living Grace’s programme theory is depicted in Figure 1.

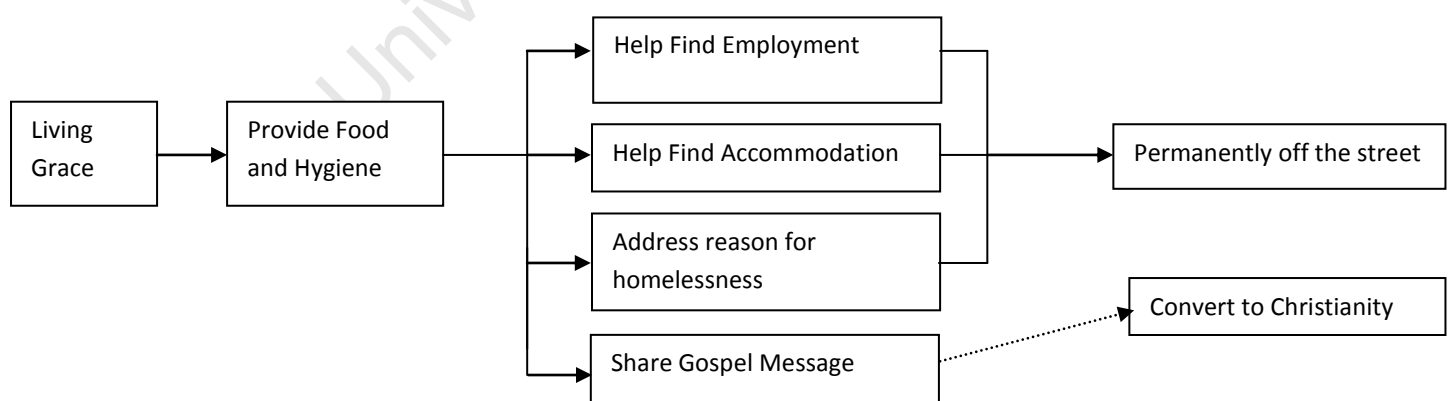


Figure 1. Living Grace programme theory

Evaluating spiritual programmes

Rossi et al. (2004, p.102) state that “in evaluating a social program, it is essential to ask whether it addresses a significant social need in a plausible way and does so in a manner that is responsive to the circumstances of those in need.” It is doubtful that not being an adherent of Christianity constitutes a significant social need. Likewise, it is not clear how converting the homeless to Christianity is an action which is responsive to the circumstances of those in need.

Another problem with evaluating a programme which attempts to convert people to Christianity is that there is no way of measuring if the outcome has been achieved (i.e. there are no objective criteria by which one can prove that another is Christian). As a result of these two problems, this dissertation will not focus on the spiritual activities of Living Grace.

Plausibility of programme theory

Any programme which does not have a plausible theory is less likely to work and thus it will be prudent to assess whether or not Living Grace has a plausible programme theory. The following literature review has therefore been conducted in order to determine if Living Grace is likely to achieve its goal of helping clients live permanently off the streets. The review attempts to find out if employment, accommodation and addressing the root causes of homelessness would lead to a street homeless person leaving the streets and reintegrating into society.

Search parameters for literature review

There are at least two major challenges when one conducts a literature review on homelessness. Firstly, there is no universally accepted definition of what constitutes someone who is homeless but in order for the review to be effective the literature would have to be using similar definitions of homelessness. Living Grace has aimed its services at street people and this review has therefore been limited to articles which have a similar focus. Du Toit (2010, p.13) refers to these people as “detached homeless persons, (and)

temporary overnight sleepers (including evictees and 'weekday' homeless persons).” This shall be the working definition and it will be noted when the literature has a significantly different definition.

Secondly, there is a lack of literature which focuses on homelessness within a South African context. This is noted by writers in the field. For instance, Cross and Seager (2010a, p.15) lament that in “the new South Africa, little has yet been written on street people and virtually nothing about homelessness in rural areas.” Consequently, articles from elsewhere in the world have to be taken into account with the understanding that one needs to be aware of contextual issues when discussing the findings. Results based on these articles should be considered tentative results as it is unclear if the pathway out of homelessness in South Africa is the same as in other countries.

Taking the above criteria into consideration, the search for articles included four different methods. Firstly, databases consisting of peer-reviewed articles and abstracts were scanned. For example, the database EBSCOhost was scanned using a University of Cape Town (UCT) based subscription with keywords such as *homeless* and *employment*. Secondly, the library at UCT was also used as a potential source of material. Thirdly, readings cited by articles found in the initial search were included in the search. Finally, the websites of organisations which work with the homeless were scanned in order to see if they had any studies conducted on their methods

The search for literature excluded articles written prior to 2000 in order to focus on the most recent scholarship. Exceptions were made for evaluations of organisations which attempt to rehabilitate the homeless; this exception is made because such evaluations are especially pertinent to assessing the plausibility of Living Grace's programme theory; however, only evaluations from 1990 onwards were considered.

The search results showed that while thousands of articles have been written on *general* homelessness, there are very few evaluations of homeless rehabilitation programmes. Many of the articles on general homelessness which were read were not directly relevant and could be placed into two categories: those which described life on the streets with a strong

emphasis on the needs of the homeless, and those which focused on differing approaches to substance abuse rehabilitation.

As mentioned above, few programme evaluations or case studies were found and one of those (Glisson, Thyer, & Fisher, 2000) was omitted from this review due to the limits of that particular research design (the research was based on a post-test-only design and made use of a convenience sample). This lack of evaluations is not surprising as O'Connell et al. (2010, p.147) note that "the paucity of evidence-based studies, inconsistent definitions of homelessness, a lack of consistent and incomparable data collection, and difficulties with long-term follow-up are major challenges to the evaluation of effective models of care for homeless populations."

Literature review

This literature review commences with evaluations of similar programmes, and then uses these evaluations and supporting literature as a basis for determining if Living Grace's programme theory is plausible. The evaluations have different emphases on how to end homelessness and these emphases will serve as a way to categorise the evaluations. Each evaluation will be examined under one of the following three categories: housing, service-enriched housing or employment.

Busch-Geertsema's (2004) evaluation focuses on the provision of housing to end homelessness. Seven projects based in Germany were evaluated but Busch-Geertsema's report focuses only on two projects. Underlying all of the projects was the idea that homeless people should be provided with affordable formal housing which is adequately constructed. The participants were also provided with the support of a social worker and other services if participants desired them.

The first project was not given a formal title but was located in Bielefeld. The majority of participants were housed in single-dwelling units and provided with intensive support with the aim that this support would be reduced over a five year period. The aim of the support was independence so that the participants were able to function without any additional

help. It should be noted that participants were men who had significant problems and were considered unlikely to integrate into permanent housing with ease. The results showed that the participants experienced an increase in skills (for example, furnishing rooms) and none of them were given a notice to leave their apartments. However, some of the participants had trouble paying their rent and there were inter-personal conflict between participants as well.

The second project of Busch-Geertsema (2004) was located in Hannover, Germany and run by Soziale Wohnraumhilfe. Unlike the project in Bielefeld, the project housed both men (n=9) and women (n=3), all of whom had social problems, in single-dwelling units. The participants were able to access support services offered by different agencies. The project was evaluated over two and a half years and during this time a social worker would usually meet with the clients at least once a month and was contactable if a crisis arose. The results showed that over 90% of the participants managed to live in the provided accommodation. However, the authors found that the majority of the residents remained in poverty and were unemployed. As a result, some of the participants were unable to pay rent and might have been forced to return to the street if social services had not intervened. The sustainability of this approach was in doubt unless the participants had access funding or employment.

In a second evaluation that focused on housing, Tsemberis, Gulcur, and Nakae (2004, abstract) conducted a randomised control trial (RCT) to determine the “longitudinal effects of a Housing First program for homeless, mentally ill individuals on those individuals’ consumer choice, housing stability, substance use, treatment utilization, and psychiatric symptoms.” The study was conducted in New York City and participants were placed into either the Housing First initiative (experimental group) or they were placed in a group which was treated using a Continuum of Care approach (control group). The Housing First initiative involved the provision of housing to mentally ill homeless people who were given access to social support through a modified form of Aggressive Community Treatment (ACT). The control group’s treatment required participants to receive treatment while staying in transitional housing and then moving into permanent housing at a later stage. Support services were offered to the control group throughout the programme. This

approach was based on the belief that homeless people were not capable of moving directly from the street into permanent accommodation.

Data were collected over two years. The results showed that just under 80% of participants in the experimental group were still living in mainstream society and the initiative was considered a success. This would suggest that providing immediate access to permanent accommodation would be of greater benefit than providing transitional accommodation. This study neglected to mention if the clients were offered assistance in finding employment. It also failed to mention what type of housing was offered to participants but it may be assumed that it was rental accommodation in a residential area (Beyond Shelter, 2011, Housing First Methodology, para. 3)

Both of the above evaluations have focused on housing as way to end homelessness. They suggest that homeless people are able to move directly into, and will benefit from, permanent residential accommodation. In both evaluations, the accommodation provided to participants could be considered formal, habitable housing (Hall, 2009). This is a significant departure from the type of accommodation Living Grace offers to clients. Living Grace may offer clients the opportunity to build a shack which would be considered informal housing and does not usually meet the requirements of being habitable (Hall, 2009). This difference is important as there is evidence (Dworsky & Piliavin, 2000) to suggest that the type of residence into which the homeless move has an impact on their likelihood of returning to homelessness

However, South Africa's housing situation is complex (Hall, 2009) and it is not clear what effect the different types of housing available will have on re-entry to homelessness. It may be that within a South African context, a shack is a practical option for housing the homeless. It has been argued that:

Shacks may often meet some if not all of the requirements for catalysing self-saving behaviour as a route out of poverty. If so, then existing shack housing is a rung on the accumulation ladder for those who have it, and may

be an option for anyone – homeless or work-seeking – who needs accommodation with location advantage. (Cross & Seager, 2010a, p.18)

Further research is required in order to determine whether the type of housing will affect homeless re-entry into mainstream society.

The role of housing in alleviating homelessness should not be underestimated. This call for housing as part of the solution to homelessness is echoed by a number of other authors (du Toit, 2010; Karabanow, 2008). There is debate as to whether the cause of homelessness is simply a lack of housing or whether it is due to some form of social dependence (Hoch, 2004). Both of the above evaluations and Living Grace's approach would appear to accommodate the latter approach by providing psychosocial support if the problem is due to some form of pathology. Their attempts to provide housing and employment would theoretically address the former approach and thus it seems that Living Grace and the above evaluations take into account both paradigms of homelessness.

The following evaluation has focused on services-enriched housing. Rog (1999) evaluated the Homeless Families Programme (HFP). The HFP aims to improve or create systems of care for the homeless and to grant access to services-enriched housing for homeless families experiencing difficulties. The programme was implemented in nine cities throughout the United States. Homeless families who participated were given access to housing subsidies and support via a case management system. The programme was implemented by different organisations in each of the cities. The results of the evaluation suggest that there were multiple gaps in service delivery to the homeless and that where service delivery occurred, it was not uniform. However, the provision of a housing subsidy could help end homelessness. The results showed that 85% of participants in six of the nine cities were able to live in permanent accommodation for at least 18 months. There were insufficient data in the other three cities.

This evaluation is helpful in that it not only reinforces the role that permanent accommodation plays in helping end homelessness but it also draws attention to case

management. Rog (1999) states that the effectiveness of case management and other support services in contributing to housing stability are unclear. However, the fact that such a high rate of housing stability did occur is a significant achievement. In this evaluation, case management occurred over at least one year and other authors have also called for long-term social support (Drury 2008; Ji, 2006). Both of the evaluations which focused on housing (Busch-Geertsema, 1996; Tsemberis, Gulcur, & Nakae 2004) encouraged the use of case management. For example, Busch-Geertsema (1996, p.14) states that

The dwelling alone is often not sufficient. Integrative support has the prior aim of maintaining dwellings, but a further integration into society cannot be achieved by maintenance of tenancies alone...Case management and the use of regular social support (like advice centres for different problems such as indebtedness, addiction, health problems, etc.) are relevant in this context.

Living Grace's programme theory calls for psychosocial support but it might be more successful if it calls for a formalised case management system that is able to offer long-term support to clients once they are housed and employed. Such a case management system could be used to facilitate Living Grace's support services. For example, some authors have expressed concern that South Africa's homeless were unable to access government grants and that such access could be of assistance to the homeless (Cross & Seager, 2010a, 2010b). While Living Grace currently does attempt to help clients access government support, a case management system might make this easier to implement.

Goetz and Schmiege (1996) conducted an evaluation which focused on employment as a pathway out of homelessness. The authors sought to evaluate the role of job skills training in helping the homeless move into mainstream society. They evaluated the Homeless Employment and Related Training (HEART) project which was based in Oregon, United States of America (USA). The authors described the aims of the programme as follows:

The purpose of the HEART Project was to test whether an integrated program of industry validated skills training, job search assistance, and intensive case management could help homeless individuals and their

families become employed and permanently housed. (Goetz & Schmiede, 1996, p.376)

Participants were trained by those in the construction industry and local contractors were contacted and encouraged to hire participants who completed the training (Goetz & Schmiede, 1996). Throughout the training, participants were housed in local shelters and they were provided with transportation, clothing, food, medical care and work-appropriate footwear. They were also given psycho-social support in many forms. For example, participants were referred to outpatient rehabilitation centres, and given access to anger management class and trained counsellors.

This programme was successful as over 60% of participants had found employment at the end of the programme and 65% had moved into permanent housing (Goetz & Schmiede, 1996). It should be noted that no long-term follow up was conducted and it is not known how effective the programme is over time.

Based on the above evaluation, it would seem that employment can be used to help homeless people leave a life on the streets. Perhaps unsurprisingly, other authors have echoed this call for the homeless to be able to have access to a livelihood (Cross & Seager, 2010b; Shaheen & Rio, 2007). All of the evaluations which have focused on housing or services-enriched housing have issues around sustainability and employment may make these approaches sustainable. For example, Shaheen and Rio (2007, "Making the Case for," para. 3) criticise the Housing First approach by arguing that "providing a place to live and ensuring access to treatment services for those who are homeless with disabilities are critical steps, but they are insufficient in themselves to prevent or end chronic homelessness." Thus it would seem that employment is a necessary condition for homeless rehabilitation.

However there appears to be certain conditions which the employment opportunities must meet in order to help clients get off the street. The first is that there must be long-term support once the client is employed (Chamberlain & Johnson, 2009; Goetz & Schmiede, 1996; Hirsch & Schutt, 2009). The second is that these employment opportunities must be

close to available and accessible accommodation (Cross & Seager, 2010a, 2010b) or they run the risk of losing their jobs due to poor performance. Goetz and Schmiege (1996) make it explicit that their participants were given accommodation because they did not want participants to have to worry about daily struggles while learning a new skill. They also argue for a third condition which is that job training needs to be done in collaboration with industry stakeholders.

Living Grace's employment options do meet some of the conditions stipulated above. Firstly, Living Grace does offer psychosocial support to its clients but, as argued above, this can best be accomplished if it adopts a case management system. Secondly, The Haven night shelter is located nearby so clients may be able to access shelter. However, the shelter is often full (P. Lovick, personal communication, May 9th, 2011) and thus it is not always available. It is unclear if the third condition has been met. The street sweepers do provide a service to stakeholders in the MID but they were not trained by professionals in the cleaning industry. However, street cleaning would be considered an unskilled job so the need for in-depth training is not required. Living Grace does plan future employment opportunities for its clients (P. Lovick, personal communication, May 9th, 2011) and these might be more successful if they are created in collaboration with industry stakeholders.

Thus far, the literature discussed has called for a multi-dimensional approach to solving homelessness. This is to be expected given that there is almost universal recognition that the solution to homelessness is certain to be complex (O'Connell, et al., 2010; Shier, Jones, & Graham, 2010). The above evaluations and supporting literature reflect this complexity by showing that shelter, employment and long-term support are foundational to helping the homeless live off the street. The results of this literature review suggest that Living Grace might be more successful if the following two suggestions are adopted: Firstly, there is need for long-term support so that once a client is no longer living on the street he or she has access to the necessary resources to prevent a return to the streets. The nature of the long-term support will depend on the client, but possible scenarios include helping clients manage a budget, become good employees, recover from addiction and other health problems, and the provision of emotional support. Secondly, Living Grace might adopt a more formalised case management system.

Based on the literature presented here, a revised programme theory has been designed and is depicted in Figure 2.

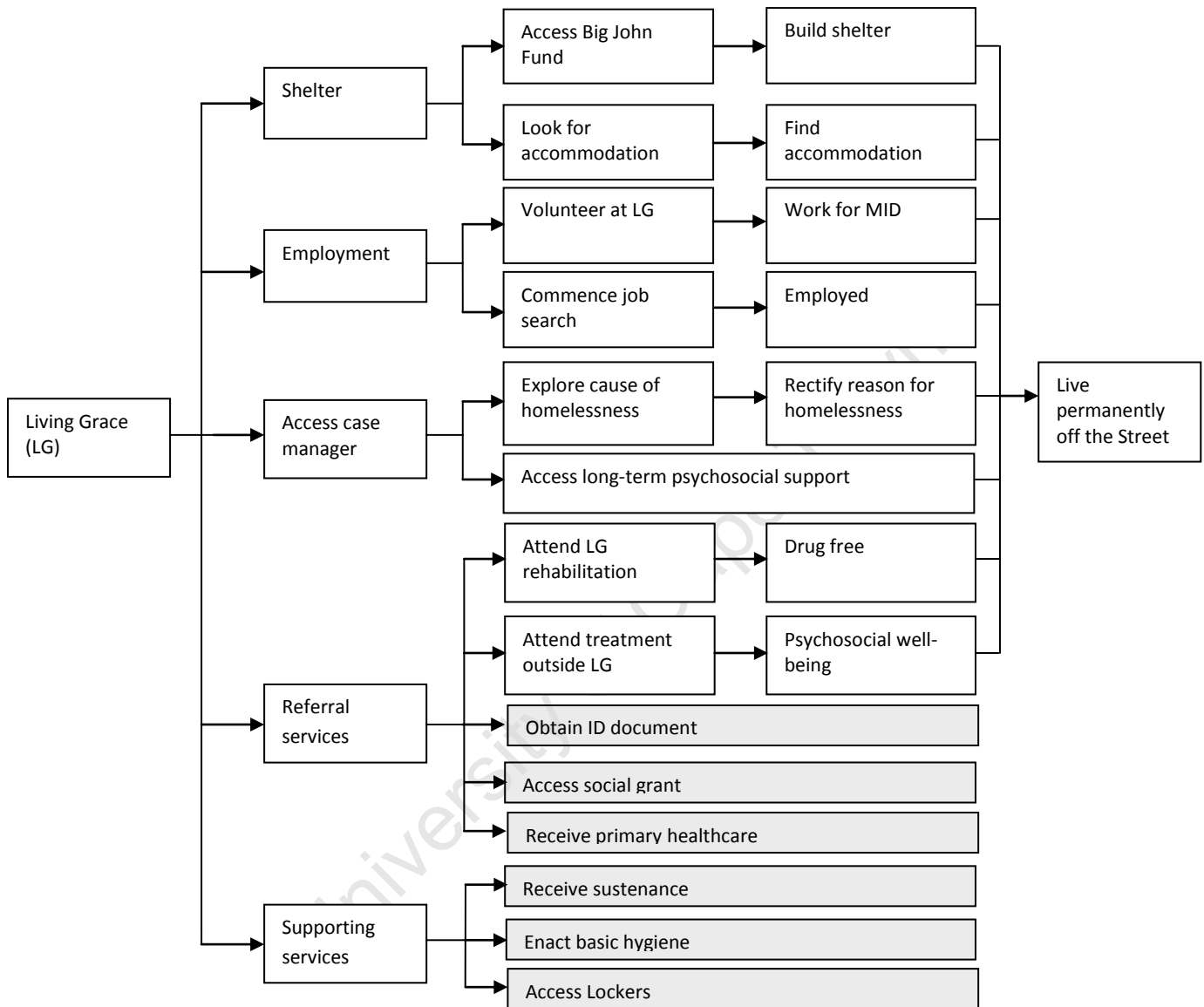


Figure 2. Revised programme theory

Evaluation Questions

A plausible programme theory provides the evaluator with a basis for formulating useful evaluation questions. This evaluation will be formative in nature and is therefore designed to “furnish information that will guide program improvement” (Rossi, et al. 2004, p.426). In

other words this evaluation is intended to be used as a tool which can help Living Grace be more effective in achieving its stated outcomes. The evaluation will primarily be a process evaluation. In other words it will attempt to discover “whether the program is delivered as intended to the target recipients” (Rossi, et al. 2004, p.431). Any process evaluation is concerned with three programme areas and these are the programme’s service utilisation, service delivery and organisational support (Rossi, et al. 2004). Service utilisation refers to the extent to which the programme reaches its target audience while a programme’s service delivery refers to its ability to implement the programme as intended. The last evaluation area for a process evaluation is to examine whether the programme has enough resources to implement it as planned.

Rossi et al. (2004) argue that when tailoring an evaluation, the evaluator needs to consider the type of programme records available, and the amount of time in which the evaluation must be completed. Living Grace has minimal programme records (P. Lovick, personal communication, May 9th, 2011) and the evaluation is being conducted on the assumption that there are no programme records which can act as data. There is also very little time for data collection due to the nature of the evaluation. These two factors place a significant constraint on the types of evaluation questions that can be asked. Based on the above information, the following evaluation questions have been formulated:

Service utilisation

1. Who has utilised Living Grace’s services?
2. Which programme activities are the clients utilising? Which activities were not sufficiently utilised?
3. What are the clients’ perceptions of services offered by Living Grace?
4. What has assisted the clients who have entered the MID employment track to become success cases (Brinkerhoff, 2003)?

Service delivery

5. What are the actual programme activities? Were these the same as the intended activities?

6. How many clients use Living Grace's services?
7. Are the activities delivered in an effective manner by the staff to enable clients to find employment, accommodation and to explore the reasons for homelessness?
8. Are the referral activities delivered in an effective manner so that clients can access primary health care, treatment and rehabilitation, access social grants, and obtain an identity document?
9. Is the programme delivered according to social development standards?
10. Does Living Grace adhere to the conditions stipulated by the Muizenberg Improvement District for the employment of street people as street cleaners?

Organisational support

11. Does Living Grace have sufficient resources (financial, human and infrastructure) to deliver the programme effectively?
12. How do the staff organise their activities? Do their efforts complement the activities?

METHOD

Design

This evaluation had a dual design. All evaluation questions except Evaluation Question 3 were answered within a descriptive framework. For Evaluation Question 3, however, an exploratory framework was used. Babbie and Mouton (1998, p.105) define descriptive research as “the precise measurement and reporting of the characteristics of some population or phenomenon under study.” Evaluation Question 1 is a good example of descriptive research as the answer simply provided basic biographical information regarding Living Grace’s clients. Evaluation Question 3, however, is different in that its answer is not a precise measurement. This question aimed to find out how clients perceive the services made available to them and the question is therefore an attempt to increase understanding. This meets the criteria of exploratory research which has been described as “the attempt to develop an initial, rough understanding of some phenomena” (Babbie & Mouton, 1998, p.105). Furthermore, there are little data on how homeless people perceive the services offered to them and this research therefore necessarily adds to the understanding of such perceptions.

Participants

For Evaluation Questions 1-3 (Service Utilisation), all clients who made use of Living Grace’s services for the week of June 22nd to June 28th, 2011 were approached to answer survey questions (n=37). Thirty-eight clients were interviewed but one interview was omitted for reasons discussed below.

For Evaluation Question 4 (Service Utilisation) sampling was based on a variation of Brinkerhoff’s (2003) Success Case Method. An assumption was made that the clients who had entered the MID employment track demonstrated that they had begun to utilise the employment opportunities offered by Living Grace. They could therefore be deemed as success cases. Four success cases were interviewed.

Responses to Evaluation Questions 5-10 (Service Delivery) and Evaluation Questions 11-12 (Organisational Support) were provided by the programme manager.

Materials

Evaluation questions 1-3 (Service utilisation)

For the service utilisation questions data were collected through survey interviews with clients. It could not be assumed that Living Grace's clients were able to read and therefore a self-administered survey was not appropriate. Babbie and Mouton (1998) note that the survey interview has a number of advantages over a self-administered survey: it usually allows researchers to gather more responses, the interviewer can clarify confusing questions and if the interviewer is allowed to probe for answers, it can decrease the number of "don't know" answers.

The interview questions were asked from a checklist designed for this evaluation. The complete checklist is attached as Appendix A. The checklist allowed the evaluator to determine the age and sex of the respondent and which services the respondent was utilising. It also allowed the evaluator to determine the clients' perceptions of the services utilised.

Ideally, the checklist should have been tested on a small sample first and then adapted but this was not possible due to an imminent programme change. Living Grace was due to change the location where they fed most of their clients and it was not clear if the evaluator would have access to clients at the new location. This meant that it was not possible to do a pilot of the survey on a small sample of respondents.

The service utilisation evaluation questions were answered solely through self-report. It would therefore be prudent to mention briefly the suitability of this approach when collecting data from the homeless. There is evidence to suggest that homeless clients may report answers with some accuracy (Gelberg & Siecke, 1997; Calsyn, Morse, Klinkebenberg,

& Trusty 1997). However, this accuracy is likely to decrease if the answers are complex or if the respondent feels that the answer will result in stigmatisation (Gelberg & Siecke, 1997). Calsyn et al. (1997) have cautioned that self-report results on mental health and substance abuse services are likely to be underestimates. This would seem to be confirmed by Schumacher et al. (1995) who studied the validity of self-reports amongst homeless crack cocaine users. The self-reports were compared against users' urine analyses and it was found that 32% of self-reports produced a false negative classification. It should be noted that the participants were aware that they were going to be tested after the self-report and despite this foreknowledge, almost 1 out of every 3 reports was false.

The implications of these studies are that the questions which are asked of the homeless should be fairly simple, the interviewer should avoid questions which are seen as potentially stigmatising and that the researcher needs to be aware that underestimates may occur in certain conditions. The questions which were used in this evaluation were very simple, avoided stigmatisation and the programme manager was asked about the rates of utilisation of substance abuse as a way to provide a counterpoint to any underestimates of service utilisation.

Evaluation question 4 (Success cases)

This question was answered through structured interviews with clients who had entered the MID employment track. The interview was based on an outcome map which is presented in Table 1.

Table 1

Outcome Map

Services Utilised	Outcome (Tick if achieved)	Follow-up Question	
1. Worked as a volunteer at Living Grace			
2. Signed up for work as a MID street sweeper			
3. Worked as a MID street sweeper			
4. Looked for another job		What type of job did you look for?	
5. Found another Job		What type of job did you find?	
The following questions should be asked at the highest successful outcome:			
6. What has helped you achieve this level of success ¹ ?			
7. How is your life different now?			
8. What has hindered you from achieving this level of success ¹ ?			
9. How can Living Grace help other people achieve your level of success ¹ ?			
¹ Tailor the question to reflect the achieved outcome. For example, if the highest success outcome was that he/she worked as a street sweeper then question 1 will be: what has helped you become a street sweeper for the MID?			

As is evident from the outcome map, the MID employment track consisted of five outcomes. The outcome map allowed the evaluator to determine which outcomes had been achieved and at the highest successful outcome, designated follow-up questions were asked of the participant.

The outcome map and follow-up questions were designed in an attempt to fill a variant of the “success case interview buckets” (Brinkerhoff, 2003, p.142). The first bucket sought to discover what services of the employment initiative the success cases used (See Outcome Map, numbers 1-5). The second bucket sought to find out what aspects of their environment were used by success cases to achieve their success (see Outcome Map, number 6). The third bucket focused on the impact of their success in their lives (Outcome Map, number 7). A fourth bucket dealt with possible impediments in their environment to their success (Outcome Map, number 8), while the last bucket was filled with potential improvements to the employment process (Outcome Map, number 9).

Evaluation questions 5-10 (Service delivery)

These evaluation questions were answered by means of a survey interview. The survey interview (Babbie & Mouton, 1998) was utilised to gather data from the programme manager but instead of using a questionnaire, a service delivery checklist formed the basis of the interview. The service delivery checklist was designed for this evaluation and is attached as Appendix B. The checklist allowed the evaluator to determine whether or not the intended activities were being delivered to clients. If the activities were being implemented as planned, the checklist allowed the evaluator to determine what percentage of clients was using these services. The checklist was also used to determine if the services had been used effectively. The interview did not cover a specific period of time (for example, the year to date) but it was designed to give an overview of service delivery in general.

Evaluation questions 11-12 (Organisational support)

A survey interview was also used for these questions in order to elicit organisational support data from the programme manager. An organisational support checklist was designed to allow the evaluator to determine if there was sufficient funding, staff and infrastructure to support the activities. The organisational support checklist is attached as Appendix C.

Procedure

The University of Cape Town's Ethics Committee reviewed the proposal and research commenced only once approval had been granted. The programme manager was able to review all of the questions which were administered to Living Grace's clients and research was conducted with his approval. Client participants remained anonymous and all participation was on a voluntary basis. Participants who agreed to participate were given a food package sponsored by the evaluator. The programme manager was given the option to have his name omitted for the sake of confidentiality but he declined this option and his name has therefore been included where appropriate.

Evaluation questions 1-3 (service utilisation)

The programme manager introduced the evaluator to the clients and informed them that the evaluation was offered to Living Grace free of charge and that it was intended to benefit the organisation. This was done so that the evaluator could be perceived to be trustworthy (P. Lovick, personal communication, May 9th, 2011). The programme manager stressed that participation was voluntary.

There were a number of significant challenges encountered during the interviews. Firstly, many of the questions had to be clarified or amended slightly and therefore it cannot be assumed that each respondent received the same questions verbatim. For example, one respondent did not know what the word *accommodation* meant and this question was then amended for all future respondents so that it included both the word *accommodation* and the phrase "or somewhere to sleep." Likewise, the question which determined if Living Grace had provided a shelter to clients was later amended to include both the word "shelter" and "or a shack." While these slight variations in the questions may weaken the validity of the data (Babbie & Mouton, 1998) it should be noted that there was a significant difference in the perceived education levels of the respondents and it was felt that applying a more flexible approach would provide more useful data for the evaluation. The relative simplicity of the questions and the in-depth knowledge of the programme by the

interviewer suggested that it was unlikely that these variations would have changed the meaning of the question in any significant manner.

Secondly, the question which was used to determine if the clients found it easy to volunteer at Living Grace was found to be ambiguous. The respondents might have interpreted the question to be asking about the act of volunteering or about the process of becoming a volunteer. This ambiguity would suggest that the data were not suitable and therefore were omitted from the results.

Thirdly, the evaluator was incorrectly introduced as being fluent in both English and Afrikaans. However, all but one of the respondents conversed with the evaluator in English and thus language was not perceived to be a problem. While the evaluator has an intermediate understanding of the Afrikaans language, it was decided that the interview with the respondent who conversed in Afrikaans would be omitted from the results as there might have been miscommunication between the evaluator and the respondent.

Fourthly, there were a few instances where the respondents gave answers which were ambiguous and which remained ambiguous after follow-up questions. For example, when discussing the quality of the food at Living Grace, a client responded that while the food was “not five-star” it was nevertheless acceptable. Despite further questioning, he would not elaborate on his answer and thus it was difficult to know if he would classify the quality of the food as *good* as he indicated that the food was acceptable but not outstanding. It was decided that ambiguous answers such as this one would not be included in the data but each omission was made explicit when discussing the results.

Finally, it should be assumed that the answers reflect a conservative estimate of the client’s usage of the services and that any bias in the data would result in an underestimate of their usage. This is because some clients might have indicated that they do not currently use a service even though they might have used the service in the past. For example, clients who previously made use of the lockers might have indicated that they did not currently use lockers.

The interviews were not recorded as the act of recording might have been intimidating to the respondents.

Evaluation question 4 (Success cases)

As with the previous interviews, there were a number of challenges. Firstly, the interviews with the success cases did not generate much data. For example, respondents did not seem to be able to identify factors which helped or hindered them become success cases. It may be that the respondents lack the cognitive ability to identify such factors or it may be that a more experienced interviewer would have had more success. It should be noted that the respondents seemed especially susceptible to suggestion and therefore the questions which were asked of them could not be leading in any way whatsoever.

Secondly, while the outcome map was designed so that follow-up questions were asked at the highest achieved outcome, these questions were actually asked at the outcome which can be stated as "Client works as a street sweeper." These interviews occurred after the 38 previous interviews and it was felt that the questions would have to be as free from complexity as possible and thus the simplest achieved outcome was chosen.

Thirdly, the programme manager identified 4 persons to be interviewed as success cases but due to a miscommunication only 3 of the 4 appeared for the interview. A fourth street sweeper who was not initially recommended by the manager was interviewed but the programme manager gave permission for the interview to be used as data.

Evaluation questions 5-10 (service delivery)

The evaluator interviewed the programme manager and recorded his responses on the interview survey form (Appendix B).

Evaluation questions 11-12 (organisational support)

Again, the evaluator recorded the programme manager's responses on the interview survey form (Appendix C).

RESULTS

The evaluation questions formulated earlier will be used to present the subsections of the results.

Service Utilisation

A sample of 37 participants completed the survey questionnaire in June 2010. Although participants who completed the questionnaire are not a true reflection of actual participants who used the programme, this sample approximates the best information available regarding service utilisation.

Evaluation Question 1: Who has utilised Living Grace's services?

A total of 38 respondents were interviewed. However, one of these interviews was omitted due to the likelihood of miscommunication having occurred. The sample thus consisted of 37 of Living Grace's clients.

The majority of the respondents were male. There were 28 (75.7%) male respondents and 9 female respondents. Their mean age was 35.6 (n=35). Two instances where the age of the respondent was not known were omitted from the calculation. The mean age for the women was 29.1 years while the mean age for the men was 37.9. Both instances of missing data were from male respondents.

Evaluation Question 2: Which programme activities are the clients utilising? Which activities were not sufficiently utilised?

Table 2 presents the services offered by Living Grace and the extent to which clients accessed these services.

Table 2

Utilisation of Living Grace's Services

Service	Respondents Using Service (n=37)
Initial Services	
Meals	36 (98.2%)
Showers	24 (64.9%)
Lockers	19 (51.4%)
Wash Clothes	16 (43.2%)
Core Services	
Build a Shelter	4 (10.8%)
Find Accommodation	8 (21.6%)
Volunteer at LG	22 (62.9%) ^a
Sign up for MID contract	14 (37.8%)
Work at MID	10 (27.0%)
Discusses Homelessness	15 (41.7%) ^b
See Social Worker/Staff regularly	17 (46.0%)
Reference Services	
All Pay (Social Grant)	4 (11.1%) ^b
Clinic	14 (37.8%)
Drug Counselling	19 (51.4%)
Alcohol Counselling	6 (16.2%)
ID Book	19 (51.4%)

^a n=35. Two of the respondents worked for Living Grace and therefore their responses were omitted from the total number of respondents.

^b n=36. There was one response which was unclear and it was therefore omitted.

If an arbitrary cut-off point of 50% is used, then the following services were sufficiently utilised: meals, showers, lockers, volunteering at Living Grace, referrals to drug counselling and referrals to obtain an identity document. Using the same cut-off point, the following services were not sufficiently utilised: wash clothes; build a shelter; sign up for MID contract; work at MID; discuss homelessness; see social worker/staff member regularly and referrals to All Pay (social grant), clinics and alcohol counselling.

Evaluation Question 3: What are the clients' perceptions of services offered by Living Grace?

Table 3 presents client perceptions of the services offered by Living Grace.

Table 3

Client perceptions of Living Grace's services

Service	Respondents	
	Using Service	Positive Perception
Initial Activities		
Meals (good)	36	33 (91.7%)
Showers (clean)	24	24 (100%)
Lockers (safe)	18	18 (100%) ^a
Wash Clothes (good)	16	11 (68.8%)
Cores Services		
Build a Shelter (easy)	4	3 (75%)
Find Accommodation (easy)	8	7 (87.5%)
Sign up for MID contract (easy)	14	14 (100%)
Work at MID (easy)	10	7 (70%)
Discusses Homelessness (helpful)	15	13 (86.7%) ^b
See Social Worker/Staff Regularly (helpful)	17	16 (94.1%)
Reference Activities		
All Pay (Easy to Obtain)	4	2 (50%) ^b
Clinic (helpful)	14	14 (100%)
Drug Counselling (helpful)	19	12 (63.1%)
Alcohol Counselling (helpful)	6	2 (33.3%)
ID Book (easy to obtain)	19	11 (57.9%)

Note. The word used in the questionnaire to describe the quality of the service is included in brackets.

^a n=36. There is one instance of missing data: a client indicated that he had used a locker but his perception of the locker remains unclear. His response has been excluded.

^b n=36. One of the responses by the client was unclear and it was therefore omitted from the analysis.

Again, if an arbitrary cut-off point of 50% is used, then clients had positive perceptions of every service except the referral to alcohol counselling. Only two out of six (33.3%) respondents indicated that this service was helpful.

Evaluation Question 4: What assisted the clients who have entered the MID employment track to become success cases (Brinkerhoff, 2003)?

Table 4 presents the questions asked of four success cases. Their answers are given under each question.

Table 4

Success Case Responses

Question 1: What has helped you to become a street sweeper?

Respondent 1: Persistence in arriving at Living Grace

Respondent 2: Living Grace and volunteering

Respondent 3: It is the only thing can keep me going. Volunteering.

Respondent 4: (Names of 2 staff member omitted) encouraged me.

Question 2: How is your life different now?

Respondent 1: I feel alright now.

Respondent 2: 100% different through love of God. I'm off drugs.

Respondent 3: I was not relaxful (sic) before. I am now stable.

Respondent 4: Everyone knows me now.

Question 3: What has hindered you from becoming a street sweeper?

Respondent 1: Nothing.

Respondent 2: No.

Respondent 3: Nothing

Respondent 4: Nothing

Question 4: How can Living Grace help other people become street sweepers?

Respondent 1: I can't say.

Respondent 2: Living Grace can be honest and caring. You must believe in yourself.
You must make your mind open using God's Word.

Respondent 3: Become helpers and get Living Grace to work with you.

Respondent 4: By volunteering.

Note. These responses are transcribed from interview notes and should not be considered verbatim.

When asked what has helped them get employment as a street sweeper, three of the four respondents indicated that either volunteering at Living Grace or consistent presence at Living Grace had helped. During the interview, the evaluator had the impression that these three success cases understood the question to rather ask what one needed to do in order to become a street sweeper.

All four respondents indicated that their lives were different after receiving employment but it was unclear if respondent 2 was indicating that employment had made the difference or if it was due to other factors.

None of the respondents were able to identify hindrances in obtaining employment and there were mixed responses as to how Living Grace could have helped other people to become street sweepers.

Service Delivery

Evaluation Question 5: What are the actual programme activities? Were these the same as the intended activities?

Table 5 presents all of Living Grace's activities and whether or not the programme manager believed that they had been delivered. For each activity which had been delivered, the programme manager also indicated if he believed that the programme was delivered effectively. The estimated number of clients who used these services is also included.

Table 5

Effective Delivery of Services and Estimated Usage of Services

Intended Activities	Actual Activities	Effective Delivery	
<u>Services</u>	<u>Delivered</u>	<u>Effective</u>	<u>Estimated Percentage of clients using service</u>
Initial Services			
Meals	Yes	Yes	100%
Showers	Yes	Yes	33%
Lockers	Yes	Yes	33%
Wash Clothes	Yes	Yes	15%
Core Activities			
Build Shelter	No	No	-
Find Accommodation	Yes	Unknown ^a	5%
Volunteer at LG	Yes	Yes	10%
MID employment	Yes	Yes	7 clients/6 months
Psycho-social Counselling	Yes	Unknown	Fluctuates
Long-term support	Yes	Unknown	2%
Case management	No	No	-
Referral Activities			
Social Grant	Yes	Yes	2%
Clinic	Yes	Yes	5%
Drug Counselling	Yes	Yes	10%
Alcohol Counselling	Yes	Yes	10%
ID book	Yes	Yes	2%

^a The programme manager indicated that Living Grace “tries” but it is unclear if the service is delivered effectively

According to Table 5, the programme manager was of the impression that all of the initial and referral activities were delivered in an effective manner. In his opinion, only two of the core services were delivered effectively and these related to the provision of employment as MID street sweepers.

Evaluation Question 6: How many clients use Living Grace’s services?

Table 6 presents the comparison between the programme manager’s estimates of how many clients used each service per month, and the respondents’ indicated usage.

Table 6

Comparison of Estimated and Recorded Service Utilisation

Activities	Estimated Percentage of Service Utilisation (Programme Manager)	Recorded Percentage of Service Utilisation (Clients)
Initial Services		
Meals	100%	98.2%
Showers	33%	64.9%
Lockers	33%	51.4%
Wash Clothes	15%	43.2%
Core Activities		
Build Shelter	Not delivered	10.8%
Find Accommodation	5%	21.6%
Volunteer at LG	10%	62.9%
MID Employment	7 clients/6 months	27.0%
Referral Activities		
Social Grant	2%	11.1%
Clinic	5%	37.8%
Drug Counselling	10%	51.4%
Alcohol Counselling	10%	16.2%
ID book	2%	51.4%

The programme manager estimated that the initial services were the most used services and this was confirmed by the clients. However, and with the exception of the provision of meals, there was a large discrepancy between the estimated and recorded rates of utilisation for each activity. In each case, the estimated rate of utilisation is lower than the recorded rate. Note that the estimate of service utilisation was based on the number of clients using a service each month while the recorded rate did not take into account a time frame.

Evaluation Question 7: Are the activities delivered in an effective manner by the staff to enable clients to find employment, accommodation and to explore the reasons for homelessness?

According to the programme manager, the provision of opportunities to volunteer and to work as a MID street sweeper are the only two core services which were delivered in an effective manner (see Table 5). Two core activities (the provision of a shack and case management) were not delivered at all. The programme manager did not know if the provision of accommodation, psychosocial counselling and long-term support were effective. For example, the programme manager argued that the continual long-term usage of counselling suggests both success and failure. The client would not return to counselling if there was no benefit but the aim of counselling is self-reliance and therefore continued usage suggests failure (P. Lovick, personal communication, June 22nd, 2011).

Evaluation Question 8: Are the referral activities delivered in an effective manner so that clients can access primary health care, treatment and rehabilitation, access social grants, and obtain an identity document?

It was the belief of the programme manager that all of the referral services were delivered effectively (see Table 5).

Evaluation Question 9: Is the programme delivered according to social development standards?

The Department of Social Development does not place onerous demands upon non-governmental organisations. However, Living Grace does ensure that it adheres to the mandated fiscal control policies and occupational health demands (P. Lovick, personal communication, June 22nd, 2011).

Evaluation Question 10: Does Living Grace adhere to the conditions stipulated by the Muizenberg Improvement District for the employment of street people as street cleaners?

Living Grace gives a weekly report back to representatives from the MID and ensures that they adhere to their contractual obligations. At the time of the interview, the contract was up for review (P. Lovick, personal communication, June 22nd, 2011).

Organisational Support

Evaluation Question 11: Does Living Grace have sufficient resources (financial, human and infrastructure) to deliver the programme effectively?

Table 7 presents the activities offered by Living Grace and the programme manager's perception of whether or not these activities were supported by sufficient staff, budget and infrastructure.

Table 7

Resource Allocation for Activities

Activities	Sufficient Staff	Sufficient Budget	Sufficient Infrastructure
Initial Services			
Meals	Yes and No ^a	No	Yes
Showers	Yes	Yes and No ^b	Yes
Lockers	Yes	Yes	Yes
Wash Clothes	Yes	Yes and No ^c	Yes
Core Activities			
Build Shelter	No	No	No
Find Accommodation	Yes	No	Yes
Volunteer at LG	Yes	Yes	Yes
MID employment	Yes	Yes	Yes
Psycho-social Counselling	No	No	No
Long-term support	No	No	No
Case management	No	No	No
Referral Activities			
Social Grant	No	No	No
Clinic	Yes	Yes	Yes
Drug Counselling	Yes	Yes	Yes
Alcohol Counselling	Yes	Yes	Yes
ID book	Yes	No	No

^a Living Grace depends on volunteers to help provide meals and without volunteer support, it would not be able to provide this service.

^b There is insufficient budget to provide soap to clients but the shower is always available for use.

^c There is insufficient budget to provide washing powder to clients but the facilities are available for clients to use.

Table 7 shows an organisation which is significantly under resourced. Living Grace did not have sufficient staff, budget or infrastructure to run their programme as planned.

Evaluation Question 12: How do the staff organise their activities? Do their efforts complement the activities?

According to the programme manager (P. Lovick, personal communication, June 22nd, 2011), the staff at Living Grace spent most of their time involved in food management and preparation. The collection and distribution of donations was the second most time-consuming activity. The third most time-consuming activity was the counselling of clients in one-on-one settings.

In summary, the results relating to service utilisation indicated that Living Grace's clients were mostly male and that they had generally favourable perceptions of the services offered to them. The clients made use of a mixture of initial, core and referral services. The results relating to service delivery suggested that all of the initial and referral activities were implemented as planned. However, there were a few core services which were not delivered at all, and other core services were delivered but not in an effective manner. Finally, Living Grace did not have sufficient resources to implement the programme as planned.

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DISCUSSION

The evaluation questions formulated earlier will be used to present the subsections of the discussion. This chapter will also include additional subsections on recommendations for future evaluations, recommendations for programme improvement, the evaluation's contribution to knowledge and the limitations of the evaluation.

Service Utilisation

Evaluation Question 1: Who has utilised Living Grace's services?

Just over three quarters of clients who were interviewed were male. While the sample cannot be considered representative of the larger population of homeless people who utilise Living Grace's services, both observational data and the results of the evaluation suggested that there are more male clients than female clients. This is in line with a survey conducted by Kok, Cross, and Roux (2010) which found that there were more homeless men than women in South Africa.

It is not known why there was such a large discrepancy in population size between genders. One possible reason is that homeless adult women spend less time on the street because the streets are not perceived to be safe (Kok, et al., 2010). This would lead to women being less likely to be included in survey data and it may also cause women to avoid organisations which help the homeless. Another possible reason is that the pathways into homelessness may affect men more than women. There is evidence to suggest that South African adults become homeless because they lose their jobs and/or houses, or they never gain sufficient access to the economy (Cross & Seager, 2010b) but it is not clear whether these affect the genders differently.

One implication of having a male-dominated population is that Living Grace may be able to tailor their services to problems which are more likely to affect the male homeless. For example, coloured homeless men are more likely to experience high blood pressure, cholesterol, diabetes, emphysema or bronchitis and TB when compared to the general

population of South Africa (Seager & Tamasane, 2010). Living Grace could potentially educate their male clients about the symptoms of these health problems so that clients are able to seek help if so required.

There is also a big difference in the mean ages of the men and women. On average, women were 8.8 years younger than men. While the lack of gender-differentiated mean ages in the literature makes it difficult to compare data, there is tentative evidence to suggest that the mean ages for both women and men are not dramatically different to findings in other results (Kok et al., 2010; Olefumi, 1999). It is not known, however, why the female respondents were younger than the male respondents. It might simply be that pathways into homelessness affect men and women at different stages in life, or that men remain homeless for longer than women. Further research on South Africa's homeless is required.

The results of the evaluation did not show if all of the participants were indeed homeless and therefore it is not known to what extent Living Grace reached its target audience. Note that there will be periods when not all of Living Grace's clients are homeless. This is not only because some of them may have received a shack from Living Grace but also because Living Grace has opened up its rehabilitation centre to the local community. Clients who are not homeless but utilise the rehabilitation centre are offered all of the same services as the homeless. That is, there is no discrimination between the two populations. This is likely to have an effect on service utilisation as Living Grace cannot guarantee that they are reaching their target population. This lack of discrimination may have also affected this evaluation. A convenience sample was utilised and participants from both populations may have been included in the survey. Therefore it should be noted that the results of the service utilisation might be different if only homeless clients were interviewed. However, given that Living Grace offers its programme to all clients, these results are still a measurement of programme implementation. It should also be noted that it is difficult to prove that one is homeless and Living Grace, like all organisations that work with the homeless, will therefore struggle to ensure that they only provide services to those without shelter.

Evaluation Question2: Which programme activities are the clients utilising? Which activities were not sufficiently utilised?

The provision of meals was the most utilised service. Of all the services made available to clients, the provision of food is one which is most obviously related to survival. The only initial service which was not sufficiently utilised (that is, was used by less than 50% of the respondents) was the option to wash clothes at Living Grace. This under-utilisation is possibly due to the fact that washing powder is not always freely available to clients (P. Lovick, personal communication, June 22nd, 2011).

The only core service which was sufficiently utilised was the opportunity to volunteer. This may be due to the fact that clients are often given additional food if they volunteer. It may also be due the fact that it was one of only two core services which had sufficient staff, budget and infrastructure to implement as planned (see Table 7).

Although the MID employment scheme was utilised by less than half of the respondents, this activity should be considered fully subscribed. Ten clients indicated that they had worked as a street sweeper and given that only seven clients are employed at any given time, this service was fully subscribed. Therefore the only core services which received sufficient resources to implement as planned were sufficiently utilised.

It seems likely that the other core services were under-utilised due to either poor implementation or insufficient resources. Note that case management was not being offered by Living Grace and this has important implications for the programme's success. According to the programme theory, case management is one of the three key services which are required for a client to integrate into mainstream society. It seems unlikely that Living Grace will achieve programme success unless it gains sufficient resources to fund a case manager. This is based on the fact that all four of the evaluations (Busch-Geertsema, 2004; Goetz & Schmiede, 1996; Rog, 1999; Tsemberis, Gulcur, & Nakae, 2004) which contributed significantly to the formation of the programme theory had either used case management or had recommended its use. The amount of support required will vary according to the needs of the client and Busch-Geertsema (2004) has noted in his evaluation

that emergency situations could require up to 20 hours per month of support from a social worker. This would suggest that Living Grace may not be meeting a potentially significant need for its clients.

It is of some concern that so few participants (38.7%) had signed up to become a street sweeper. One would expect that more clients would have signed up because it is a prerequisite to obtaining employment as a street sweeper, and employment is likely to be a top priority for the homeless. When 462 homeless people in Johannesburg and Tshwane were asked what service they would have liked to receive from their municipality over half (53.7%) of the respondents indicated they would like employment (Du Toit, 2010). Given this, the rate of sign-up does appear low. One female respondent indicated that she believed that females were not eligible to become street sweepers and the low sign-up rate might have been due to clients being poorly informed.

Living Grace has had mixed success in its attempts to refer clients to additional services. The referrals for drug rehabilitation and referrals to obtain identity documents were both sufficiently utilised but the remaining three referral activities were under-utilised. Note that the addiction recovery referrals might have included instances where someone from Living Grace recommended the out-patient rehabilitation centre to clients in a group setting. It is unclear why there is such a large discrepancy between the referrals for drug rehabilitation and the referrals for alcohol rehabilitation especially since both were sufficiently resourced and both were considered to be delivered effectively.

The results of the referral to a clinic (37.8%) can be compared to Seager and Tamasane's (2010) survey on the health of the homeless in South Africa which found that only 25.3% of adult respondents had been to a government hospital or clinic within the previous three months. Living Grace's results are higher but it is not clear if clients actually went to the clinic. However, all of the respondents who were referred to the clinic found the referral service helpful which suggests that clients did visit the clinic. If this assumption is true then Living Grace appears to be having some success in referring people to clinics.

The lack of referrals to government grants is a concern. Kok et al. (2010, pp. 28-29) state the following:

The street homeless, as a very poor or destitute population often of rural origin, are often afraid or unwilling to approach government offices or staff on their own; many indicated in interviews that they perceive their unkempt appearance and irregular situation as unsuitable and perhaps likely to expose them to rejection. For homeless street people who do not have anyone to help them fill in forms and approach bureaucratic staff, this diffidence contributes to cutting them off from grant access almost completely.

Consequently, Living Grace's clients are unlikely to receive government aid unless they receive assistance.

There does not seem to be a direct link between the referral services utilisation and the resourcing of these services. For example, the referral to obtain an ID document was sufficiently utilised but there was insufficient budget or infrastructure to implement the services as planned. Conversely, the referral to a clinic was insufficiently utilised but this service was sufficiently resourced.

Even if the lack of resources has not prevented clients from being referred to obtain an ID document, it seems likely that it has still hindered a few clients in another way. Some respondents indicated that they were unable to obtain an identity document as they did not have enough money to pay the administration fee charged by the Department of Home Affairs. This barrier may be removed if Living Grace had sufficient resources to implement the referral as planned (see Table 7).

Evaluation Question 3: What are the clients' perceptions of services offered by Living Grace?

Client perceptions of Living Grace's services were mostly positive (see Table 3). The initial services were especially well received by clients with three of the four services having had approval rates above 90%. Note that despite these positive findings, there may be ways in which Living Grace might improve these initial services. For example, while all of the respondents who had used the showers indicated that the showers were clean, many of them indicated that they were also cold. A few clients also indicated that they did not wash their clothes at Living Grace because they were concerned about theft. This dissatisfaction was not recorded in the results and a more thorough survey could suggest ways in which Living Grace can serve their clients better.

The core services all had approval ratings of 70% or above which suggests that Living Grace offered these services in a way which was easy for clients to access or in a way which clients found helpful. Note that at the time of the interviews, Living Grace did not offer clients the option to build a shelter and yet three out of four respondents indicated that they had found this service to be helpful. This discrepancy can be explained if one notes that these respondents often indicated that they had built these structures in the past. This suggests that Living Grace was not adhering to its restriction of not helping clients for more than six months or perhaps that clients made use of the services sporadically over time.

The only referral service to receive less than 50% approval was that of the referral to alcohol rehabilitation. It would be unwise to read too much into this particular result given that only six respondents indicated that they had been referred for alcohol rehabilitation. Should future research indicate that the rehabilitation centre has more success with drug abusers than alcoholics, it might be that the rehabilitation centre should be used exclusively for drug users. None of the four evaluations (Busch-Geertsema, 2004; Goetz & Schmiede, 1996; Rog, 1999; Tsemberis, Gulcur, & Nakae, 2004) which contributed significantly to the programme theory indicated if there should be separate rehabilitation facilities for alcohol and drug users.

Note that each service was only measured in one category (for example, showers were measured according to the criterion “cleanliness”) and a more robust questionnaire is required to obtain a more comprehensive view of client perceptions.

Evaluation Question 4: What assisted the clients who have entered the MID employment track to become success cases (Brinkerhoff, 2003)?

During the interviews with the success cases, it often seemed as if clients did not always understand what was being asked of them and this was especially true of the question which asked them to identify factors which helped them obtain employment as street sweepers. For example, one client responded that “persistence in arriving at Living Grace” helped him but it was unclear how this persistence helped him obtain the job. Two more respondents indicated that volunteering helped them get the job but this might reflect a misunderstanding of the question to rather be asking what one must do to become a street sweeper. One respondent did mention that “they encourage you”. When asked to identify to whom he was referring the respondent named two staff members. The staff members’ encouragement was perceived to be an important reason he became a street sweeper.

The question that obtained the most useful data was the one that asked respondents if their life was different once they had begun working for the MID. Two clients mentioned that the job had helped them emotionally and one of these stated that his life was “not relaxful (sic) before” and was now “stable”. A third stated that “everyone knows me” and this was presumably referring to those who lived and worked in the Muizenberg central business district. The opportunity to work as a street sweeper has seemingly had a positive effect on these clients. The fourth respondent indicated that his life was “100% different now through the love of God” and that he was now no longer abusing drugs. It is unclear if this respondent was referring to changes brought about due to employment or due to spiritual help or both. While it is not clear what has helped each of these respondents become success cases, the data suggests that becoming employed has had a positive effect on their lives. This positive effect is encouraging and would seem to add to the arguments made by

others (Cross & Seager, 2010b; Goetz & Schmiede, 1996; Shaheen & Rio, 2007) that employment and employment-related activities should be made available to the homeless.

Clients were unable to identify any hindrances to becoming employed as a street sweeper. Respondents were also asked how Living Grace could help other clients obtain employment as street sweepers. These answers are of limited value and there are little data which Living Grace can use to improve their programme. For example, one client indicated that he “could not say” how Living Grace can help others become employed, while another indicated one should “make your mind open using God’s Word.” It is unclear if the latter response is an indication that the responsibility lies with the individual or if the client is recommending that Living Grace uses scripture as a way to encourage people to enter the MID employment track. The remaining two respondents both answered the question by referring to the act of volunteering and it was the belief of the evaluator that the question was misunderstood by these two success cases.

Service Delivery

Evaluation Question 5: What are the actual programme activities? Were these the same as the intended activities?

Living Grace did not carry out two of the planned activities (see Table 5). As mentioned above, Living Grace did not offer clients access to a case manager and this is likely to hinder Living Grace’s attempts to help clients leave a life on the streets. The other service which was not delivered was the provision of a shack as a place of residence. This lack of providing a permanent shelter is likely to reduce the chances of Living Grace achieving its success as there are no readily available places for clients to reside apart from a local night shelter.

Both of these activities which were not offered were significantly under-resourced (see Table 7). Neither of them had sufficient staff, budget or infrastructure to implement as planned. This is a clear indication that lack of resources is preventing a successful implementation of the programme theory. It is of some concern that the lack of resources is

preventing the implementation of exactly those services which are fundamental to the programme theory.

This places Living Grace's programme at a significant disadvantage because one of the implicit assumptions of the programme theory is that Living Grace will be able to implement the programme theory as planned. Goetz and Schemiege (1996, p.379) have stated that "the homeless can be assisted to self-sufficiency through a comprehensive set of services" but Living Grace is not able to offer the planned set of services as stipulated in the programme theory. Given that the local night shelter does not guarantee accommodation and Living Grace does not offer clients the option to build a shack, there is little opportunity for clients to find accommodation. However, the provision of housing is a key element in rehabilitating the homeless (Busch-Geertsema, 2004; Tsemberis, Gulcur, & Nakae; 2004) and this suggests that Living Grace should prioritise the provision of shelter to clients.

Evaluation Question 6: How many clients use Living Grace's services?

The exact number of clients using Living Grace's services is unknown. The results of the research showed that there was a difference between estimated usage and recorded usage (see Table 5) but this difference was probably due to the fact that estimated usage was concerned with monthly utilisation of services while the recorded usage may have referred to services which were used months or even years ago. What is clear is that the programme manager was correct in his estimation that initial services would be the most utilised. The fact that the services which offer immediate and tangible benefits are the most utilised suggests that clients have their focus on present concerns and are less concerned with long-term goals.

Given that so little is known of South Africa's homeless population, it is unclear if Living Grace's services are under or over-utilised when compared to the other homeless organisations in South Africa. According to Sanchez (2010), faith-based organisations which help the homeless have dramatic differences in the number of people they help. For example, he mentions that one organisation helps 20 people per week while another

organisation in the same metropolitan area helps 600-700 people per week. Further research is required in order to determine if Living Grace's services are utilised in a manner similar to comparable organisations.

Evaluation Question7: Are the activities delivered in an effective manner by the staff to enable clients to find employment, accommodation and to explore the reasons for homelessness?

This evaluation question is concerned with three core services (employment, accommodation and exploring homelessness) which play a vital role in the programme theory. It seems likely that Living Grace will not succeed in its aim of helping clients leave the street if these activities are not delivered effectively.

Living Grace has provided employment to a limited number of clients in an effective manner (see Table 5). However, it is not known how successful the organisation is in helping clients find employment outside of the MID employment track. The programme manager stated that he would like to expand the MID employment programme as it was limited to seven clients at any given time (P. Lovick, personal communication, June 22nd, 2011).

Living Grace did not offer clients the option to build a shelter (see Table 5). However, Living Grace did help clients find accommodation through other means although there is uncertainty as to the extent of the success of this service. Of the eight respondents who have made use of this latter service, seven indicated that the service was helpful so it may be that the service was effective. It is recommended that a simple monitoring system be put into place in order to determine the effectiveness of this service. Clients who find accommodation (for example, Living Grace helps them get into a night shelter) could be offered an additional food package if they give feedback on their experience. Should the client not be able to return to Living Grace in person (for example, Living Grace helps the client return to his/her family in another province), the client could be given enough money for a phone call so that they can call Living Grace and inform them that he or she has found shelter. It is estimated that only 5% of clients use this service in any given month and the

provision of money for phone calls, or additional food packages should not be a significant burden on resources. Note that even if these incentives are put into place, there is no guarantee that clients will respond to them.

The effectiveness of the psychosocial support was not known. It is recommended that a simple monitoring system be implemented to determine effectiveness although this is not likely to be an easy task. While it is theoretically possible that programme staff could administer a questionnaire such as the Patient Health Questionnaire (Pfizer, n.d.) which measures psychosocial wellbeing, clients might not be willing to complete such a questionnaire. When asked about counselling, respondents gave the impression that the counselling was fairly informal and that it was not a regular occurrence. The administration of a questionnaire under such conditions might reduce client willingness to go to staff members for help. A secondary problem with such an approach is that the staff of Living Grace might not be sufficiently qualified to administer such tests. A third difficulty is that the transient lifestyle of many of the clients makes it extremely difficult to track their progress over time. It might be that monitoring of such psychosocial health will only be meaningful once a case manager is hired. Until Living Grace is able to fund a social worker, the most efficient monitoring system may simply be the creation of a database which records how often a patient a client received counselling and which also records the topic discussed. Repeated discussions on the same topic over a lengthy period of time might reflect a lack of effectiveness.

Evaluation Question 8: Are the referral activities delivered in an effective manner so that clients can access primary health care, treatment and rehabilitation, access social grants, and obtain an identity document?

It was the belief of the programme manager that all of the referral services were delivered effectively (see Table 5). This seemed to be confirmed by the fact that all referral activities apart from the referral to alcohol addiction were viewed in a positive light by the clients (see Table 3). As mentioned earlier, it is unclear why only 2 of the 6 respondents indicated that the alcohol rehabilitation was helpful especially when one takes into account that

respondents are referred to the same rehabilitation centre which has an approval rate of over 60% from clients who attend for abusing drugs.

It is encouraging that these referral activities appear to have been delivered effectively as both of the evaluations which focused on the provision of housing (Busch-Geertsema, 1996; Tsemberis, Gulcur, & Nakae 2004) included additional services similar to Living Grace's referral services.

Evaluation Question 9: Is the programme delivered according to social development standards?

This question has resulted in very little data which requires interpretation. There are few legal requirements for operating non-governmental organisations in South Africa. The programme manager has stated that Living Grace complies with the legal requirements and a brief search of the Department of Social Development's (2011a) database confirmed their registration with the department and that they have submitted annual financial reports. The submission of annual reports is a legal requirement (Department of Social Development, 2011b).

Evaluation Question 10: Does Living Grace adhere to the conditions stipulated by the Muizenberg Improvement District for the employment of street people as street cleaners?

The answer to this question has also required little interpretation. The programme manager stated that Living Grace fulfilled its contractual obligations and the weekly report by a Living Grace staff member to the MID suggested that any breach of contract would have been discovered by MID.

The partnership with the MID allows Living Grace to partially fulfil one of the employment conditions necessary to help clients leave the streets. That is, the employment opportunity is near a place of available and accessible accommodation (Cross & Seager, 2010a, 2010b).

However, the fact that the night shelter is often full suggests that the local accommodation is not always available to clients.

Organisational Support

Evaluation Question 11: Does Living Grace have sufficient resources (financial, human and infrastructure) to deliver the programme effectively?

The programme manager stated that there are only 6 out of 16 activities which have sufficient staff, budget and infrastructure to implement as planned (see Table 7). This would suggest that Living Grace is significantly under-resourced and that it may be prudent to focus on fundraising in order to obtain the necessary resources to implement the programme as planned. Despite this lack of resources, 11 of the 16 activities are considered to be delivered effectively (See Table 7). This would suggest that Living Grace is achieving successes in certain activities (for example, the provision of meals) despite its limited resources.

Evaluation Question 12: How do the staff organise their activities? Do their efforts complement the activities?

According to the programme manager (P. Lovick, personal communication, June 22nd, 2011), the staff at Living Grace spend most of their time involved in food management and preparation. It is not surprising that the food management and preparation is the most time-consuming as this is the most utilised service offered by Living Grace. The collection and distribution of donations is the second most time-consuming activity. The third most time-consuming activity is the counselling of clients in one-on-one settings.

Living Grace's programme theory requires clients to obtain employment, accommodation and psychosocial support in order to leave a life on the streets. However, only one of these (psychosocial support) is represented in the three most time-consuming activities. The significance of this seeming disparity is difficult to determine for two reasons. Firstly, it is likely that the most pressing need for clients is to obtain sustenance and therefore it is

appropriate that food preparation receives a significant proportion of the available work hours. Secondly, and based on Table 7, Living Grace is insufficiently resourced and it might be that the way in which staff organise their time would be different if the organisation had access to the necessary resources. In other words, while it may look like staff are not necessarily spending their time on activities that complement the programme theory, it is difficult to say that they should be spending their time differently.

In summary, Living Grace is not implementing its programme as planned. The lack of sufficient resources has prevented the implementation of key activities and this is likely to prevent Living Grace from achieving its goal of helping the homeless reintegrate into mainstream society. There is, however, reason for Living Grace to be optimistic. The lack of resources has only prevented a few services from being delivered and the clients have a generally favourable perception of the services offered to them. Should Living Grace have sufficient resources it seems likely that the programme would be implemented as planned.

Suggestions for Improving the Programme

This evaluation is formative in nature and its aim is to therefore produce information which can be used to improve the programme (Rossi, et al. 2004). Based on the above, the following recommendations are suggested as a way to improve the programme and to monitor its activities:

Service utilisation

Given that just over 75% of participants were men, Living Grace could run workshops for male clients highlighting the potential health problems that they are more likely than the general population to experience. Workshops for females could be run concurrently if there is sufficient support.

Living Grace would be more likely to have an increase in service utilisation if there were sufficient resources to implement the programme as planned. It is therefore recommended that Living Grace prioritise the acquisition of resources and that these resources be used to

hire a case manager and to provide accommodation for clients. These two activities are under-utilised and are key components of the programme theory.

Service delivery

It is recommended that Living Grace implement a basic monitoring system which provides regular feedback to staff. The implementation of such a system as it relates to the effectiveness of Living Grace's attempts to help clients find accommodation and to provide counselling have been discussed earlier. However, it is envisioned that the monitoring system will be more comprehensive than that. The questionnaire which was used to answer the service utilisation evaluation questions can be adapted to provide regular feedback to staff. There are a number of advantages to using this questionnaire. Firstly, it has already proven to provide relevant information. Secondly, it is easily administered and the responses are easy to code. Thirdly, it is easily adaptable and it should be amended so that there are additional questions regarding client perceptions on the quality of services and there should be also be a place to record if the client is homeless or not. Additionally, the questionnaire should record how frequently a client uses a service and if the client makes use of any referral activities.

These questionnaires could be administered four times a year to give insight into seasonal usages of Living Grace. If the questionnaire is administered by staff members, clients might be willing to give their names and Living Grace may be able to track programme implementation over time. This data could be useful for future evaluations and may be of assistance in the fundraising process.

Organisational Support

As mentioned earlier, Living Grace would potentially benefit from prioritising fundraising. The lack of resources is a significant impediment to their success, and until there are more funds available, sustained success is unlikely.

Should Living Grace gain access to sufficient resources to implement the programme as planned it is recommended that an outcome evaluation be conducted to determine if Living Grace is achieving its aim of helping clients move into mainstream society.

Finally, Living Grace could potentially form a partnership with the local night shelter and the MID in order to guarantee that street sweepers will be guaranteed a shelter. This will ensure that the clients have available and accessible shelter.

Recommendations for Future Research and Evaluation

Firstly, virtually nothing is known about South African homelessness and any additional academic research on this topic would likely prove to be valuable. It is, however, recommended that research be conducted on pathways into and out of homelessness so that policy makers and homeless organisations are better able to help this segment of the population.

Secondly, no evaluations of South African organisations which work with the homeless have been published in peer-reviewed journals. There is a significant need for such evaluations to create knowledge which is contextualised to South Africa and which can be used to contribute to future evaluations of homeless organisations. It is recommended that evaluations based on the Housing First approach (Tsemberis, Gulcur, & Nakae, 2004) be given priority given the almost 80% housing retention rate.

Future research which is concerned with the homeless should take into account the difficulties which one encounters when working with such a population. While there are undoubtedly many educated homeless, many lack even the most rudimentary skills. Living Grace's sister organisation, Living Way, operated a worker-readiness programme for those who live in shacks and the attempt to run this programme with homeless clients from Living Grace failed as the clients were simply not ready for even these basic skills. The main reason for the failure of the programme was the low literacy amongst the homeless (P. Lovick, personal communication, August 29th, 2011). Consequently, it seems unlikely that any research requiring participants to have even a rudimentary grasp of literacy will succeed.

This caveat appears to be confirmed by results presented by Kok, Cross and Roux (2010) which show that the mean number of years of education for homeless people in Mpumalanga, Gauteng and Limpopo is only 7.06 years.

Fourthly, future researchers are encouraged to avoid the perception of being associated with law enforcement agencies. One client asked the evaluator if he was with the police and the client then stated that he was “shit-scared of the police.” Thankfully, the evaluator was informed that he should not dress in a suit as this would give the impression of being a detective. In this evaluation, the programme manager’s introduction served to legitimise the evaluator and future researchers are encouraged to seek such legitimacy where possible.

The varying degrees of knowledge amongst the clients suggest that the application of any survey-type measurement will require a fair amount of flexibility. It is recommended that only one person interview all of the homeless respondents in order to prevent this flexibility from reducing validity.

Contribution to Knowledge

Given that there are no known evaluations of South African homeless organisations, this evaluation necessarily contributes to the body of knowledge. An outcome evaluation would have potentially made a more meaningful contribution to the literature on South Africa’s homeless but the lack of data prevented such an evaluation. Nevertheless, this evaluation has contributed methodologically by highlighting the challenges of obtaining data from the homeless population. The challenges include the fact that the population is transient, suspicious of authority figures, and may be poorly educated. The transient nature of the population is especially challenging as it makes it difficult to track progress over time and makes more sophisticated research designs difficult to implement due to the likelihood of attrition.

This evaluation will be of value to those who wish to do process evaluations of homeless organisations as it provides a template on how to evaluate such an organisation. The section

on recommendations for future research has included practical advice for future researchers/evaluators and it is hoped that such advice will make a contribution to the body of knowledge. In addition the evaluation has also given limited insight into the types of services which the homeless utilise and the types of services made available to them.

This evaluation also highlights the limitations that are created by a lack of resources. Homelessness is likely to increase and has an impact on not only those who live on the street but also the general public (du Toit, 2010) and the funding of appropriate programmes should be prioritised in order to reduce the number of homeless.

Limitations

This evaluation has a number of limitations. Firstly, a convenience sample was utilised. The results cannot therefore be generalised to the wider population of clients who utilise Living Grace's services. While it would have been ideal to select a representative sample, there was no practical option apart from the convenience sample.

Secondly, the use of a convenience sample may have resulted in biased results. Only clients who were willing to interact with a stranger to answer questions were interviewed and it is not known if such a selection influenced the results.

Thirdly, the interview questions did not record reasons why clients did not make use of a service. For example, if a client possessed an identity document, he or she would not be offered the referral service because it is not necessary. The results do not take this into account and there is no differentiation between those who did not receive the service and those who did not need to receive the service. This would suggest that the results are likely to be underestimates of Living Grace's activities. Should the questionnaire be adopted by Living Grace as a way to monitor programme implementation it is recommended that the questionnaire also record reasons why clients did not make use of a service.

Fourthly, this evaluation has raised doubts about the adequacy of Brinkerhoff's (2003) Success Case Method (SCM) when it is applied to the homeless. The SCM requires participants to be able to firstly analyse factors which have helped and hindered them and secondly to

be able to communicate the results of this analysis to other people. It is unclear if homeless people have the requisite skills to do these two tasks and therefore the SCM may not be a suitable research tool if it is applied to the homeless. Admittedly, the evaluator had never used the SCM before and it might be that the combination of inexperience and a difficult target population has reduced the effectiveness of this research method. Further research is required in order to determine if the SCM is appropriate for research on the homeless.

Conclusion

Homelessness is a social problem that is unique in its complexity. There are many routes into homelessness but very few out of it. Those who experience it face a number of significant and potentially insurmountable problems which range from poor physical and mental health to difficulties in obtaining help from the state. Those who wish to help the homeless have to implement a solution which is equally complex. It requires long-term commitment, willing staff, a plausible programme theory and a not inconsiderable amount of resources. It is this last requirement which is proving to be a hindrance to Living Grace's success as it prevents Living Grace from implementing its programme as planned. Until Living Grace is able to implement the programme theory as planned, it seems likely that their homeless clients will remain skeletons at the feast.

REFERENCES

- Babbie, E., & Mouton, J.(1998).*The practice of social research*. Cape Town: Oxford University Press.
- Beyond Shelter (2011).*Housing First. Ending Family Homelessness*. Retrieved on May 25th, 2011 from http://www.beyondshelter.org/aaa_initiatives/ending_homelessness.shtml
- Brinkerhoff, R.O. (2003). *The success case method*. San Francisco: Berrett Koehler Publishers Inc.
- Busch-Geertsema, V. (2002). When homeless people are allowed to decide by themselves. Rehousing homeless people in Germany. *European Journal of Social Work*, 5(1), 5–19.
- Calsyn, R.J., Morse, G.A., Klinkenberg, D., Trusty, M.L. (1997). Reliability and validity of self-report data of homeless mentally ill individuals. *Evaluation and Program Planning*, 20(1), 47:54.
- Cross, C., & Seager, J. (with Erasmus, J., O'Donovan, M. & Ward, C.) (2010a). Skeletons at the feast: A review of street homelessness in South Africa and other world regions. *Development Southern Africa*, 27(1), 5-20.
- Cross, C. & Seager, J.L. (2010b). Towards identifying the cause of South Africa's street homeless: some policy recommendations. *Development Southern Africa*, 27(1), 143-158.
- Chamberlain, C. & Johnson, C. (2008). From youth to adult homelessness. *Australian Journal of Social Issues*, 43(4), 563-582.
- Department of Social Development (2011a). *Database Search Menu*. Retrieved from <http://www.dsd.gov.za/npo/>Please note that you must enter the registration number (41284) in order to retrieve the information.
- Department of Social Development (2011b). *All About Non-Profit Organisations*. Retrieved from <http://www.dsd.gov.za/npo/>
- Drury, L. J. (2008). From homeless to housed: Caring for people in transition. *Journal of Community Health Nursing*, 25(2), 91-105.
- du Toit, J.L. (2010). Local metropolitan government responses to homelessness in South Africa. *Development Southern Africa*, 27(1), 111-128.
- Dworsky, A.L., & Piliaven, I. (2000). Homeless spell exits and return: Substantive and methodological elaboration on recent studies. *Social Services Review*, 74, (3), 193-213.

- Gelberg, L., & Siecke, N. (1997). Accuracy of homeless adults' self-reports. *Medical Care*, 35(3), pp.287-290.
- Glisson, M.G., Thyer, B.A., & Fisher, R., (2001). Serving the homeless: Evaluating the effectiveness of homeless shelter services. *Journal of Sociology and Social Welfare*, 27(4), 89-97.
- Goetz, G.W., & Schmiede, C.J. (1996). From marginalized to mainstreamed: the HEART project empowers the homeless. *Family Relations* 45(4), 375-379.
- Hall, K. (1999). Children's access to housing. In S. Pendlebury, L. Lake, & C. Smith (Eds.), *South African Child Gauge 2008/2009* (pp.98-99). Cape Town: Children's Institute, University of Cape Town
- Herman, D.B., Streuning, E.L., & Barrow, S.M. (1994). Self-reported needs for help among homeless men and women. *Evaluation and Program Planning*, 17(3), 249-256.
- Hoch, C. (2000). Sheltering the homeless in the US: Social improvement and the continuum of care. *Housing Studies*, 15(6), 865-876.
- Hursch, N.C., & Schutt, R.K. (2009). Influences on job retention among homeless persons with substance abuse or psychiatric disabilities. *Journal of Sociology and Social Welfare*, 36(4), 53-73.
- Ji, E. (2006). A study of the structural risk factors of homelessness in 52 metropolitan areas in the United States. *International Social Work*, 49(1), 107-117.
- Karabanow, J. (2008). Getting off the street: Exploring the processes of young people's street exits. *American Behavioural Scientist*, 51(6), 772-788.
- Kok, P, Cross, C. & Roux, N (2010). Towards a demographic profile of the street homeless in South Africa. *Development Southern Africa*, 27(1), 21-37.
- Living Grace (n.d.). *Legal information*. Retrieved on February 27, 2011 from <http://www.livinggrace.co.za/legal.htm>
- Living Grace (n.d.). *History*. Retrieved on February 27, 2011 from <http://www.livinggrace.co.za/history.htm>
- Living Grace (n.d.). *Services*. Retrieved on February 27, 2011 from <http://www.livinggrace.co.za/service.htm>
- Living Grace (n.d.). *Overview*. Retrieved on February 27, 2011 from <http://www.livinggrace.co.za/Overview.htm>
- Living Hope (n.d.). *Living Hope Trust*. Retrieved on February 27, 2011 from <http://www.livinghope.co.za/about-living-hope/history.html>

- Living Hope (n.d.). *Living Grace*. Retrieved on February 27, 2011 from <http://www.livinghope.co.za/living-grace.html>
- Lovick, P. (2010). Living Grace Report. In Living Hope, *Living Hope Annual Report 2010* (pp.11-13). Retrieved from Living Hope website: <http://www.livinghope.co.za>
- Olefumi, O. (1999). Health of the homeless street women in South Africa. *Habitat International* 23(4), 481-493.
- O'Connell, J., Blanchfield, B.B., Judge, C.M., Koh, H.K., Oppenhiemer, S.C., Swain, S.E., & Taube, R.L. (2010). The Boston health care for the homeless program: A public health framework. *American Journal of Public Health*, 100(8), 1400-1408.
- Pfizer, (n.d.). *Instruction Manual. Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures*. Retrieved from: <http://www.phqscreeners.com/instructions/instructions.pdf>
- Rog, D.J. (1999). The evaluation of the homeless families program. *American Journal of Evaluation* 20(3) 558-561.
- Rossi.P.H., Lipsey, M.W, & Freeman, H.E. (2004). *Evaluation. A systematic approach. 7th edition*. Thousand Oaks: Sage Publications.
- Seager, J.R. & Tamasane, T. (2010). Health and well-being of the homeless in South African cities and towns. *Development Southern Africa*, 27(1), 63-83.
- Schumacher, J.E., Milby, J.B., Raczynski, J.M., Caldwell, E., Engle, M., Carr, J. & Michael, M. (1995). Validity of self-reported cocaine use amongst homeless persons in treatment. *Journal of Substance Abuse Treatment*, 12(5), 335-339.
- Shaheen, G. & Rio, J. (2007). Recognising work as a priority in preventing or ending homelessness. *Journal of Primary Prevention*. Doi:10.1007/s10935-0097-5
- Shier, M.L., Jones, M.E., & Graham, J.R. (2010). Turnaround points: The role of help seeking and service delivery for employed people experiencing homelessness in Calgary, Canada. *Social Development Issues*, 32(3), 50-64.
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4) 651-656. Retrieved from <http://ajph.aphapublications.org/cgi/content/full/94/4/651>

APPENDIX A: SERVICE UTILISATION QUESTIONNAIRE

Male		Female	
Approximate age			
Initial services	Tick if utilised	Quality (tick if yes)	
Meals		Good	
Shower		Clean	
Lockers		Locked	
Wash clothes		Good	
Core services	Tick if utilised	Quality (tick if yes)	
Build a Shelter		Easy	
Find Accommodation		Easy	
Volunteer at Living Grace		Easy	
Sign up for MID contract		Easy	
Work at MID		Easy	
Talk about reasons for homelessness		Helpful	
See social worker/ programme staff regularly about problems		Helpful	
Referral services	Tick if utilised	Quality (tick if yes)	
All Pay		Easy to obtain	
Clinic		Helpful	
Drug Counselling		Helpful	
Alcohol Counselling		Helpful	
ID document		Easy to Obtain	

APPENDIX B: SERVICE DELIVERY CHECKLIST

Intended Activities	Actual Activities	Effective delivery	
Initial activities	Tick if delivered	Tick if effective	Estimated % of clients using the service per month
Meals			
Shower			
Lockers			
Wash clothes			
Core activities			
Build shelter			
Find accommodation			
Create opportunity for volunteer work Living Grace			
Create opportunity for employment at MID			
Provide psycho-social counselling			
Provide long-term psychological support			
Provide case management			
Referral activities			
Social grant			
Clinic			
Drug counselling			
Alcohol counselling			
ID book			
Professional standards	Tick if yes	Additional comments	
Social development standards			
MID agreement			

APPENDIX C: ORGANISATIONAL SUPPORT CHECKLIST

Actual Activities	Staff	Budget	Infrastructure
Initial activities	Tick if sufficient staff, budget and infrastructure to deliver actual activities		
Meals			
Shower			
Lockers			
Wash clothes			
Core activities			
Build shelter			
Find accommodation			
Create opportunity for volunteer work Living Grace			
Create opportunity for employment at MID			
Provide psycho-social counselling			
Provide long-term psychological support			
Provide case management			
Referral activities			
Social grant			
Clinic			
Drug counselling			
Alcohol counselling			
ID Document			
Work division	Three activities delivered most frequently		
Which three activities do your staff spend most of their time doing?			