



SELINUS UNIVERSITY

★ SCHOOL OF RELIGIOUS SCIENCES ★

**Shadows of Society:
A Case Study Conducted in South Africa with
Homeless Elderly and Disabled People**

By Yvette Stembridge

A DISSERTATION

Presented to the Department of
Theology and Missiology
program at Selinus University School of Religious Sciences

Faculty of Biblical Studies
in fulfillment of the requirements
for the degree of Doctor of Philosophy
in Theology and Missiology
2024

Abstract

The following paper is a longitudinal study conducted over a period of three years. It explores the impact of poverty and the critical need to act, with particular focus on the elderly and disabled homeless in Durban, a city in South Africa. These individuals have been forgotten and have become mere 'Shadows of Society'. Through participative research, volunteers spent time with the residents of the home, Ridge Haven, which was registered as a non-profit organisation. With very little finance and with a lot of prayer, they take a step of faith. Their first aim is to provide a haven of safety for these destitute people. The profile of those whom were granted refuge into the home are: abused elderly, the abandoned disabled with physical or mental disabilities, ex convicts, ex sex workers, alcoholics, drug addicts and those with financial difficulties. Programs were introduced to address the needs of the residents and these assisted the residents to rediscover their self worth and value in society and within their immediate community. Focus is also placed on the rebuilding of **self** and their relationship with **self**, others and God. The residents learned about the characteristics of God and that we are born in the image of God and should reflect His image. 70% of the residents demonstrated a positive change in their outlook and behaviour over a period of three years. 21% of the residents were reconnected with their families or were able to establish themselves once again in their own apartments. 83% of the residents took the step and committed their lives as Christians as they discover their identity in Christ. Inter-religious Dialogue and Outreach programs are also discussed and they play an integral role. A statistical analysis is presented, as well as qualitative data, to demonstrate the efficacy of the project. This study demonstrates that a home can be opened for the homeless which does not require a great financial outlay. It can be replicated in any developed country. To be successful in running a home of this nature one requires faith, obedience to God, love and care for others.

Acknowledgments

I would like to thank the Lord for prompting me to gather a team and to start the home. We all saw His faithfulness and the abundant blessings He bestowed upon the home. It was an honor for us to be able to serve Him in this capacity.

A special thank you to Prof Fava for his time and guidance. His encouragement gave me motivation to keep going. His input has been invaluable.

I would like to thank Ross Stembridge, my husband, for his encouragement and belief in me. For assisting with proof reading my work and making editing recommendations. Also for all his assistance and participation in Ridge Haven. He was such a positive influence to the residents and an encouragement for me.

A very big thank you to the board members who selflessly gave of their time and expertise to assist me in the running of the home. This project would not have been possible without their dedication and enthusiasm. Thank you for trusting me enough to join me on the journey.

I can not express my gratitude enough to all those residents who lived in Ridge Haven. You shared your life with me, the good and the bad. You were trusting and willing to join a home when you had no idea how you would be treated or what it would be like. Even when shelter owners spread rumors that you would be locked up and enslaved, you took a chance and joined us. Thank you. Thank you for all you taught all of us.

To all the volunteers and donors we express our heartfelt gratitude for all your support during the three year period. Your generosity relieved a number of financial commitments. Your genuine interest in the project and the residents made all the difference to all of us.

Declaration

“I do hereby attest that I am the sole author of this project/thesis and that its contents are only the result of the readings and research I have done ”

Name: Yvette Anne Stembridge

Signature: *Yvette Stembridge*

Date : 28 September 2024

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Chapter 1 Introduction

'Since there will never cease to be some in need on the earth, I therefore command you, 'Open your hand to the poor and needy neighbor in your land.'
(Deuteronomy 15:11)

Poverty is a global phenomenon. It is not new and it has been in existence since Biblical times. As we turn on the daily news broadcast on our televisions, we are confronted with various news reports glaring at us from our screens; war, famine, displacement, refugees, homelessness – all demonstrating the stark reality of circumstances resulting in poverty around the world.

In the chapters to follow we shall first explore the general term of poverty and how it impacts our world. We shall also define homelessness. Once we have completed this we shall review the country South Africa where the research project was based – its environmental and economic factors that have contributed to poverty and homelessness.

There are a number of studies that explore homelessness and Corbett and Fikkert (2012) in their book *'When Helping Hurts'* give a few practical examples that can be implemented to help those in poverty and homeless situations however there does not appear to be much written on the practical application of these recommendations and therefore one does not know if they are effective to implement or not. Would they truly make a difference? This then leads to a research project which applies what the literature advocates. We shall specifically focus on the age group - sixty and above, which we shall refer to as elderly and forty and above, who present with physical or mental disabilities.

A case study shall be presented which comprises of an analysis which critically looks at the possibilities that a family environment would provide for destitute and homeless elderly, and disabled people who find themselves living on the street or in shelters. This is an intervention to combat poverty and homelessness and is embarked upon in the form of a home which is founded and established for a maximum capacity of thirty people. We shall take a journey by reviewing the steps that were taken to establish the home. The success and challenges faced by those who opened the home shall be discussed as well as the profile of the residents who opted to stay in the home. We will observe how individuals moved from a state of 'survival' to making their lives 'worthwhile'.

We will observe how the elderly residents move from being mere 'shadows in society' and a forgotten generation, to a group of individuals who are accepted by their community as they reintegrate themselves and they begin to add value to their community. They move from a life of shame, to a life of confidence and belonging. They will build relationships with self, others and God, and each will find their true identity in Christ. An important objective is to present a model which is practical and workable, and can be used as a blueprint for further home projects, which in turn helps to curb the vicious cycle of poverty and homelessness.

1.1 Background of the study

After five years of mission and outreach work which encompassed working as volunteers with people who were living on pavements or in shelters, the question arose as to whether the work being done which was; providing meals, running a bible study in a shelter and offering counseling for those who had an emotional need in shelters or on the street were truly adding value and resulting in change. Were our actions actually making a difference or were our actions merely crisis management, as we were not lifting anyone out of the situation they were living in? Poverty is a vicious cycle that people did not seem to be able to free themselves from.

The needs were ever increasing and it was noticed that more elderly as well as disabled individuals were sleeping 'rough' on the streets and in shelters. God nudged our hearts to try something different and to implement recommendations made in various literature regarding the poor and homeless. This prompted a project that was initiated in South Africa over a period of three years. It involved the establishing of a home for the destitute, abused or homeless elderly and the disabled, who were living on the street or in shelters.

Once the basic needs of the residents of the home were met, programs were introduced for them to explore their identity in Christ and develop a sense of self worth. Further programs were also developed to help each resident become an integrated member within the home by using their talents and spiritual gifts and then transferring these abilities into the local community and eventually move each resident from a mindset of receiving, to a mindset of giving. We also facilitated reconciliation with residents and their families. All this was done by volunteers through participatory action with the residents.

During this process we also encountered various religious beliefs held and practiced by the residents who were living in the home. Our board members each came from different religious backgrounds and the religious organisations who were beneficiaries assisting us in various capacities, had a variety of religious beliefs. This gave us greater insight into a multitude of religious practices and beliefs. Inter-religious dialogue became an integral part of the survival and maintenance of the home, which we named Ridge Haven.

Before we embarked upon the research project we needed to understand what poverty and homelessness is. This we will explore in the next section.

1.2 Statement of the Problem

1.2.1 *What is Poverty?*

Poverty and homelessness is becoming an ever increasing problem. The Oxford dictionary describes poverty as “the state of being extremely poor”. Carina Mood and Jan Jonson (2015) take the definition a step further where they define poverty as “a lack of economic resources that has a negative social consequence”. They explore as to whether poverty affects four social outcomes which are: close social relations (social support), other social relations (friends and relatives), political participation and activity in organizations. The main conclusion from their study is that poverty affects social life negatively. In particular it affects the relationships with family and friends more adversely than social support. It also affects political participation more than organizational activity. They also established that the poverty indicator which had the most impact was material deprivation (cash flow). The most prevalent indicator is absolute income poverty, whilst relative income had the least effect on social outcomes (Mood and Jonson 2015,633).

A. Sen (1983) states that those who are poor are unable to partake in society on equal terms with others and eventually are excluded by fellow citizens. There is also a tendency to withdraw from social life and civic life due to lack of economic resources. This eventually causes a feeling of shame as they can not participate with others as they would like to (Mood and Jonson 2015,633).

Mack and Lansley (1985) discuss how financial hardship effects the way one is able to live life as it affects the standard of life, consumer patterns and leisure time activities which can affect friendships directly or even the ability to meet new people as one may not have appropriate clothing or a car, unable to join friends and family on vacation, visiting restaurants or even hosting people at home for dinner. Galbraith (1958) makes the statement that “low incomes prevent the poor from living a life in 'decency' (Mood and Jonson 2015,634).

Bryant Myers (1999) makes the point that God is a “Triune God and a relational being”. This makes human beings relational too. We observe God's relationship with Adam and Eve in the garden of Eden (Genesis 3:8).

Myers states that “God established four foundational relationships for each person which were; a relationship with God, with self, with others and with the rest of creation. When these relationships are all functioning properly humans will experience a full life as God intended”(Corbett and Fikkert 2012,54). This implies that as humans we are multi-facet and according to Corbett and Fikkert (2012) we need to approach poverty-alleviation in a multi-facet way (Corbett and Fikkert 2012,55). They explain that if we merely focus on humans as physical beings we will only give physical relief in the form of material needs being met. We need to approach poverty from “a spiritual, social, psychological and physical aspect and then our approach to poverty alleviation will have a holistic approach in design and execution” (Corbett and Fikkert 2012,55).

Once the fall occurred the four facets of relationships were distorted. Adam and Eve damaged their relationship with God when they sinned – intimacy was replaced with fear. Their relationship with self was marred as they both developed a sense of shame. Adam was very quick to blame Eve for his indiscretion which in turn broke the relationship with 'others' and their relationship with creation was also distorted as God cursed the ground and the act of bearing children (Corbett and Fikkert 2012, 58)

Myers (1999) describes the fundamental nature of poverty as “Poverty is a result of relationships that do not work, that are not just, that are not for life, that are not harmonious or enjoyable. Poverty is the absence of shalom in all its meaning” (Corbett and Fikkert 2012,59).

Why do people find themselves in this situation? David Jones discusses a few factors that are mentioned in the Bible which we shall now review.

1.2.2 Factors that Attribute to Poverty and Homelessness

David Jones (2017:1) discusses various reasons that attribute to poverty, which may lead to homelessness. The first comment he makes in his article '*What really causes poverty?*' is that our personal sin is one of causative factors. Scripture tells us that moral failures may lead to poverty. Jones states that “the Bible warns about poverty as a result of laziness or idleness (see Proverbs 6:10–11; 10:4; 19:15; 1 Thessalonians 5:14). Likewise, Proverbs warns about the effects of a poor work ethic (Proverbs 14:23), and Paul teaches that those who will not work should not be insulated from the effects of their sin—namely, they should not be allowed to eat” (2 Thessalonians 3:10).

There are other moral failures that Scripture also discusses such as; a lack of self-discipline, stubbornness, drunkenness and gluttony (Proverbs 13:18; 23:21). Jesus gives us an example in the parable of the prodigal son when he describes the son's lifestyle which eventually leads the son to a life of poverty. Jones (2017) opines that we are warned in Proverbs that “Poverty can stem from other personal sins, including greed, expensive tastes, dishonesty and frivolous pursuits”.

“Whoever loves pleasure will be a poor man; he who loves wine and oil will not be rich.... He who follows worthless pursuits will have plenty of poverty.
(Proverbs 21:17)

Natural Disasters or as Jones (2017:2) entitles it - “Natural Evils”, such as; earthquakes and tornadoes, can also cause poverty and homelessness; tsunamis, floods, droughts and other “acts of God”, diseases genetic defects, injuries and death. Jones (2017) explains that we are part of a “fallen created order” and there shall be material forces working against our control. Natural evil can lead to poverty when people lose their possessions or the provider of a family is lost to death or if one has some form of infirmity or a disease preventing one from working as we note in Mark 5:25-26 about the lady who had been bleeding for years and Jesus heals her, or the man sitting at the temple gates who was born blind (Luke 18:35).

Oppression is a third form of poverty that Jones (2017:3) cites. This is in the form of “common theft (Psalm 12:5), delayed wages (Leviticus 19:13; Deuteronomy 24:15; 1 Timothy 5:18), excessive taxation (2 Chronicles 10:1–19), biased justice systems (Leviticus 19:15) and exorbitant interest rates on loans to the needy (Exodus 22:25–27) and often totally out of the individuals control. Oppression also affects large groups of people and when we read Psalm 146:9 “The LORD watches over the foreigner and sustains the fatherless and the widow, but he frustrates the ways of the wicked.” This in turn is re-iterated in Isaiah 1:17 “Learn to do right; seek justice. Defend the oppressed. Take up the cause of the fatherless; plead the case of the widow.”

These are factors discussed in the bible but what is the opinion of the lay person. What does society think are the causes of poverty and homelessness? A research pol was conducted in the United Kingdom which will give us insight as to what people's thoughts are. This shall be discussed next.

1.2.3 Society's perceptions toward the homeless and the poor

A research study based in the United Kingdom and conducted by Ligía Teixeira (2023) which was published in “*How does the public perceive homelessness?*” discusses what people expressed were the characteristics of homeless people. People stated that 53% are living with a drug dependency where the actual figure is 5% and 7%. They also were of the opinion that there is a mean of 34% of immigrants where there are 14% from outside the United Kingdom. Those who answered the pol estimated that 21% of adults are homeless however in reality there are only 0.5% of the population. Perception becomes someone's reality and this needs to be managed carefully. Teixeira (2023) asserts that “unconscious forces and biases can shape the way we see things and these, in turn, shape judgments and decisions we make” (Teixeira 2023,1).

1.2.4 Current challenges in South Africa

The latest Bloomberg report (2024) indicates that South Africa is currently struggling with one of the highest unemployment rates in the world and which has risen to 33.5% (Thukwana 2024,1) and the current inflation rate is 5.2%. Housing rental has increased by 4.3%. The people of South Africa are faced with other challenges too, such as load shedding, where electricity is cut off for two to six hours a day, hampering the running of businesses and directly affecting business turnover causing a number of business having to close their doors, exacerbating the unemployment rate as staff are retrenched and bread winners of families are left without an income (Brieres,2022).

The South Africa's 2022 Census, *The Statistics South Africa*, recorded that there are 55 719 homeless people in South Africa as of February 2022. 44 512 are classified as roofless while 11 207 were in shelters.

The Human Rights Watch World Report published in 2023, stated that more than four million older people in South Africa rely on the social grants to live and that these grants have only increased by five percent in 2023 whereas food prices increased by fourteen percent (Mohamed 2023,1). There is not a robust Social Services in South Africa as may be found in countries in Europe or the United Kingdom. The poor in South Africa receive a nominal social grant from the government. They are barely able to survive.

Traditionally policies on poverty and homelessness are adopted based on knowledge and practices, mainly for young adults and young families, and very seldom is there a focus on older adults. (Grenier,A,Barken, R,Sussman,T,Rothwell, D,Bourgeois-Guérin, V,Lavoie, J-P,2016,1) “Although most homeless people are adult males, there has been an increase in the number of children, women and elderly people who are becoming homeless across South Africa” (Roets, Botha and Greef 2016,3)

“The increasing number of *older homeless people* over the age of 55 is of concern as well (De Beer & Vally 2015:62–63). Older people who had in the past demonstrated support for extended family structures and acted as mediators of family well-being amidst precariousness are also becoming victims of rising unemployment. At the same time, the African family structure absorbing older people into the extended family when they become too frail to care for themselves has also become more tenuous. In addition, black South African communities, as a result of the strong emphasis on the extended family, historically lacked institutionalised care in the form of old-age homes” (De Beer & Vally 2021,13).

There are various definitions of homelessness and not one is definitive. The Homelessness Network (2021) in Canada defines homelessness as “the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it”. They categorize the homeless into, “the unsheltered, the emergency sheltered, the provisionally sheltered, and those at risk of homelessness”. Boyden and Holden (1991) describe homeless people as “street people who hustle every day begging, sleeping, and living on the streets, for survival”

1.2.5 Overview on homeless people within the city of Durban

Danica Hansen (2022) wrote an article which was published in the Berea Mail in which she stated that there were sixteen thousand homeless people in the Ethekwini Municipal area. The city of Durban which is part of the Ethekwini Municipal area, has an estimated number of two thousand homeless people in a population of four million two hundred thousand people. This translates to an estimated one out of every three hundred people are homeless. This astounding number of people in one city can be attributed to the outbreak of the Covid-19 pandemic, the unrest and riots that took place in and around Durban in July 2021 causing homes and businesses to be destroyed and prior to this there were devastating floods which damaged property and took lives in April and May 2021 (Hansen 2022,1).

1.2.6 The church, society, the city and the police attitude toward homeless people

The Roman Catholic Church together with the city of Durban's EtheKwini Municipal bodies arranged a full day workshop in 2020 and invited people from Non-Profit organisations, independent individuals, local churches, all other religious bodies, businesses and the homeless to attend (De Beer and Vally 2021, 22). The plight of the homeless was the topic of discussion. The homeless shared what their daily life is like and the daily challenges they face from the lack of basic needs such as food, sanitation, shelter and safety. The author of this paper was present at this workshop and experienced first hand the desperation and urgency of the plea of the homeless who were in attendance.

The homeless also shared how the police force raid areas of the city during the night and confiscate all their personal belongings. They have little to start off with. Their identity documents and bank cards are also discarded by the police and this leaves the homeless unable to find work as they no longer have a form of identification. The police representatives defended their actions by stating that it is a law of the country that no one may sleep outdoors, especially on the pavement or in public areas and it was the responsibility of the police force to remove individuals who do not comply with the law (author's notes).

A task force was formed to explore the possibility of legal shelters being set up that would be supported by all parties within the boundaries of the EtheKwini Municipal area. The homeless shared that society look down on the homeless and blame them for the situation that they find themselves in and the public share their thoughts and feel that the homeless “got themselves into the mess and they should get themselves out of the mess”, and not rely on others to keep on saving them from a situation that they themselves have created. The homeless expressed that they felt a great sense of shame and abandonment. They also feel helpless.

“Churches and other religious organisations engage with street homelessness in many different ways. Some are apathetic, particularly in neighborhoods where there was no trace of homelessness in the past. Others provide short-term relief, while still others contribute through long-term development interventions such as skills-development programs, vocational preparation, access to health care and access to affordable housing. In rare cases, churches or religious organisations do engage with homelessness through advocacy or policy work, thereby having little political or systemic impact in terms of reducing the numbers of people facing street homelessness. Faith-based non-profit organisations tend to fare better in this regard than congregations, temples or mosques” (De Beer and Vally 2021, 23).

1.2.7 How shelters are run

The author visited and volunteered in six of eight shelters in a two square kilometer radius in the main CBD area of Durban. She observed and noted that shelters within the greater Durban area are generally illegal establishments. These shelters are often found in repurposed garages or warehouses. The landlords then fill the interior with as many bunk beds as possible. The majority do not offer food for those who pay to spend the night in the shelter and often there is not even a mattress on the bed. Only a blanket and pillow are supplied. Shelters are crawling with lice. Bed bugs and rats are prevalent at night. Male and female are housed in the same area and there is often one toilet and one shower per fifty people. The rate per night is high for those who have little or nothing, and is the equivalent of the daily social benefit amount, this leaves the individual without funds for any food or other needs. People may not remain in a shelter during the day. They are requested to leave at 08h00 and may return at 16h30. Shelters are perceived as dangerous and people feel vulnerable and are fearful sleeping in shelters. A few people choose to sleep on the streets instead of in a shelter as they feel it is less of a threat to their person.

1.2.8 What does the Bible say about our role as Christians

Corbett and Fikkert (2012) remind us of the biblical passages that emphasize our role as Christians. As we review these passages and arrive at the book of Isaiah we note that God clearly expresses in Isaiah 58:1-3,5-10 what His expectation is of those who follow Him. He very clearly states that it does not matter if we worship or pray or fast or attend every service, and we do all the correct behavior required of worshipers but if we do not care for our neighbour or the poor, and the oppressed, God will banish us as he banished the Israelites who behaved in this way. He sent them into captivity.

1 “Shout it aloud, do not hold back. Raise your voice like a trumpet. Declare to my people their rebellion and to the descendants of Jacob their sins.

2. For day after day they seek me out; they seem eager to know my ways, as if they were a nation that does what is right and has not forsaken the commands of its God. They ask me for just decisions and seem eager for God to come near them.

3. ‘Why have we fasted,’ they say, ‘and you have not seen it? Why have we humbled ourselves, and you have not noticed?’ “Yet on the day of your fasting, you do as you please and exploit all your workers.

4. Is this the kind of fast I have chosen, only a day for people to humble themselves? Is it only for bowing one’s head like a reed and for lying in sackcloth and ashes? Is that what you call a fast, a day acceptable to the LORD?

6. “Is not this the kind of fasting I have chosen: to loose the chains of injustice and untie the cords of the yoke, to set the oppressed free and break every yoke?

7. Is it not to share your food with the hungry and to provide the poor wanderer with shelter— when you see the naked, to clothe them, and not to turn away from your own flesh and blood?

8. Then your light will break forth like the dawn, and your healing will quickly appear; then your righteousness will go before you, and the glory of the LORD will be your rear guard.

9. *Then you will call, and the LORD will answer; you will cry for help, and he will say: Here am I. "If you do away with the yoke of oppression, with the pointing finger and malicious talk,*
10. *and if you spend yourselves in behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like the noonday."*

Corbett and Fikkert (2012) remind us that "our personal piety and formal worship are essential to the Christian life" but our lives also need to reflect that we are able to "act justly and love mercy" (Micah 6:8)

When we move on and take a closer look at the New Testament and in particular the life of Jesus. Jesus is a role model of how we should behave toward the poor, the widows, those who are ill and the oppressed. Jesus demonstrated this when he healed the outcast leper (Matt 8:1-14), the lame man sitting at the temple gate begging (Matt 9:1-8), the sinful woman who anointed Jesus's feet with oil and he socialized with those whom society frowned upon such as tax collectors (Luke 7: 36-50). We read about the story of Lazarus the tax collector when he climbs up a Sycamore tree to see Jesus and Jesus notices him and tells him to come down and goes with Lazarus to his home. Socializing with tax collectors was unheard of at that time. Tax collectors were oppressed people as they were seen as the enemy of the people (Luke 19:4-10).

Once Jesus ascends to heaven and the new Christian church is established we are told in Acts 4:34 "There were no needy persons among them" this is because the Christians took care of each other and shared what they owned with each other.

God tells us in Deuteronomy 15:4 "There shall be no poor among you". 1 John 3:16-18 gives us a very clear indication of what God's expectation is of those who call themselves Christians:

"This is how we know what love is: Jesus Christ laid down His life for us. And we ought to lay down our lives for our brothers. If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him? Dear children let us not love with words or tongue but with actions and in truth."

God changes our hearts as we grow in our Christian faith to be more open to those with needs and He nudges us to reach out and help those who are finding themselves in difficult situations. This thought now leads us to the research component and in the next chapter we shall explore what the purpose of the research is and what we had hoped to achieve by opening a home for those in need. In particular the destitute elderly and disabled.

1.3 Research Objective/Aim

A longitudinal study of three years was implemented in the form of establishing a home for the destitute, abused and homeless elderly and those with disabilities.

1.3.1 Specific Objectives

There were four objectives:

1. The first objective was to provide basic needs and a place of safety, with Christian values, where abandoned and/or abused elderly and disabled people felt accepted and cherished.
2. Once basic needs were met the second objective was for the residents to rediscover who they are and find their identity in Christ and regain their sense of self worth. In finding who they are in Jesus, they could manage and come to terms with their pain and find a way to move forward.
3. The third objective was to reconnect individuals with their families.
4. Fourthly, the objective was to find a practical and workable solution that can be implemented to assist the destitute. A model that could be adopted by others and replicated to help reduce the number of homeless.

1.4 Research Questions

1. Is it possible to start a home for the destitute without a major financial outlay and what is required?
1. Would the homeless be able to settle into a family environment and adjust their behaviour and take on normal responsibilities after having lived on the street or in a shelter for a long period of time?
2. How would one facilitate relationships within the home? Relationships of self, with others and eventually with their own families.
3. Is it possible to see a change in an individual when spiritual, physical and emotional needs are met.
4. Would the community be interested in helping people who are so very different from themselves as the residents would be: ex-prostitutes, ex-convicts, addicts, alcoholics, people with severe psychological impairments and others who lived normal lives but made detrimental financial decisions leaving them without any viable source of income to live from.
5. Would this project be able to become a model for others to follow, that does not require large capital funding, is financially sustainable and not labour intensive.
6. Would various religious groups come on board and offer assistance in the maintaining of the home and how would one go about involving them? Would the different religions be prepared to work together?

1.5 Significance of the Study

Currently there are various studies on homelessness; who the homeless are, their needs and possible ways to assist. There do not appear to be any research papers with practical application where the ideas are formally tried and tested to see if they work. Can these ideas make a tangible difference in the poor and homeless people's lives with the aim of re-integration into society.

We have taken some of the concepts that have been shared in various books and articles and implemented these concepts in a practical way through participatory research. We were able to address a number of the needs that have been highlighted in various literature such as the basic daily needs, the discovery of self and shedding the coat of shame.

Most significantly we have developed a model, through trial and error, that can assist destitute elderly and disabled people. This model can be expanded further to other age groups who find themselves in difficult situations. Churches, religious organisations, Non-Profit organisations and businesses could adopt this model and run with it without having any experience or special training. They too can establish small homes if they follow a few principles to set a solid foundation.

An aspect which we did not anticipate was how Inter-religious dialogue would become an imperative part of the process as we found a common ground between different religions to work together in harmony for the same cause.

1.6 Scope of the Study

The aim was to use a person centred model drawing from the framework developed by O'Brien and Lyle (1987)

1. The Ridge Haven residents could exercise their right to share the home with everyone else;
2. The residents were enabled to make their own choices which affect their lives;
3. They were encouraged and guided on how to grow in relationships with God, self and others.
- 4 They rediscover their talents and were given an opportunity to develop their skills and abilities;
- 5 Opportunities were created by which the residents could interact with the immediate community and could be treated with respect and play a valued role in society; (Baldwin 2012, 471)

1.7 Organisation of the Study

Corbett and Fikkert (2012) discuss three stages of poverty alleviation which are: relief, rehabilitation and development. They emphasise that it is important to distinguish which stage one is participating in as not to cause harm with the efforts employed when helping the poor. We shall explore the various stages they suggest, as these were instrumental in our approach to our study.

The first stage discussed is relief. This is defined as the urgent and temporary provision of emergency aid to reduce immediate suffering from natural or man-made crisis”(Corbett and Fikkert 2012,100). The majority of the board have been involved with relief in the form of handing out food to the poor or operating a soup kitchen or handing out much needed items such as clothing or toiletries. As the definition states it is a temporary solution and does not alleviate the wheel of poverty. This was not what we intended embarking upon.

The second stage is called rehabilitation. The definition of this is “it seeks to restore people and their communities to the positive elements of their pre-crisis elements” (Corbett and Fikkert 2012,100). This would involve working with people as they work on the process of their own recovery.

The final stage mentioned is development. As they develop one finds that not only do the people change in the process but those who are 'helping' are also affected. Corbett and Fikkert (2012) opine “they are closer to being in the right relationship with God, self, others and the rest of creation”. “As the material poor develop, they are better able to fulfil their calling of glorifying God by working and supporting themselves” (Corbett and Fikkert 2012,100). This is an empowering process which is not done to people or for people but with people.

After reviewing the three stages we decided that we would focus on rehabilitation and development. We were of the opinion that starting a home would be the most favourable way to assist a community of people in need. Our primary focus was to be on the homeless elderly and disabled individuals who have been displaced and sleep on the streets or in shelters.

As we embarked on the journey of starting the home it needs to be mentioned that this is not a project and a product to create an awareness of poverty-alleviation, it is rather a process which involves people and which needs to be sustainable and possibly offer a model for the future when assisting homeless individuals. This is emphasised, as our main objective was to help people to be restored to be the best person which God created them to be. They needed to regain their sense of self worth and realise that they are created in the image of God with abilities and talents. To realise that they are capable of making decisions which can change the trajectory of their life and to change the world around them. It is to give them an opportunity to re-discover that they are people who are on this earth to create relationships and communities which bring glory to God. We know that true and positive change can only take place with the power of The Holy Spirit.

This process, involved participatory research with a group of volunteers in the form of a board and other volunteers from the public, as well as the residents of Ridge Haven. Ridge Haven, the home, which was established for the destitute elderly and disabled people in Durban, a coastal city in South Africa, will now be discussed in detail.

1.7.1 The inception

Before we discuss the detail of the home the inception stage involved establishing how participatory research would be rolled out and what programs or actions would be needed to make the process successful. We shall start by taking an exploratory look at literature and what is advocated for participatory research. It became apparent that there is no set formula and one needs to take into consideration various factors such as: the objectives of the home, the various interventions considered to assist the homeless and the profile of the homeless people we would admit into the home. We all acknowledged that this would be a steep learning curve for all of us as it was new uncharted territory we were venturing into.

Corbett and Fikkert (2012) give insight into various methods that can be implemented. As per the table below:

A Participatory Continuum

Mode of Participation	Type of Involvement of Local People	Relationship of Outsiders to Local People
Coercion	Local people submit to predetermined plans developed by outsiders	Doing to
Compliance	Local people are assigned to tasks; often with incentives, by outsiders; the outsiders decide the agenda and direct process	Doing For
Consultation	Local people's opinions are asked; outsiders analyze and decide on a course of action	Doing For
Cooperation	Local people work together with outsiders to determine priorities; responsibilities remain with outsiders for directing the process	Doing with

Co-learning	Local people and outsiders share their knowledge to create appropriate goals and plans, to execute those plans, and to evaluate results.	Doing with
Community Initiated	Local people set their own agenda and mobilize to carry it out without outside initiators and facilitators	Responding to

Fig 1 (Corbett and Fikkert 2012, 140)

We decided to commence with the third topic in the table which is consultation.

1.7.2 The Needs of the homeless

Consultation *“Local people’s opinions are asked; outsiders analyse and decide on a course of action”* (Corbett and Fikkert 2012,140)

We chose consultation as our first step. We explored what the needs of the homeless elderly in Durban, South Africa were by asking them directly. A short ten minute discussion with each person was conducted. We approached fifty individuals (twenty five on the street and twenty five in the shelters) Those that lived on the streets had very similar needs to those living in the shelters. The main issues cited by those whom we interviewed were: poor health, lack of nutrition, lack of sanitation and safety was highlighted as an urgent need. The negative treatment of the homeless by authorities and the lack of opportunities to self-sustain due to lack of jobs and the high unemployment rate were also mentioned. It also came to the fore that low social grants do not give opportunity for those on grants to rent their own homes as rental charges were above the social grant received and water, electricity and food would also need to be covered, which would prove to be an impossible task financially.

These needs are echoed in Tonya Hambrick-McClain's (2021) article *“Investigating the Needs of Homeless Individuals Living in Transitional Housing”*. She states that health needs are pressing issues of the homeless. The physical needs are due to lack of adequate nutrition and mental health insufficiency due to the stressful situations people find themselves in and more complex are those who have actual mental health issues. She mentions medical issues and states that the most common are diabetes, HIV and Cardiac disease (Hambrick-McClain 2021,21). “Homeless individuals with a terminal illness, poor mobility, and increased isolation have difficulty accessing health care, especially specialist care services” (Hambrick-McClain 2021,21) Substance abuse with illicit drugs and prescription drugs appeared to be a concerning factor. Domestic violence ranked high as a cause for homelessness. Hambrick-McClain (2021) also opines that stress and low self-image is very prevalent

amongst homeless men and women. Lack of income is also a contributing factor (Hambrick-McClain 2012,28).

These factors gave us a clearer understanding that a home was definitely needed. We also consulted with one of the shelter landlords who had a shelter of hundred and twenty beds. He appeared very interested to work with us and help us run the home. He offered the shelter's excess beds he had and yet when we did open the home he had a change of heart. He became quite aggressive stating we were trying to take his “bread and butter” away from him. He went as far as threatening the author's life and had individuals who worked for him in his shelter physically threaten to throw the author down a flight of stairs.

1.7.3 Acquiring the Home.

A house was found to lease that could house thirty people. Each person would be sharing a room with two to four people. We had decided to keep our maximum number at thirty as from our experience shelters who were smaller were able to get far greater community support than the bigger shelters. The community and individuals in particular are happy to donate for smaller numbers as it is manageable and not such a great outlay on their budget, as soon as one gets to a hundred beds or more they have a mental resistance as they feel it is too expensive to become involved.

Initially it did prove very difficult to sign the lease as we requested that it be signed in Ridge Haven, the non-profit organisation's name once the licence came through. The landlord was not comfortable signing an agreement with a Non Profit organisation as he had a bad experience with a Non Profit tenant in the past, who had not paid rental for six months. Non-Profits are protected by various laws in South Africa and the landlord had no recourse action that he could initiate to recover his loss. The author therefore had to sign the lease agreement in her personal capacity and the landlord would only sign the agreement for a twelve month period with an option to renew.

It was then decided to apply for a Non Profit registration licence. In order to do this the author went about setting up a board of twelve members. Once the board was established the first board meeting was held and the documents for the Non Profit – Ridge Haven, were signed and submitted. The submission and approval process usually takes eighteen months before a licence is received, however the non-profit licence for Ridge Haven arrived within two days of the application having been submitted. The board took this as confirmation that God had His hand on the process. It was an answer to our prayers.

1.7.4 Getting the word out

The board decided that the best way to get word out to the homeless was to hand out invitations to the homeless elderly and invite them to an Open Day where they could visit Ridge Haven, view the

facilities and decide for themselves if they would like to become a resident. We felt it was very important that none of the destitute elderly felt coerced into moving into the home.

We approached a female who was living in a shelter and explained to her what our plans were and our intention and asked her if she would be prepared to help us hand out invitations. She requested to view the property first and we took her to visit Ridge Haven. She was very excited and gladly handed the invitations out with the understanding that she would be permitted to move into the home and assist with the management of the home as she was younger she did not qualify as a resident. We agreed to give her an opportunity to help run the home with assistance. She had a friend who would assist her and eventually also moved to the home. They were both actively seeking a new life as they were prostitutes and desperately wanted to get out of the situation they were in.

The two females handed out the invitations and the author received an urgent call that the shelter she was living in had expelled her and threatened her life because they saw her handing out the invitations and saw it as a threat to their business. We collected her and her belongings. Her friend joined her and they both started living in the home and helped with various tasks we needed to do to set the home up and to get it ready.

It took two weeks to get renovations done to the house. Contractors were hired to do various structural changes in the house, which included converting the garage into a dormitory for the men. We also added showers and toilet facilities. We ordered beds and started a Facebook page where we made appeals for old furniture, linen and house hold items.

We had a surprise visit. A group of Muslim women arrived and offered us their help. They did a needs analysis and said they would return the day before the arranged 'Open Day' to set up and on the day of the 'Open Day' they would be there to assist us with showing people around and providing lunch for those who came to visit. We were delighted and humbled by their generosity. This would be the start of a very good relationship with the Muslim community in our area.

We also notified the Christian churches in the area of our intention and there was no response from them or offer of involvement.

On the day of the 'Open Day', board members assisted with their personal vehicles and drove down to the Durban CBD to collect various homeless elderly. We had put a contact telephone number on the invitation that went out and the elderly contacted us telephonically. There were often groups who were waiting together. Once they arrived at the house they were taken on a tour and if they expressed an interest in moving to the home they would then meet with a trained counsellor and undergo a one on one interview (See admission form in appendices A).

The most challenging part of the day was when it came time to return to the CBD. Some cried and pleaded for us to let them stay. It broke our hearts. We then decided to start admitting people two days later. During the week to follow the board members shuttled back and forth in their personal vehicles,

collecting individuals from shelters or off the street and taking them back to Ridge Haven. Within five days we had twenty one people in the house. The balance of the thirty beds were filled within the second week of opening. This emphasized the urgency of having a home for the destitute.

Once individuals arrived, they had to handover their belongings for fumigation to get rid of lice and bed bugs. They were asked to shower and a clean set of clothing which had been donated was provided along with a gift pack of toiletries which the board members had contributed toward.

We had various comments from those who joined the home. One person, as they approached the main gate, saw the postbox. The person became very excited and asked if that post box was for the home and if they were now allowed personal mail and a personal address. This meant such a lot to the individual. For her it meant having a normal life. One also requires a fixed abode to open a bank account which she was able to do once she moved in.

Another could not believe that there was hot water in the shower and was a bit nervous of the hot water at first. Another commented on the cleanliness of his room and that he had a bed with clean sheets and a blanket. All the things we take for granted. It was a very humbling experience.

1.7.5 The Residents profile

We welcomed all races, cultures and religions and yet our main profile of our residents were Caucasian. The age group was sixty or above, unless they had a disability. They had to be on a social grant. The residents comprised of ex convicts who had served prison time, prostitutes, alcohol and drug dependents, those addicted to gambling, those with mental health issues which included schizophrenia and bipolar disorder. Men and women who had been physically or verbally and emotionally abused by their families. There were a few whose families had immigrated and they were too proud to tell them that they had fallen on hard financial times as they did not want to become a burden on their children. Ten percent (10%) had held accomplished careers and were in possession of degrees but had become addicts or fallen on hard times financially.

Initially we only had street and shelter people. We noticed that they started forming subgroups according to which shelters they came from. The bigger the group the more dominant the group became. An interesting phenomenon. Almost demonstrating the beginning of a light thuggery among the other residents.

In order to dilute this new situation that had arisen in the home, as people left or were reconnected with their families or those that left on their own accord as they found living in an environment with boundaries too difficult, their places were filled by abused elderly who came from established homes and families. Even though they came from families who appeared to be dysfunctional they brought in a new dynamic into the group of 'family' and settled the other residents down. Those who were directly from a family home proved to be a settling influence on those who had been homeless for a long period

of time. All of the residents had a commonality which was their 'brokenness' and this formed a bond between them.

1.7.6 Income and expenditure

Each resident received a social grant to the value of R1800 (the current exchange rate is 18\$ to the rand which equates to \$100 per month). We charged them R1000 (+-\$55) for accommodation and food per month. We felt it is important to charge an amount as not to emancipate individuals. When people feel they are 'paying' their own way their self worth is built up. Often if one continues to give freely an entitlement arises after a while and what one is doing is never enough.

The income and expenditure of the home was as follows

South African Rand

	Income	Expenditure
Rental income	R 30 000	
Staff salaries		R 10 000.00
Rent paid		R 15 000.0
Water and Lights		R 6 000.00
Garden refuse removal		R 250.00
Groceries and cleaning material		R 1 000.00
Donations	Varied (R3000 – R 5000 pm)	
		R 32 250.00
Bank charges		R 500.00
Surplus/ deficit		-R 2 750.00

Fig 2

To run a home is an expense and Ridge Haven was a non-profit organisation and had no government funding. We had to work our budget out very carefully. We did rely on the generosity of individuals and businesses. When we reflected on each month we were in awe of what miracles God performed. When we were down to our last loaf of bread or litre of milk and we had no funds to purchase anything further for the month, a generous gift would arrive meeting the exact need we had. Nothing more or nothing less. The area of finance is always a juggling act. What the team learnt was full trust and faith in God and His provision. God provided for the home in abundance.

When viewing the actual financial statements one would ask “But How”? It is not possible but “All is possible with God” our books always balanced due to the donations that we received for the home. We never had a surplus but we always had enough to carry the costs. This was often so mind blowing for members of the team and a true testament of God's faithfulness to our obedience to him. We worked on a basis of transparency with the residents. They each witnessed the reality of the financial situation and how God blessed the home.

“Ask and it shall be given to you, seek and you will find, knock and it will be opened to you. For everyone that asks receives, he who seeks finds, and to him who knocks the door will be opened”(Matthew 7: 7-8)

We took a step of faith with regard to the finances of the home. The donation of food from a retail store was a significant help as we would never have been able to afford to buy food for the home. It was a very generous gift. We were very blessed that when we did have incidentals that cropped up there would either be an unexpected donation that would cover the expense or someone would come forward and offer to help us. God's hand was on this home in so many ways.

1.7.7 Nutrition, Hygiene and Health

The first suggestion on the table is **Coercion where** *“local people submit to predetermined plans developed by outsiders”* (Corbett and Fikkert 2012, 140)

This came into practise right from the onset when we provided the first meal. People were very selfish in that they did not care about their fellow residents and took as much food as possible just in-case there would not be enough food in the morning. We had initially thought that we wanted each person to have autonomy and dish their food for themselves but we quickly realised that we would need to step in and we took over by dishing up the meals ourselves and handing them to individuals.

Sitting at a dinner table also appeared foreign. Table manners had been forgotten and practically were non existent. We taught them to eat at a table again and how to use their cutlery properly.

When we observed each person at meal times we realised that it was better to dish up smaller portions more frequently. They had gone for days without eating whilst living on the street or in shelters and their stomachs were small. They could not tolerate big meals. They also could not have too many spices or herbs as their constitutions were not accustomed to it and they would become sick very quickly. A balanced diet with vegetables was a challenge to get the residents to eat. The majority did not have vegetables in their diet whilst they were homeless. This would account for their body size and poor health and malnutrition. They were accustomed to eating stale bread from bins or processed food that people would hand to them.

We also had to co-ordinate bathroom and shower times and drew up a roster so that everyone managed to get an equal time in the bathroom. We had to teach toilet etiquette. How to use the toilet without messing and to clean after themselves, to wash their hands and to maintain strict hygiene. Basic habits that one would learn as a child had been forgotten.

Bathing and showering was an issue with a few of the elderly men who had become so accustomed to going for days without bathing. They were initially quite reluctant to do so. We had to check once a week that they still had their toothpaste, toothbrush and soap and that they were using it and had not sold them on the street to other homeless people to make some quick cash. It was a process of education for the residents but not only for them – the team was learning so much about each individual and the thought processes of the homeless.

One example is that they had to get use to the idea of placing their dirty washing in a laundry basket to be washed by our laundry staff once a week. In the past they had no facility to wash their clothing and they would therefore wear the clothing until they could not take the smell of the dirty clothes any more and then they would change into fresh donated clothes and throw the dirty clothing away into a garbage bin.

The concept now that they can wear the same clothing again had to be taught. It had become a foreign notion to many of them. We were finding discarded clothing in our bins.

It was important for us to care for the physical, emotional and spiritual aspects of the residents. We introduced exercise classes twice a week. We had volunteers who responded to our appeal on our Facebook page who would come in and conduct exercises with the residents. We had chair exercises on one day and more vigorous exercises on another day.

Those that lived in shelters and even those on the street would spend their day idle. This caused a number of them to become very lazy. There were no activities in the shelter to keep them busy or to challenge their cognitive abilities.

We introduced gardening for those with an interest in gardening. Each person who had 'green fingers' were allocated their own section in the garden to cultivate flowers or vegetables and the gardener would assist them. This also assisted the home to be more self sufficient with regard to vegetables for food. Others joined an art and craft class. An art tutor came in to oversee the class.

A morning Bible study was also introduced once a week and a Christian group who would visit the shelters adopted the home and would visit one evening a week to share the gospel and socialize with the residents.

Eventually one of the residents approached the author and asked why the author does not have a church service in the home for the residents. This particular resident was not a Christian and his reasoning was

that he had been watching our behaviour (the board) and he wanted to understand more about a Christian way of life. This suggestion would be actioned after six months.

One aspect that we had not given much thought to when we first opened the home was that the residents would age and that their health needs would change. After eighteen months we realised that escalated health needs required someone on site who was trained as a carer. We sponsored a woman who was a cleaner at the home, and who was known and loved by the residents, to do a carers course. She was kind and gentle and the residents enjoyed having her care for them. There was a trained nurse on the Ridge Haven Board who would handle the more serious health situations.

It was challenging at times when residents became very ill. Due to the ongoing corruption and misappropriation of funds in Governmental services the ambulance service had never replaced broken ambulances and Durban was left with one vehicle that served the entire city. If one called for an ambulance it could take between three to six hours to collect the patient. Board members would drive the sick residents to hospital themselves and have them admitted via Accident and Emergency. This was quite a stressful aspect of running the home.

1.7.8 The Management of the Home

Point two on the table is **Compliance** “*Local people are assigned to tasks; often with incentives, by outsiders; the outsiders decide the agenda and direct process*”(Corbett and Fikkert 2012, 140)

We initially had the two women assist in the home and they appeared to manage well even though they did not have managerial skills. Eventually the two moved away for better prospects and we employed a younger homeless person who was unemployed to run the home. His duties entailed keeping order in the house. Ensuring cleaning was done by the cleaning staff. That meals were prepared and handed out on time. That the general house matters were attended to. To meet and greet any donors that came to the house.

Having a homeless person as a manager took a lot of the Board Members time. The person needed constant direction and encouragement We had to build confidence in them and build trust, as they had to learn to be faithful and not steal. We had to be very prescriptive as to what had to be done and at what time. Numerous schedules were drawn up to assist.

During the three years we had four different managers. Their lack of managerial skills made it difficult and they themselves would often feel overwhelmed and incapable of doing what was required of them. A few of the managers had issues themselves that they were dealing with.

Although each board member was purely in a voluntary capacity they were often bombarded with calls whilst they were at work asking them for assistance. It became time consuming for all the volunteers and this is when we decided we need to move the residents from Compliance to Consultation.

1.7.9 Giving a voice to the voiceless

Third on the table is **Consultation** “*Local people's opinions are asked; outsiders analyze and decide on a course of action*” (Corbett and Fikkert 2012, 140).

A weekly meeting was arranged which was compulsory for all residents to attend. During this meeting each person had the opportunity to contribute. They were able to voice any concerns or dissatisfactions and then as a community they could brainstorm ideas with the volunteers on what possible solutions there were and what could be done to combat various issues in the week to come.

Their participation in the meetings were very important as it gave us insight as to what the difficulties were and what the positives were. We were also getting to know the individual residents and their thought processes and expectations. We could manage unrealistic expectations immediately and also remind them of what their previous situation was. It is interesting how it is human nature to complain and find fault instead of being thankful for what we have and humble in receiving. We made a point of ensuring that each person who raised a concern would offer a solution too. If their solution sounded plausible we would put it to the vote and if all residents agreed it would be actioned immediately. This gave the residents a sense that they were being listened to. That their opinions mattered and that encouraged them to be more solution orientated rather than developing a negative culture of complaining and entitlement.

It was not only within the home that we applied consultation we also consulted with various organisations and businesses for sponsorship and assistance. As the home had no income barre the nominal amount the residents were paying for accommodation and food, we had to reach out to our community for help. This is when inter-religious dialogue became an imperative function for the survival of the home.

1.7.10 Inter-religious Dialogue

Our board comprised of Christian and Jewish individuals. The Muslim community in our area took an active interest in the home and we found ourselves in consultation quite often. It was interesting to note that once we all had a common purpose we were able to work together amicably. The three Abrahamic

communities worked very well together by fundraising for various needs in the home. Providing activities for the residents and assisting with daily needs. Even though we all had different religious

beliefs and attitudes everyone was willing to assist. We were able to share our religious beliefs with each other in a non-threatening environment and as we shared why we believe what we do we were able to work alongside each other with the same commitment and determination to see the elderly and disabled cared for and the home to become a success.

When looking at the reason why each religion was open to working together toward a common cause. We noted that it was each persons religious belief that acted as a catalyst and enabled this partnership.

The Muslims have five pillars in their Islamic religion which are obligations that each Muslim needs to fulfil. One of which is known as Zakah. Zakah is an act of giving alms to the poor annually. It is believed that giving of alms “purifies the soul of the giver, reduces greed, and strengthens compassion and generosity among humanity. The basic rate of the alms is two and half percent of the wealth that has been held in savings the entire year. Alms are levied on savings and not income” (Seda 2002, 9).

The Jewish religion also believes in caring for the needy and the poor. The practise Tzedakah. In the Torah one of the verses is as follows:

“Is it not to share with the hungry, and bring the homeless poor into your house; when you see the naked to cover him, and not to hide yourself from your own flesh? Then shall your light break forth like the dawn, and your healing shall spring up speedily, your righteousness shall go before you, the glory of the Eternal shall be your rear guard. If you shall pour yourself out for the hungry and satisfy the desire of the afflicted, then shall your light rise in the darkness and your gloom be as the noonday. And the eternal will guide you continually, and satisfy your desire with good things, and make your bones strong, and you shall be like a watered garden, like a spring of water, whose waters fail not”
(Isaiah 58:7-8, 10-11)

Jacquelyn De Groot states “Tzedakah is seen as a form of social justice provided by the donor as well as those who utilize the support to do their work and those who allow the support into their lives” It is also important to note that the Mitzvah Tzedakah is seen as one of the most important mitzvah's and it is compulsory for all Jewish believers to do. It is about ten percent of one's net income. Jewish children are taught from a very young age that prayer and charity work together (De Groot 2024,1).

The Christians within the community were less inclined to participate. Unless they are mission orientated they were not as open and giving as the other two religions. Even though the book of James in the Bible states “Faith by itself, if it is not accompanied by action, is dead”(James 2:17-23).

Christians do not appear to have giving, especially to the poor and homeless, as a priority. It was very disappointing for those of us volunteering at the home who were Christians to have to admit to the other board members who were of a different religion to us that our brothers and sisters in Christ were not as interested in helping. We reflected on what the reason for this could be and we came to the

conclusion that it was not mandatory and enforced in Christianity and so Christians did not give it a second thought. Secondly, Churches do not spend enough time teaching on giving and the taking care of the poor.

A few months after opening the house, an elderly Christian group from an Evangelical church started gifting the residents at Christmas time with individual gifts. They seemed to see the plight more clearly as they, being elderly themselves and receiving pensions, could understand and empathise with the situation the residents found themselves in.

1.7.11 Public support: individual and corporate

Fourth on the list is **Cooperation** “*Local people work together with outsiders to determine priorities; responsibilities remain with outsiders for directing the process*”(Corbett and Fikkert 2012, 140).

We negotiated with a big retail food outlet. They came on board and provided excess and near the sell by date fruit, vegetables, dairy, food products, detergents, bakery items and meat once a week from two of their stores. Volunteers would collect the donation each Saturday. This was a huge blessing as it fed all the residents and we were even able to share our weekly collection with an orphanage down the road from us. As a result we witnessed a change in the health of our residents. They no longer were prone to infections and their general well being improved.

In order to help each resident subsidize their social grant we also negotiated with big companies to provide material to make items. They would pay each person to make the item. The company was then able to gift the made items to a social cause. This enabled the company to support two charities simultaneously – Ridge Haven and another. This would then assist with the companies with their Corporate Social Responsibility parameter required by the South African Government. A percentage of each business's turnover had to be donated to a social cause.

The first project we arranged was to make mittens for winter for a school in the mountains in a rural area in South Africa. The company we partnered with paid for the wool and they paid each resident who crocheted or knitted the items. The residents were set weekly targets which they needed to complete. They eventually made a thousand pairs of mittens. They were delighted to see the photos of the mittens being handed out to the children. These projects would become very popular with businesses and we ran them for three years. This gave each resident a purpose. They were able to use their skills and it built a sense of self worth as not only were they able to earn some money, they were able to contribute positively in a child's life. They also learnt to work together as a team.

We started a library in the home and made an appeal to the public via social media for any old books they were willing to part with. A playschool came on board with us and made it their project to collect books for the home. In no time we were able to set up a beautiful library for the residents with an array

of genres for them to choose from. We were delighted to discover how many of the residents enjoyed reading.

We also managed to get a clothing store to assist us with a pop up store at the home. This was to enable the residents to have their own shopping experience. The store provided clothing rails and staff volunteered to assist as personal shoppers. They sorted through the clothing which was donated to the home by the community via an appeal on our Facebook page. Each resident was given vouchers which they handed to the shopping assistant and they were able to select their own clothing. This is an experience which many had not been able to have for some time as they did not have the financial means. They had become accustomed to people handing them clothing, often not to their taste or their size. Now they were able to choose their own items of clothing. They were extremely excited. We also set up a café where they could sit down and have a free cup of tea or coffee and a slice of cake. Just as they would if they went on a shopping expedition in a shopping mall. We noticed how the men in particular really enjoyed the opportunity to choose their own clothes.

We also negotiated with a hairdresser to come to the home once a month to offer haircuts and hair colour treatment for the men and women in the home. She did this without charging the residents and provided it as a service of love.

Various schools joined us by sending their students to complete their charity hours at the home. The students would spend time with the residents. Talking to them, playing games with them. One student offered computer training which delighted the elderly and a company donated their old computers to the home. The residents were taught how to use google, how to create an email account, to create their own Facebook page and how to play games on the computer.

We negotiated with a beauty school to do their practical component at the home and they would come through once a month and offer manicures and pedicures. This was a great help as they also taught foot and hand care. Much needed for those who suffered from diabetes and other old age illnesses.

A catering company offered their time to teach the residents, who were assisting with the cooking, new easy recipes and they also gave products from the company as gifts such as sauces, soups and other non perishables that could be used in the recipes they taught. This not only encouraged the residents that offered their time and skills but helped develop their skills further and the residents that ate the food were benefiting from wholesome, nutritional meals.

Each company that came to our assistance had the opportunity to advertise their company on our social media pages. This in turn gave them exposure within the community and they were also seen to be partners within the community.

1.7.12 Encouraging Responsibility

Corbett and Fikkert (2012) make a comment in their book:

“ Do Not Do Things For The Poor That They Can Do For Themselves ”
(Corbett and Fikkert 2012, 109)

This quote resonated with all of the board members and we decided we needed to introduce a new concept in the house and observe how the residents would accept it and if they could cope with it.

It was a year that the home had been in existence and we decided to have a greater partnership with the residents and we formed a house committee with sub committees connected to the main committee.

The main committee, which comprised of residents only, were responsible to address any concerns the residents had and to run the house meetings themselves each week. They would report back to the board on the various concerns they had addressed. If they needed assistance, one of the board members would be on hand for the members to consult with them.

Subcommittees were established with each member in the house committee heading up a sub-committee. These sub-committees included: a garden committee, arts and crafts, bible study, exercises social committee and maintenance. These committees took over the original role of the various board members and the residents would manage the portfolios themselves.

The arts and crafts sub-committee would decide on their own craft activities for the month and they would approach a board member to assist them to raise funds for material or to ask for donations for material on the Facebook page. The community always responded exceptionally generously when these requests were made.

The garden committee ensured that the regular garden maintenance was maintained and would recruit residents to participate and assist the gardener who came once a week.

A group of men formulated a handyman group using their skills to ensure the maintenance needs of the home were seen to.

The social committee arranged various outings which we would assist and make appeals for donations or assistance with transport. They went to a nearby Park and tea garden, the aquarium, on the Hop on and Hop off Bus and toured the city of Durban and surrounding areas, the beach, were but a few.

They also arranged bingo afternoons, movie nights, music evenings, games nights and any other social occasion that appealed to the residents.

A catering roster was also formulated by the residents. This allowed those residents who enjoyed cooking to assist in the kitchen on a daily basis to cook the main meal of the day and to bake cakes or bread. We would give each person that cooked a stipend to encourage them to maintain their involvement in the kitchen and it would subsidise their pension. We did not have a need to employ a full-time cook.

Residents took it upon themselves to run their own morning bible study with a time of discussion and prayer.

They allocated responsibilities each week to residents to do the meet and greet of visitors to the home. It would be that persons responsibility to take the visitor on a tour of the home. Discuss the needs of the home and to introduce the visitor to other residents. In the past this would be a board members responsibility and one of the board members always had to be available.

These initiatives relieved a lot of pressure off the board members as the residents were becoming self sufficient. They were showing responsibility and pride in their new home and understood that as a 'family' each one's contribution would make it a happier place to live.

1.7.13 Learning to care for each other

Co-learning *“Local people and outsiders share their knowledge to create appropriate goals and plans, to execute those plans, and to evaluate results”*(Corbett and Fikkert 2012, 140). .

We set a program to teach the residents to become selfless and to become more caring; first toward one another in the house.

When someone was sick they would take care of each other or offer to accompany each other to doctors appointments. They began to offer to help those in the home with disabilities e.g. take them a cup of tea or their meal or help them into the garden. This was a big step as they no longer were in survival mode and only looking out for their own needs. They were able to reach out to their fellow residents in a caring way.

The true revelation that we had turned a corner and were making progress in our education program from selfish introspective behaviour to care for others was when we received a call that an elderly woman, who had been abused by her family, had been placed on the pavement in a wealthy suburb with her belongings. We told the residents when she was on her way. She had very little with her. When the author arrived with the woman there were a group of residents to welcome her. One of the ladies took her by the hand and introduced her to others and then took her to show her the room they had prepared. They made her a cup of tea and whilst she was drinking her tea various residents came to welcome her, men and women, and presented her with little welcome gifts that each could afford. A

small bar of soap, a tube of toothpaste, a toothbrush, a bar of chocolate. Each had, unprompted, reached into their own belongings and were willing to share with her. This was truly a break through. This behaviour would never have been witnessed when they first moved in.

We also had one of our residents who was diagnosed with cancer. He deteriorated quickly and yet the residents rallied around him. They helped him with his daily needs, spent time with him, read to him and helped feed him. It was remarkable to see the shift that had been made in their mindset.

After 18 months we took it a step further and asked the residents if any of them would like to assist a church near the home with the running of a soup kitchen. A few volunteered and they would go once a week to help make food to hand out to the poor.

1.7.14 Outreach projects: giving back to the community

We eventually started our own outreach program. We wanted to teach our residents to reach out to others who were in the same circumstance as they were before they came to the home. We started by asking who would like to go with the board members, who were still involved at the shelters, to hand out meals. Eventually we asked the residents to make a pot of food with the excess food gifted to us and which could not be kept. We would then take this once a month to a food kitchen which fed eight hundred people within three hours. Our residents would help serve the meals. There they would often see people they knew from having lived in shelters and on the street. They would offer words of encouragement to each one they met.

We then started making meals and visited shelters with the elderly residents. Eventually the residents initiated this themselves. They would contact us and arrange transport. They would cook the meal and decide where we would take it. They knew areas that we had never seen with people in desperate need and we were able to join them and provide for their fellow homeless friends and pray with them and offer words of encouragement. They learnt that it was better to give than to receive. They embraced the Christian teachings we had been sharing with them about caring for the less fortunate than themselves. In doing this they made the shift from being the needy person who needed help to the one offering help. This was healthy for them as they began to regain their sense of self worth and find their place in society once more.

1.7.15 Communication and working together

The final item on the table is **Community Initiated** *“Local people set their own agenda and mobilize to carry it out without outside initiators and facilitators”* (Corbett and Fikkert 2012, 140)

The residents approached us on World Poverty Day in an October and said that they would like to offer their own sandwiches which they receive for lunch on that particular day, to those living on the streets. They made their own sandwiches and wrapped them themselves. They placed their sandwiches on a table in front of a cross and a burning candle. They all said a prayer for all those who were not as fortunate as themselves. Two board members brought their vehicles and loaded the sandwiches and the elderly residents who wanted to assist in distributing the sandwiches. They took them to the poor living on the streets. They were so excited to not only see their initiative in action but that they had the opportunity of giving back. It was a miserable day with a huge storm and yet they were not deterred. They went out into the rain to hand over sandwiches to people sleeping under bridges, in bus stops and under trees. They also knew of areas that people would be finding shelter from the rain and they took us there.

They also initiated a project for hospice. They sourced their own wool, men and women, knitted colourful squares which they made into blankets for winter. They asked us to take them to the local hospice to hand them over. It was a gift of love and an expression of thanks in memory of the resident, their friend, who had died from cancer.

A group of women decided that they wanted to knit booties for children suffering from club foot in hospital. One had seen the children in the clinic at the local government hospital when she went for a check up. She was moved by the babies she saw and convinced other woman in the home to help her knit. Once the project was completed they arranged to go to the hospital themselves and hand them out to the mothers at the clinic.

We had eventually witnessed them moving from selfish individuals to being completely selfless. It was heart warming to witness the progress in each individual and to witness them all work together on projects with such great enthusiasm..

1.7. 16 The Ridge Haven Board Members

The original board comprised of men and women of different religions. None of them knew each other. The author had worked in various capacities with each one when working as a volunteer in the mission field. Most were professional people with successful careers. Some were very eager to get directly involved on a face to face basis with the residents. Some appeared a bit nervous, especially of the residents who had mental disabilities. Each board member used their strengths to assist in the home. Those who could fundraise would focus on fundraising. Someone did the marketing and media liaison.

One was managing the overall activities in the house. Others were assigned different projects that they could assist with.

It was just as interesting learning about the various board members and their approaches as it was about the different residents. Corbett and Fikkert (2012) warn us that we need to embrace our own brokenness.

If we do not their perception is that when we work with low income people we will do more harm than good (Corbett and Fikkert 2012, 61).

As these two authors expound - shame is a major part of brokenness which poor people experience in their relationship with themselves. They do not view themselves worthy and do not see themselves as created in God's image and often feel inferior to others (Corbett and Fikkert 2021,61).

They state that Jayakumar Christian argues that economically rich often present with 'God complexes' which is a subtle sense of superiority. They often believe their wealth has been achieved through their own efforts and they that they have been anointed to decide what is best for low-income people, whom they view as inferior to themselves” (Corbett and Fikkert 2021, 61)

We noticed that quite a few of our board members indeed presented with the 'God complex' as explained by Corbett and Fikkert (2012). It was disappointing and frustrating for those who truly had a heart for the poor and were more mission orientated. It is important to search ones heart and ask oneself what the motivation is to serve in this capacity. Is it because it makes one feel good, that one has done a good deed? Does it mean that it relieves one conscious that one feel one is doing one's bit for the community? Or is it true service from the heart and a willingness to serve God by serving others?

Interestingly enough those with a 'God Complex' did not stay on the board for longer than six months. They found reasons as not to be there. Most that left did not want direct contact with any of the residents in the home. They felt it beneath them to have tea or a meal with them and certainly did not want to be in their presence. They were happy to criticize, make suggestions and give money as their part of their involvement. Those who did have this approach and who did concede to visiting the home subconsciously radiated an air of superiority. This does more harm than good as it makes the homeless feel even greater shame and loss of self worth.

The board would meet once every second month to discuss the progress being made in the home and to debrief. The activities for the following quarter would be decided upon and planned.

1.7.17 Counselling

Counselling was an integral part of the process. The first session was incorporated in the initial interview. A six month follow up would be arranged with each resident to establish how they were fitting into the home. If they were participating in the various activities and educational programs. Their emotional well being was assessed. It was often found that now that they were no longer in survival mode which was: keeping themselves safe, finding accommodation and food, they displayed new emotions and concerns which started to surface. This often was related to past relationships with family, partners or friends. They often carried great burdens on their shoulders and needed an outlet to speak about what was concerning them. If it was found that family relationships were a pressing issue a process would start to help them come to terms with whatever had transpired. If there was an

opportunity to reconnect a resident with their family member we would start a process with them to prepare them for the possibility.

A twelve month follow up would also be conducted to assess how far each resident had come and what progress they had made with regard to their physical, emotional and spiritual well being.

1.7.18 Reconnecting with families

A few residents reconnected with their families whilst living in the home. We would facilitate the contact between the families and the resident. At times residents would return to live with their families. It was often pride that distanced them from their families. They had either done a deed or act that they felt could never be forgiven and moved away from the family or they were too proud to tell their families that they could not afford a lifestyle that they once had as they had made poor financial decisions e.g. joining pyramid schemes and losing all their hard saved pension. At times families had immigrated and they did not want their family to know that they had fallen on hard times. Others began drinking due to the financial stress and ended up becoming alcoholics and were embarrassed to be seen in that state. The list goes on. There were numerous circumstances too complex to list.

A challenge for the board members was that this process took a lot of time and they had to juggle this with their own work. We did not have a social worker who could assist us. A social worker would have been a great asset to have as part of the team and permanent counsellors who were able to offer their services at the home on an ongoing basis would have been a huge help.

1.7.19 Budgeting and generating an income

An area of deficit for a number of residents is that they did not budget. They lived for today and when the pension came through it would be spent within a day or two. We taught them how to budget the money they received to last them for the month.

We also arranged for different tables at markets where the residents had the opportunity to use their hand craft skills and sell items to raise funds to bolster their personal income. This served two purposes. It would give them a purpose each day and a reason to get out of bed in the morning. The second was the reward was extra money in their pockets. We would appeal on our social media platform for donations for the material they needed. The community were generous and dropped off wood, paint, material to be sewn , cotton, haberdashery and any other items that we made a request for. It was remarkable. We found that people want to help they just do not know how to.

1.7.20 Handling addictions, mental illness, disabilities and illness

The home could accommodate thirty residents at a time. Twenty three percent (23%) of the residents had mental illnesses. Seventeen percent (17%) had some form of physical or learning disability.

A number of the volunteers and some of the board members were afraid of those with mental illnesses. We had a number of residents suffering from depression, schizophrenia and bi-polar disorder. Bipolar disorder posed the greatest challenges for us as they would become quite aggressive. We eventually made the decision not to admit a bipolar individual. Those with schizophrenia thrived in the home. Their medication was administered timeously and they felt loved and cared for. They were often younger than the majority of the residents and the elderly took them under their wing. They were kind to them and treated them as they would treat their own children. Those with mental illnesses felt safe, accepted and loved.

There are numerous individuals who find themselves on the streets and are suffering from mental illness. The South African Government closed all the mental half way houses down due to lack of funds. There was no where for these individuals to go to. They could not be readmitted into psychiatric institutions as they were chronic patients and not acute. The institutions were bursting at the seams and also struggling financially.

We would ensure that these residents would receive the medical attention they needed. Different residents would accompany them to their psychiatric appointments as it would be an entire day waiting in a government hospital and our board members and volunteers all worked and could not afford time off work. This helped to entrench the concept of family and taking care of each other.

We did have to keep an eye that they actually took their medicine. When they felt better they would default and not take their medication when they were living on the streets. They would sell their medication to drug addicts for some fast cash. Once in the home we took control of their medication and a staff member would administer the treatment at the correct times. At times their blood levels would become imbalanced. We had one resident who hallucinated and he would see vampires at night. They would chase him around the home. He was petrified and so were the other residents. When he was asked to draw what he saw the pictures were quite frightening. We made sure that he would go to the hospital to check on his blood levels frequently.

We had another resident who also suffered from schizophrenia who would just stand and stare into space. He would become muddled and disorientated. He would also get fixations. He had a fixation of making money as he wanted a girlfriend and was of the opinion that only rich men get good girlfriends. His condition rendered him totally incapable of working. When we tried to get him to help paint or do gardening he would help for five minutes and then wander off. Not remembering that he was busy helping with a specific activity.

After receiving an urgent call one evening from the home, the author who was the only board member who had psychology training, went across to the home as one of the women who suffered from bipolar had not returned home from shopping. She had left in the morning and it was now well after dinner in the evening. On arrival the author discover that the woman had just returned to the home. She had received her social grant that day and had spent the entire amount on alcohol which she had sat and drank in the park. The alcohol and psychiatric drugs were not a good combination. The author tried to speak to her and she became aggressive. She was swearing and then chased the author around the room with a knife. Threatening to stab her until one of the men managed to wrestle her onto the bed. This event prompted the board to re-look the admission of people suffering with bipolar into the home. On the whole we managed very well with the mentally disturbed individuals.

Those who had physical disabilities or who were ill were more difficult at times to assist. The house had stairs and if they struggled to walk they would need assistance up the stairs. Generally the other residents were very willing to help but they were also elderly and not always steady on their feet. It was a concern as we did not have any carers on the staff. We eventually managed to garner support to sponsor a staff member to do a carers course. Once she came back her help in the home was invaluable.

1.7.21 Introducing Christianity and finding an identity in Christ

As previously emphasized our residents suffered from low self esteem and lacked self worth. They carried a garment of shame around themselves. One of the most important tasks, in our view, was to move them from this state of being to one of confidence, self worth and belonging where they could hold their head up high and feel as though they truly belong.

The only way that anyone can truly re-discover their true identity is by believing and accepting Jesus and emulating the characteristics of God.

We are all made in God's image, "God created man in His own image, in the image of God he created them, male and female he created them (Genesis 1:27) and we should therefore display His characteristics and His nature. Even after the fall and us reverting to sin in Genesis 3, we still bear God's image even though it is no longer exactly as God intended. Jesus was the perfect image of God and God's desire is that we become like Jesus in our nature – "Christ is the radiance of the Glory of God, and the exact imprint of His nature"(Wilken 2018,).

Jen Wilken (2018) in her book *In His Image* describes and discusses, in depth, what God's expectation is of us. She states that "God is always more concerned with the decision-maker than he is with the decision itself". She gives the example of Simon Peter when he was faced with the decision to deny Christ or acknowledge him, Peter chose to deny him. Wilken (2018) opines that it was not Peter's poor decision making that lets him down but we should focus on God's faithfulness to restore Peter. "No decision we ever make can separate us from the love of God in Christ." (Wilken 2018,12)

Wilken (2018) reminds us of the scripture “Grace that is ours through Christ, by the work of the Spirit, transforming us increasingly into someone better” (2 Corinthians 3:18) As individuals, the residents needed to ask “Who should I be” and not “What shall I do”.

When we profess to be Christians others will observe our speech and our actions and assess us based on how we behave. What are the characteristics of God that we should be embracing, living and displaying? According to Wilken (2018) God's characteristics are as follows: He is holy, loving, just, merciful, gracious, faithful, patient, truthful and wise. What did that mean for each of us as board members and volunteers. How could we help the residents of Ridge Haven work on these nine characteristics? In the paragraphs to follow we shall explore each characteristic of God in more detail. We shall look at how the team of board members and volunteers could apply them in their own lives and how they then emulated these characteristics in the home. We shall also observe how the residents were able to embrace these characteristics and if there was truly any change in the residents.

The first characteristic is to be Holy. What does that mean? It means that we need to be 'set apart' from the world. We are in the world but we not to be of the world. “Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind”(Romans 12:2). As we are told in Philippians 2:15 we are to shine our light and do things that the world is unwilling to do.

We often allow our identity to be rooted in our work, environment or the people we socialize with. These various entities begin to define who we are and we need to strip all of that away to find the real person that God wants us to be. We are not to judge others, that is God's role. “Do not judge, or you too will be judged. For in the same way you judge others, you will be judged, and with the measure you use, it will be measured to you”(Matthew 7:1-2). We are to involve ourselves in our communities with individuals even if they are very different from ourselves but we are not to participate in secular activities and perform actions that have become acceptable in our current day and age. We are to uphold our values and live by the commandments that we have been given. We need to try and live pure lives and obey God's teachings as Psalm 119:1-53 reminds us.

It started with each of us; each board member and volunteer who participated in the home. We could then reach out to those living in the home and by our actions and the manner in which we conduct ourselves we begin to model the characteristics of God. Our actions would prove to be more convincing than any words we would say or any biblical teaching we would do.

The next characteristic is love. The world has distorted the meaning of the word love. A lot of people do not know what it truly means. So many have not experienced the unconditional love – Agapé. As a group we needed to show Agapé. We did this by showing care and kindness to everyone in the house regardless of race, colour, culture or their past. We tried to foster an environment where they truly felt loved by showing the residents that we had time for them. By helping them and listening to them and spending time with them. We constantly reinforced that it was a family environment and that they belonged to a family. Their immediate family within the home and a greater Christian family. As soon as we demonstrated unconditional love for each resident the atmosphere in the house settled. There was

a peace and contentment among the residents that only God could give. They began to learn to trust us and our actions. Eventually we began to witness the residents displaying kindness, care and unconditional love. First to each other, then to those who arrived and were new residents to the home. Later it would be in the form of outreach programs where they voluntarily joined in.

“As iron sharpens iron, and one man sharpens another” (Proverbs 27:17)

We now explore the characteristic of justice. Justice is a Godly trait that we see coming through the Bible. We also needed to act justly. We needed to be a voice of justice for the poor and the homeless within the community and society at large. We also needed to display justice within the home. Those living on the streets are often not treated justly. Authorities do not give them the time of day. Society condemns them and blames them for the situation they are in. The result is that this group of individuals lost hope and were accustomed to following their own set of rules. Living in the home exposed them to new rules which they were to abide by. They often balked at this and those that deliberately ignored the rules were called to a disciplinary hearing where their behaviour was assessed and a punishment metered out. If very severe they were asked to leave the home immediately.

Before this would transpire each resident was taken through a set of rules before they joined the home and they had to sign that they agreed to abide by them. We were trying to teach them that it was no longer about 'themselves but about community' they had others to consider and that their actions had consequences. This in turn sent a message out to the remaining residents that justice in the home would prevail. Life is not all rosy and we all live on a cloud singing Kumbaya. It is real with real life issues and we have to deal with them. In dealing with them as a group we learned to do this prayerfully, seeking the Lord's face and letting the Holy Spirit lead us.

What was very interesting is that once the rules were established and boundaries set, individuals even though some residents tried to push the boundaries, they still wanted to live in the home. They could leave of their own free will and yet they did not want to, even if they felt the rules were uncomfortable they could see that rules created a positive culture within the home. They felt safe, not judged and the rules in fact were a form of caring for them.

The next characteristic is mercy. Wilken (2018) expounds that mercy and grace are often spoken of symbiotically. We see them together in hymns and choruses. She goes on to explain that justice, mercy and grace coexist.

“Justice is getting what we deserve.
Mercy is not getting what we deserve.
Grace is getting what we do not deserve”.
(Wilken 2018,72)

As the verse above says that often we do actions that we do not deserve forgiveness for and yet God is all merciful and he forgives us. He sent Jesus to pay for our debt of sin by dying on the cross for us. How do we then show mercy toward our residents? It was not always easy.

We had very difficult days with some residents who could not leave their past habits behind and their behaviour at times became quite untenable. So often it would have been easier to expel them from the house and yet even though they would go through a disciplinary hearing we would give them a second chance and then the choice rested in their hands.

They needed to understand that their behaviour effected the entire Ridge Have family. An example is: one of the men was an alcoholic. The rule was that no alcohol was to be consumed on the property and yet he chose to break the rule and drink alcohol until all hours of the morning on the patio. He became unruly, verbally and physically abusive. We had to look at it in context and find out what the trigger point was. Some of the board's initial reaction was to ask him to leave, however that is not showing mercy. We then needed to unpack what the cause was. It was not just because he was an alcoholic. The sudden love and kindness in the home was overwhelming for him. It caused him to reflect and do introspection of his own life. What came out was that he had a very bad relationship with his mother whilst growing up. There was a lot of hurt, pain and rejection. He had never let go of this. Knowing what the cause was then gave us the opportunity to try and help him.

Mercy is not an easy characteristic to put into action. Psalm 145:9 reminds us “The Lord is good to all, and his mercy is over all he has made” Romans 9:15 also reminds us that God chooses who he will show mercy to: “I will have mercy on on whom I have mercy, and I will have compassion on whom I have compassion”.

We now shall explore the characteristic – Grace. How can we be gracious? John Newton wrote a song in 1779 with a verse that said:

“Twas grace that taught my heart to fear,
And grace my fears relieved.”

God is gracious to each of us and it is done in love for us. We do not earn grace and it is undeserved. The story of the prodigal son reminds us of our fathers grace. We do not listen, we turn away and lead the lives we choose to lead and yet when we return back to God and ask Him to forgive us He does. He accepts us back graciously and with open arms. He rejoices at our return as the father in the story accepted his son back graciously. It was by grace that we are saved through Jesus's death on the cross and his blood has washed away our sin.

How could we show grace to our residents. Through Agapé. We needed to accept them all unconditionally and show them that we truly cared for them. We needed to treat them as equals. Not as rescued individuals that we had conceded to help but people whom we welcomed no matter what they had done in the past and that they each had a place in our little family and our broader Christian family. No matter if they had murdered people or lived as a prostitute or a habitual drug addict. God is gracious and welcomes all back when they acknowledge Him.

We needed to show them grace, so they too would see God in our actions and it would imprint on their hearts and instill a longing to return to God or to get to know Him. When they chose to do so, we would be ready to guide them in their journey. To share with them who God is and how they could start working on emulating His characteristics themselves. How they could find their true identity again and put aside their past, their labels, their fears, the demons of their past, their hatred and become a new person in Christ, with a new beginning.

Grace is not always easy to put into practice and we tried our best. As a result, which will be explained in more detail in point 1.7.22 regarding setting up a church, we eventually had twenty five of the thirty people choose to return to Christ. It was a process and did not happen over night. It was not an easy journey for them and once they took that step the change we saw in them was remarkable. The change in the house was palpable. It became a house of peace and prayer. Of people who struggled to get along initially become kind and caring toward each other. People who fought with each other became more tolerant of each other. They became a group that supported each other and in turn each began to learn to show grace toward each other themselves.

The seventh characteristic to explore is God's faithfulness.

“Know therefore that the Lord your God is God, he is the faithful, keeping his covenant of love to a thousand generations, of those who love him and keep his commands, But those who hate him he will repay to their face by destruction; he will not be slow to repay to their face those who hate him”
(Deuteronomy.7:9-10)

Wilken (2018) makes the statement that God has been steadfast throughout the ages. She also goes on to say that God's faithfulness has been a comfort to those who choose to follow him and a terror to those who oppose him. As she reminds us, so often we only quote the first part of the verse above and forget about sharing about God's wrath. God is faithful to execute justice on those who reject him, just as he is faithful to maintain steadfast love to whom he has received. He blesses those whom he says he will bless and he curses those whom he said he will curse (Wilken 2018,99).

Wilken (2018) speaks about God's faithfulness in various respects such as God's steadfastness in the rising and setting of the sun, the change of seasons, faithfulness that when we face trials that he will be there with us and that he never abandons us “Never will I leave you; never will I forsake you”(Heb 13:5). The story of Joseph reminds us of how God was faithful to him. God elevated Joseph to be second in charge in Egypt and he managed to help thousands of people from starving. Joseph still carried hurt at what had happened with regard to his brothers selling him and his separation from his family. God eventually reconciles him with his family in Genesis chapter 50.

The book of James chapter 1:2-4 speaks of how God is faithful when we have trials even though it may take us years to see this.

“Consider it pure joy, my brothers, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance. Perseverance must finish its work so that you may be mature and complete, not lacking anything”

For the team we were assured that God would be faithful to us with the running of the home. It was God that directed us to open the home and we knew that he would have his hand on the home, which he did. We saw it in the daily miracles that we witnessed – the generosity of the community, the gift of food, the gift of time from people who were willing to share their skills at the home to do arts and crafts, cut hair, do manicure and pedicures, read to the elderly are among the few. A big blessing was the guidance God gave us with regard to those in the home who had mental illnesses and how to approach them and to handle them. Others who became sick in the middle of the night and we did not have a doctor whom we could call. We had to rely on our common sense and the trained nurse's expertise.

We taught our residents about God's faithfulness to them. How the home and them living in the home was one of the many steps of God's faithfulness. When we received food we rejoiced and gave thanks to God with our residents so that they could appreciate the miracle of the blessing we received.

Cannon J. John, an Anglican evangelist, once gave an analogy in a teaching he was doing. He took a ten pound note. It was crisp and clean. He asked the audience what the value of it was. He then put it on the stage floor, rubbed it in the dust and dirt. Then he picked it up and crumpled it up. He opened it and then he asked what the value of it was. His illustration was to convey that no matter how messy our lives become we still have the same value in God's eyes. We used this illustration in our teaching at the home and continually emphasized God's faithfulness to the home and the people and that their value had never changed in God's eyes no matter what they had done.

We also had to reassure the residents that we would be faithful to them when we said we would care for them and protect them. By our actions they would learn what this meant.

Patience.....the eighth characteristic! How difficult this can be. When entering a process with people it is not a quick fix. It takes time and an abundance of patience. God is patient with us. He walks the life journey with us. We are not perfect and he is patient with us. We had to practice a lot of patience in the home with the residents. People do not conform because we say that they must. Adults have the choice of various options and it remains their decision. We can only guide and loving support as they take one step at a time. It was very a difficult process with those who were alcoholics and drug addicts. At times it was very upsetting to all of us. Those on the team and the residents in the house and yet we needed to trust the process and be patient. When we look at the Israelites and their journey through the desert. It took forty years because of their continual disobedience to God. God was patient. He journeyed with them until they were eventually ready to step into the promised land (Exodus).

James also reminds us:

“My dear brothers and sisters, take note of this: Everyone should be quick to listen, slow to speak and slow to become angry, because human anger does not produce the righteousness that God desires”.
(James 1:19-20)

The next characteristic is truth, an interesting one. The new catch phrase in our world now is to “own your truth”. What does that mean? Moral relativism asserts that personal truth is the highest form of truth we can possess, that no higher, absolute truth exists.”The Bible tells us that God is the benchmark for all truth, this is a reality check for Moral relativism (Wilken 2018, 124).

When Adam was in the garden of Eden and God asked him what he had done, he certainly did not “own his truth”. God asked him if he had eaten the fruit from the tree of knowledge and instead of acknowledging that he had, he made an excuse and told God it was Eve that gave it to him. This implied that it was not his fault but hers (Gen 3:12). We all know how that scenario played out and we are faced with sin in the world which we continually are challenged with on a daily basis.

Wilken (2018) continues that God's truth is for everyone and not one particular individual so that we can all live in the right relationship with God and each other. As Christians there is no room for individualism. This is what we had to share with our residents who were so accustomed to being in survival mode and doing things for themselves. They always put themselves first and their own needs first.

Not everything they did was honest and wholesome. They now needed to embrace our God of truth. We made a decision not to have lockable doors and cupboards, even though we knew that most of the residents were accustomed to stealing. We emphasized the element of trust that we had in them and each other. That truth prevailed in the home. We never had any complaint of anyone missing belongings in all the time that they lived in the home.

The final characteristic which we will review is God's wisdom and how we too are to be wise. Wilken (2018) reminds us of God's wisdom. She says “He does not grow in wisdom – he is infinitely wise and His wisdom never waxes or wanes”. 1 Corinthians 1:25 states “For the foolishness of God is wiser than man's wisdom, and the weakness of God is stronger than man's strength”.

As a team we knew that as we ventured into this new territory we would need wisdom on how to navigate the daily challenges that would arise. The book of James reminds us to ask God for wisdom. “If any of you lacks wisdom, let him ask God, who gives generously to all without reproach and it will be given him (James 1:5).

We then transferred this knowledge onto the residents. We encouraged them to act wisely. To ask God for wisdom when making decisions about their lives. To be prudent when spending their money. We

taught them how to budget and we were surprised at how many had never known how to manage their finances properly which resulted in them being in the a desperate situation that they were in. We counseled them and asked them to ask God for wisdom when it came to reconnecting with their families. To ask for wisdom when forming relationships with strangers, an area in the past which may have lead them down a road of drug addiction or prostitution, as they trusted people who did not have good intentions in their hearts and exploited them for financial gain. They needed to ask God for wisdom and discernment.

All the characteristics we have spoken about help build one's new identity in Christ. As our residents started working at each aspect, we could visibly see a change in each of them. They began to grow a trust in us, each other and God. They also started to approach life decisions differently. The love which most of them had never or hardly ever experienced in their lives started to become a reality. They started to truly care for each other and to be considerate of each other. Over the period of three years we saw people who were truly broken and ashamed, become confident individuals, who had regained their sense of self. They had reconnected with Christ or became a Christian for the first time as they saw the growth and change in others.

Finding our identity in Christ instead of our identity in what the world offers us – material possessions, status, power etc gives us far greater fulfillment and inner peace. When everything is stripped away from us we are left with ourselves and Jesus. This is when we find our true identity.

1.7.22 Establishing a church

As mentioned in point 1.7.15 we were approached by the residents to start a church at the home. We decided to have services every Sunday in the sitting room of the home. The author, a trained pastor, would conduct the services. Initially there were a handful that would attend. We learned that it was not everyone living on the street or in a shelter that did not know Christ. Some had a very strong faith in Christ and this is what kept them going during the dark times that they experienced. It would be these individuals who would witness to other residents in the home and together with us encourage them to attend the services. We eventually had twenty five of the thirty residents who would attend church willingly and of their own accord. It was a joyous occasion with everyone participating.

Initially we chose not to take an 'offering' during the service. We felt that the residents were in need themselves but they came to us requesting that we take an offering during the service. Those residents who attended the service would give their gift joyfully to the Lord. We would use the Sunday collection toward our outreach programs. It was not much in monetary value, but the value in their actions spoke volumes to all of us.

The bible says “Each of you should give what you have decided in your heart to give, not reluctantly or under compulsion, for God loves a cheerful giver” (2 Corinthians 9:7-8).

We eventually bought a wooden house which we placed in the garden. This would be our new church. The residents took a vote on what they wanted to call the church and it would be named "Church of Our Saviour". They took turns to set up the church on a Sunday and have it ready for the service. They took great joy in participating. They loved the time of Praise and Worship and would sing at the top of their voices and then have a time of sharing communion together. As each individual metamorphosed and became a new person in Christ their participation in Church, Bible Study and the outreach programs grew.

We had the joy of baptising a Muslim man who chose to convert to Christianity. We had a couple who met and fell in love in the home and we had their wedding ceremony in the home with a church service and blessing on the couple.

1.7 23 Managing during Covid 19

In 2019 the world was taken by surprise when an unknown virus hit. It would eventually be called Covid 19 and this would place individuals all over the world in lock down. As soon as we heard rumors of the virus we closed the doors of our home to visitors. We did not allow anyone access and residents were not allowed out. This was in order to protect the residents. This occurred before the official lock down period was announced.

We did not have the finance to purchase all the required PPP. We tried to contain the community as much as we could. Eventually the official lock down was announced. We were given a permit to drive so that we could purchase food and drop it off for the residents. The residents were amazing. They complied. As long as they had food and their cigarettes they appeared happy.

During the time of Covid 19, whilst we were still participating in the home, not one resident contracted Covid 19. We were also concerned as we did not have medical facilities in the home to nurse any resident that potentially developed Covid 19. God blessed and protected the residents of Ridge Haven as well as the team.

As visitors were limited to the home the usual Sunday church service was conducted by the residents themselves. The author would whatsapp a sermon to the home each Sunday and the residents would choose their own Praise and Worship songs and meet together.

As Covid 19 reached its peak the existence of the home came under threat.

1.7.24 Transferring to a new facility

During the period of lock down, which was in the home's third year of existence, the landlord mentioned that once our lease expired he was considering building an apartment block and knocking

the home down. He communicated that he would not be renewing the lease agreement. We prayed and started to look for a new home to rent. It was proving very difficult to find a facility that could house thirty people within our budget.

Our prayers were answered when we heard of a facility which was opening. It could house a hundred people and the group who were opening it were offering residency to people who were of retirement age and on social grants. After liaising with them we eventually reached an agreement and moved all our residents across to the new home. It was a process as we first had to speak to the residents who quite understandably were afraid. They were of an age that they did not like change and after settling into Ridge Haven they were nervous to leave. They were afraid they would end up as before in the same situation as they were on the streets or in the shelters. We took time to reassure them.

The day eventually came. We arranged a furniture removal and because it was lock down we needed a moving permit. Which we applied for and received. We moved all the contents of the home and the residents across to the new facility. It was a sad day for all of us . It spelt the end of a chapter for those of us who were very involved in the home and the residents. There were tears and a lot of emotion. We went across and helped them all settle into their new home.

1.7.25 Limitations of the study

One could mention that finance could have been a big limitation as we did not have any form of fixed income except for the residents income and some of the board members who committed to a monthly amount as part of their tithe and the public donations. This is where each of our faith and trust in God's provision was a true testimony to each other, the residents and others.

One of the main challenges we had was having a good manager to manage the house on a daily basis. We wanted to use the opportunity to develop another homeless person, retrospectively, it made managing the home difficult.

Having a doctor on call whom we could phone when we needed would have been a great help when the residents fell ill. As they were aging they began to display more physical needs. It would have been helpful to have a permanent counselor and social worker at the home but this was not possible financially. As it was a process that the residents were going through, having a permanent counselor would have helped them navigate their emotions more quickly and easily. A social worker could have assisted with the reunion of families. Even though we did not have the experts on board we did manage to do counseling and home placements, but more could have been done with specialized assistance.

Not having a support group for the alcoholics in the home and the drug addicts. The residents became their support group however they did need more guidance and their behaviour could be very disruptive at times and even frightening for those who are not accustomed to it.

The general prejudices of the members of society regarding the homeless initially limited the interest and support of the home. It started to change gradually once we actively promoted support on social media. Initially the neighbours in the surrounding properties had many misgivings about the establishment of Ridge Haven in their community, however over time they started supporting the home and invited residents to join them for tea in their homes. The direct neighbor generously paid for the Ridge Haven hedge to be trimmed once a month when she had the garden service attend to her own garden. General perceptions of the community at large started to change gradually once we actively promoted support on social media. Our direct neighbor became our greatest advocate.

Chapter 2

Literature Review

Before embarking on the journey and establishing the home for homeless people we read Steve Corbett and Brian Fikkert's (2012) book: *When Helping Hurts*. This book structures a biblical framework of root causes of poverty and how it can be alleviated effectively by equipping the poor without stripping them of their dignity and self-worth, by empowering them. It also discusses how one can guard one's own heart in the process. We used this book as a manual to follow and we implemented some of their suggestions. The outcome of which we shall discuss.

We start with defining what poverty is from Carina Mood and Jan Jonson's (2015) book which discusses four social effects that are a direct result of poverty. Bryan Myers (1999) reminds us that the Trinity is relational and therefore humans are relational beings.

Corbett and Fikkert (2012) explain four steps of poverty and David Jones (2017) shares in his article '*What really causes poverty*' the individual characteristics that are discussed in the bible that are traditionally a contributing factor to poverty. This is followed by results of a research poll which Ligía Teixeira (2023) discusses and which gives us insight as to how society perceives homeless people in general.

We chose to establish the home in South Africa and an overview of the current situation in South Africa is discussed by Nthando Thukuwena (2024) in the Bloomberg report and Shiraz Mohamed (2023) also gives us an indication on the effect these changes have had on the elderly over time which has contributed to homelessness.

Grenier et.al (2012) in *A Literature Review of Homelessness and Aging: Suggestions for a Policy and Practice-Relevant Research Agenda*, discuss policies and Stephan de Beer and Rehana Vally (2021) *Facing Homelessness: Finding Inclusionary Collaborative Solutions* describe effects on the elderly in greater detail. Danica Hansen (2022) in a newspaper article *16 000 homeless recorded in Durban*, reports on the startling increase in the number of homeless in South Africa.

De Beer and Vally (2012) cite in detail the various attitudes toward the elderly by the church, society and the police force. This is later followed by Corbett and Fikkert (2012) where they conduct an in depth overview on the attitudes of Christians toward homeless.

Mark Baldwin (2012) explains in the book *Participatory Action Research*, a framework by O'Brien and Lyle (1987). As part of the research project a Non Profit organization was formed with a board of volunteers. These volunteers would be actively involved in the form of participatory action research, as explained by J. Bradley Cousins, and Elizabeth Whitemore (1997), in their book *Framing Participatory*

Evaluation. They explain the method of participatory action research and how one can put it into practice.

Cornwall & Jewkes (1995) discuss five parameters one can use for participatory research in their journal article: *What is participatory research?*

The article '*Participatory action research and evaluation*' written by Joanna Geller (2024), gives further insight on what this model of research entails and what the evaluation process would eventually look like.

De Beer and Vally (2021) give an in depth synopsis on the attitudes of the church and various religions toward homelessness. They give pointers on what the responsibility is of the church, government, businesses and public is which can resolve the current situation. Corbett and Fikkert (2012) expand and explain what the role of Christians should be in resolving the homeless situation and relate their recommendations back to biblical verses and principles gleaned from these verses.

As a group we recognized that it was important to try and understand the needs of the homeless. Tonya Hambrick-McClain (2021) in her academic paper "*Investigating the Needs of Homeless Individuals Living in Transitional Housing*" gives insight as to the needs of the homeless

In our dealings with the homeless it became very apparent that they had lost their own personal identity and became whatever everyone wanted them to be in order to survive. David Snow (1987) gave us insight in his work '*Identity work among the homeless*', as to how society labels the homeless and how the homeless actually see themselves and their identity.

Jen Wilken (2011) in her book '*In His Image*' gave us a starting point on how to explore this theological topic within the home with the residents. Before we could broach the subject of their 'identity in Christ' we needed to reinforce that God truly loves them no matter what their past and present lives looked like. We discussed and taught the theology of who God truly is, His image and how we are born in His image.

We also take a closer look at the Muslim and Jewish religions. Pete Seda (2002) in his book *Islam is ...* describes the Islamic belief with regard to charitable giving. This is followed by Jacquelyn De Groot in her journal article '*Jewish Philanthropy: The Concept of Tzedakah*' where she gives a synopsis of what the Jewish people believe about the act of giving.

The remainder of the chapters are based on first hand participatory research conducted by the author and the team that worked alongside her. The results of this study will be published in this paper in chapter 4.

Chapter 3

Data and methodology

Methodology 1

Participatory Research

“Participatory Research (PR) is a research-to-action approach that emphasizes direct engagement of local priorities and perspectives” (Cornwall & Jewkes 1995).

There are five parameters which one can use:

1. Inform: this is where information and guidance is provided to the community whom the researcher is working with.
2. Consult: the researcher engages with the community and gets their agreement, before introducing anything new.
3. Involve: this is where the researcher participates with the community and involves them in the decisions, programs or changes that are introduced.
4. Collaborate: it is a partnership between the researcher and the community and they work together. It is not a tell assertive approach.
5. Empower: the community makes their own decisions and initiates their own programs.

Participation Choice Points in the Research Process

At each step in the research process, there is a choice about the degree of participation. The choice guides the selection of research methods and tools.

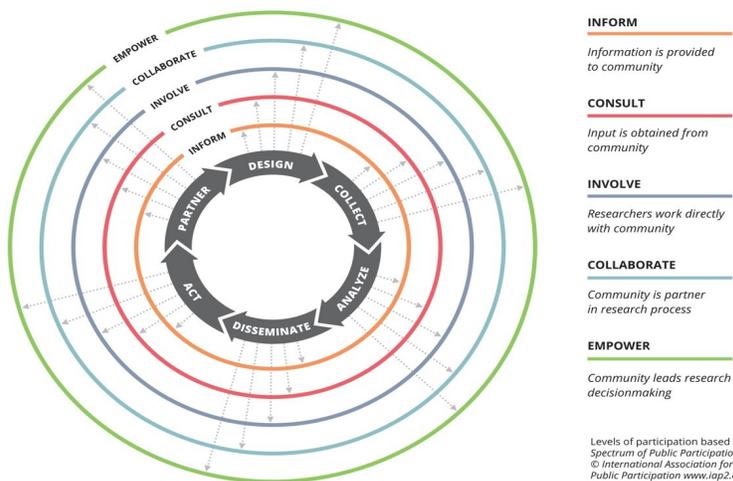


Figure 3

Vaugh and Jacques (2020)

Methodology 2

Participatory Action Research (PAR)

PAR is primarily designed for those who are considered vulnerable or experience a lack of control over their lives (Alston & Bowles, 2003; Fitzpatrick, Sanders, & Worthen, 2011).

Participatory Action Research which embraces principles of participation and critical reflection was used. It is “a participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities” (Reason & Bradbury, 2008,4).

1. By establishing a safe and loving home for the residents to live in.
2. Creating an environment of acceptance and unconditional love
3. Creating a sense of family and belonging.

Homeless people lose their sense of identity and self-worth - during this process the objective was not only to focus on their basic needs such as hygiene, food and safety but to take them to the next level of finding out who they are, not whom others say they are, by giving them the opportunity to find their identity in Christ.

1. By developing programs to restore a sense of responsibility, caring for others, finding a renewed relationship with God, accepting Jesus as their savior and developing an identity in Christ.
2. Taking the residents from a 'survival mode' to a 'life worth living'
3. Turning selfishness to selflessness

A growing number of elderly and disabled individuals living in shelters find themselves abused by landlords of shelters and other residents. Those living on pavements are abused by society and law enforcement officers. They find it difficult to fend for themselves and are vulnerable targets.

As society mainly focuses on helping children, the elderly are a forgotten and have become a neglected generation. We wanted to restore their hope and share Christian unconditional love, joy and acceptance in their hurt and brokenness.

1. Developing programs to build each persons confidence and sense of belonging.
2. To create an awareness within the larger population of the city to 'Love our Neighbor as ourselves' (Mark 12:31), regardless of circumstance, race, religion and culture.

3. To move the residents from being selfish and introspective, to be outward looking and selfless by helping others who find themselves in the same circumstances as they were in previously, through outreach programs and sharing God's love and sharing their new found material gifts that they have been blessed with.

Reason and Heron (2008) suggested an extended epistemology for PAR including: “ (i) *experiential knowledge* gained through direct encounters with people, places, and objects; (ii) *practical knowledge* related to competence or skill – knowing ‘how to’ do something; (iii) *propositional or explanatory knowledge* comprising theories ‘about’ something; and (iv) *presentational knowledge* expressed through speech, writing, and art to symbolize and convey meaning” (Reason,1994; Heron, 1996).

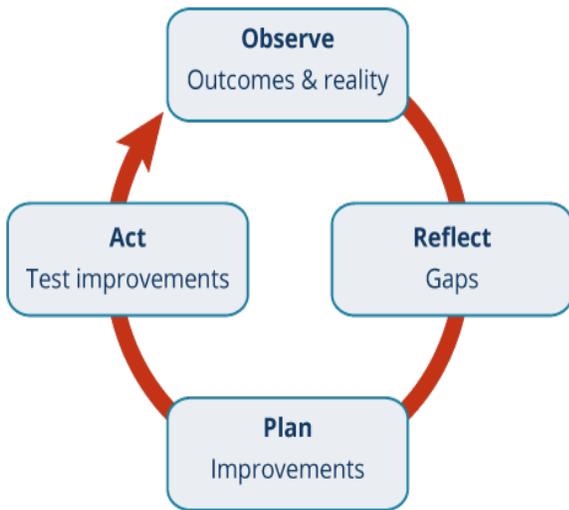


Figure 4

“The PAR cycle commonly revolves around four simple steps: plan, act, observe, and reflect” (DHHS, 2012; Kindon, Pain, & Kesby, 2007).

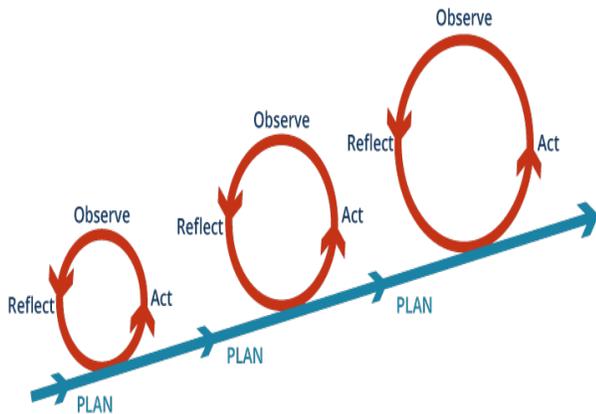


Figure 5

“Cycles are repeated to allow for incremental changes to a program over time. The increasing size of the cycles reflects an increase in focus, power, and impact and the questions driving them; each cycle allows more stakeholders to be drawn into the process” (DHHS, 2012).

Methodology 3

Participatory evaluation (PE)

“PE is used to assess the effectiveness or impact of a program, process, or plan either during or after implementation. Participatory evaluations are either conducted by professional evaluators who utilize a participatory approach, or they are designed and led by local practitioners and community members who may or may not collaborate with professional evaluators” “PE” typically studies the implementation and impact of a specific program or process”.

J. Bradley Cousins and Elizabeth Whitmore proposed two primary modes and objectives of participatory evaluation in a 1998 article, “*Framing Participatory Evaluation*, :

1. Practical Participatory Evaluation (P-PE): “The core premise of P-PE is that stakeholder participation in the evaluation process will enhance evaluation relevance, ownership, and thus utilization” (Cousins and Whitmore 1989,5)

According to Cousins and Whitmore (1998) *utilization* has three primary uses or effects:

“(1) instrumental, the provision of support for discrete decisions; (2) conceptual, as in the educative or learning function; and (3) symbolic, the persuasive or political use of evaluation to reaffirm decisions already made or to further a particular agenda.”

2. Transformative Participatory Evaluation (T-PE)

“Transformative participatory evaluation invokes participatory principles and actions in order to democratize social change.”

According to Cousins and Whitmore (1998), “Several key concepts underpin T-PE. Most fundamental is the issue of who controls the production of knowledge.

The concepts that act as a guide:

1 T-PE aims to “empower people through the process of constructing and respecting their own knowledge (based on Freire’s notion of ‘conscientization’) and through their understanding of the connections among knowledge, power, and control”

2. The second concept relates to the process. and how the evaluation is conducted. “The distance between researcher and researched is broken down; all participants are contributors working collectively”

3. Critical reflection is the third concept and it requires participants to question, to doubt, and to consider a broad range of social factors, including their own biases and assumptions”.

HOW IS THIS APPROACH DIFFERENT FROM EVALUATION AS USUAL?

Traditional Evaluation	Culturally responsive, participatory evaluation (CRPE)	Examples of CRPE in the Parent Leadership Indicators Project
Evaluators identify which outcomes matter.	Outcomes are defined collaboratively with those closest to the program (e.g. parents, program staff), ensuring that they are meaningful to organizations.	<ul style="list-style-type: none"> The Theory of Change, indicator framework, and Parent Leader Outcome Survey were co-created with parent leaders, parent leadership initiative staff, funders, and fellow evaluators and researchers.
Evaluators make all of the decisions related to the evaluation.	Evaluators support those closest to the program to collect, analyze, use, and communicate data, thus building their ownership and capacity .	<ul style="list-style-type: none"> PLIs received training in qualitative evaluation from Project Impact. Algorhythm is creating an online learning system to enable PLIs to view and use survey data in real time.
Evaluators wait for issues related to equity, power, and access to emerge organically.	Evaluators make explicit issues of equity, power, and access .	<ul style="list-style-type: none"> With an intersectional approach, we are interrogating which groups (e.g. by race, gender, education, language, etc.) have access to and benefit most from PLIs. In-depth interviews and storytelling enable parents to share impact in their own voices.

Fig 6

Methodology 4

Individual interviews were conducted with each resident in Ridge Haven. These comprised of:

1. An entrance interview to assess if the person qualified to enter the house with regard to age and their economic situation. Relationships with family and friends were assessed, as well as the person's psychological and emotional well being.
2. After three months an interview was also conducted by a trained counselor to assess how the residents had settled into their new environment. Their emotional, psychological and physical well being would be evaluated.
3. After six months the next step was to broach the topic of family with each resident. To assess if there was any discord that existed that had caused a barrier between them and their families and to assess if it was possible to reconnect them with their families. Any form of addiction or mental illness would also be assessed and recommendations or referrals to qualified specialists would be made. (See Appendices A for questionnaires)
4. Interview with the board members after the home was closed down. (Appendices B)

Chapter 4

Results

As this study involved participative research the results are qualitative and the quantitative data we have captured as a statistical analysis.

4.1 Quantitative results - Statistical Analysis

4.1.1 Total number in the home

The total number of residents that the Ridge Haven could accommodate at any given time was a total of thirty people (30). There were fifteen 15 male beds and 15 female beds. The beds had a 100% occupancy for the duration of the study. A total number of seventy seven residents (77) residents stayed in the home over a period of three years. The greatest turnover of people were men.

4.1.2 Expulsion

The total number that we requested to leave the home due to poor behaviour were: total of eight (8). Three (3) men suffering from alcoholism. One (1) woman who was Bi-polar. Two (3) men for poor behaviour. One (1) woman for poor behaviour.

4.1.3 Transfer to specialized care

The total number that we transferred to a different facility for specialized permanent medical care were: three people (3).

4.1.4 Died

The total number of deaths due to illness whilst living at the home were: three people (3). All of them died in hospital.

4.1.5 Left of own free will

The total number that left the home of their own accord as they were unable to settle down and accept the boundaries and rules set were: Twelve (12)

4.1.6 Established in their own flat or reconnected with families and moved to them.

Sixteen (16).

Statistical Analysis

Total number of residents in three years	Expulsion	Transfer – need of specialized care	Died in hospital	Left of own free will	Established themselves in their own flat or reconnected with their families
77	8	2	3	12	16
257 %	10%	3%	4%	16%	21%

Fig 7

Demographics

White	Black	Indian	Coloured
70	3	2	2
91%	3%	3%	3%

Fig 8

Disabilities

Mental	Physical	Autism	Mental age of 12	Total
8	2	1	1	12
10%	3%	1%	1%	16%

Fig 9

Gender

Male	Female
55	22
71%	29%

Fig 10

4.1.7 Qualitative results

1. Experiential knowledge was gained during our participation in the home. We learned about each individual directly by speaking to them and observing them. We could see the direct positive influence the programs had on each individual that participated. From the practical aspects such as improved health due to exercise regimes and nutritional meals; to greater acceptance of self due to counselling and education. Acceptance of others by learning who God is and what true Godly love is about and learning to transfer the knowledge gained and put it into action.
2. On observation we are able to confirm that we saw a positive change in 54 of the 77 individuals that lived in the home. 70% over a three year period.
3. We were able to re-ignite a passion in people who were idle. To use their skills once again in the form of making items, reading, working in the garden, assisting with maintaining the garden, doing their chores, cooking and in arts and craft lessons.
4. We had a constant 25 people of the 30 people (83%) attend our church services and bible study. Their faith grew and they rediscovered their true identity in Christ. Once they had done this their self worth and confidence flourished and they became true members of a loving and caring family of Ridge Haven.
5. 21% of the residents, once they regained their sense of identity, were able to reconnect with their families or move into their own flats because they had been able to find a new job and provide financially for themselves.
6. The objectives were met.
 - **Objective 1:** all basic needs were met and the residents thrived in a family environment where they felt loved and cherished. They felt safe and their health improved due to the nutritional value of their meals. They participated in exercise programs. Their cognitive ability was maintained by encouraging them to use their skills, participate in discussion groups and to read.
 - **Objective 2:** the residents were given extensive counselling and teaching, to help them rediscover their true self and to develop their identity in Christ. 63 people of the total of 77 in the house made a commitment to follow and serve the Lord.
 - **Objective 3:** We were able to reconnect individuals with their families and try and rebuild their relationship with their various families.
 - **Objective 4 :** We found a practical model that can be rolled out. Not only for the elderly but a home that can provide the basics as well as personal growth for people who are homeless.

4.2 What did the residents express about Ridge Haven?

Residents gave us permission to interview them on video. The question posed to them was:
“ *What is the one thing that they loved most about living at Ridge Haven* ”.

For anonymity their names will not be shared but they will be identified as letters of the alphabet. The videos are kept on file. Their answers were as follows:

Resident E

“Ridge Haven, since the establishment of this community, has been a wonderful boon to me. It enabled me to be in a stable circumstances where I can attempt to regain health which is my primary goal here. I feel I am making good progress in that regard and to overcome a few years with an allergy to insecticides. I lived in a shelter with bedbugs and in that respect it was not well run and by comparison I am in heaven. I am making progress and this has been a wonderful thing to be here”.

Residents F

“It has been being around my good friends who have supported me and helped me when I have not been well”.

Resident G

“I am not doing things I should not be doing anymore. I have become a Christian”.

Resident H

“I live here because it is a happy place to live. The chairperson is a Christian women and she goes out of her way to do things for us and she has very good friends who help her along the way and I love it because we have a lot of church. They attend and we are starting to become a family.”

Resident I

“The one thing I like about Ridge Haven in particular is the incredible house. The incredible luxuries like a television, radio, hot water, decent food, good people and a brilliant stepping stone to an even better future.”

Resident J

“I have been here since March, it is now seven (7) months. I haven't had a happier time in my life. Since I have been here people have been so awesome, so loving, so kind. They are caring and to have two (2) of my friends who were in hospital back again. The one is doing well the other is fine. I can't ask for a better place than Ridge Haven”.

In summary, the residents appreciated the home and what it offered them. The aspect of relationships

came up as very important to those who were interviewed. The feeling of happiness, love and acceptance was a common theme.

4.3 Board Member Interviews

A questionnaire was given to four of the six most active board members. These were members that were constantly hands on and present within the home. For anonymity their names will not be shared but they will be identified as letters of the alphabet.

Answers to the questionnaire.

Person A:

1. Would you ever get involved with a home like Ridge Haven again? Please give a reason for your answer.

“Most definitely. The number of people helped at any one time – it was an incredible return”.

2. If you could do something different with regard to Ridge Haven what would it be?

“ Be more selective with the initial intake. We took people in at face value”.

3.What was the one positive you took from this experience?

“ As much as we helped them they helped us – we received spiritual restoration. We felt spiritually blessed as we fulfilled the Lord's directive”.

4.What would be one negative?

“Just as we are ungrateful there were residents that displayed ungratefulness for what people were trying to do for them. That was a small minority.”

5. How did you grow from this experience?

“I learned not to judge people by my first impression of them”.

Person B:

1. Would you ever get involved with a home like Ridge Haven again? Please give a reason for your answer.

Yes, I definitely would. It was an incredible experience to see how people can change and grow in a loving and caring environment. I would also feel more equipped the second time round as I have learned so much.

2.If you could do something different with regard to Ridge Haven what would it be?

I would be more selective with the board that I choose. I would also be more specific on each persons role so that we would have a balance in the number doing tasks as not to overload anyone. I would also ask for help when needed instead of holding back and trying to do things myself.

3.What was the one positive you took from this experience?

“How God is faithful and blesses us in abundance when we are obedient to His call”.

4.What would be one negative?

“That not everyone is capable of changing and to accept that not everyone would like to change”.

5. How did you grow from this experience?

“My faith in God grew exponentially. I learned to trust Him and rely on Him totally. I always struggled with patience and it was definitely put to the test frequently and in time I learned to be a lot more patient. It was a true practice of the gifts of The Holy Spirit of love, joy, peace, patience, kindness, goodness and self control. I also enjoyed the interaction with other religions. We partnered with Muslims, Jews, Hindu's and Christians. I learned so much about each religion and that a common focus can bring us together”.

Person C

1. Would you ever get involved with a home like Ridge Haven again? Please give a reason for your answer.

“ If I was required to be in leadership / board member level, then no. I think being responsible for the health and well being of the elderly people at a start of a pandemic was truly truly stressful. And I did not feel qualified for the job. If I could be a volunteer and not take on that responsibility – then yes”.

2. If you could do something different with regard to Ridge Haven what would it be?

“I think everyone did such an amazing job with what we had and the residents were truly loved and taken care of. If I could choose anything additional it would be funds to have a frail care with all the bells and whistles and staff”.

3.What was the one positive you took from this experience?

“Personally I learned so much about myself, about mental health and disabilities and how to love people in every way. What I will never forget is how many people went back to their families or lived on their own and never went back to shelters.”

4.What would be one negative?

“Watching people you love pass away”.

5. How did you personally grow from this experience?

“Through this experience I learned a lot about the deep rooted trauma that is a big cause of poverty. I learned so much about empathy, love and kindness. Also holding people accountable for their own lives”.

Person D.

1. Would you ever get involved with a home like Ridge Haven again? Please give a reason for your answer.

“Yes, most definitely. I really enjoyed giving the people we had there a home that was more, much more, than what they were getting in a shelter or being on the street or sleeping on a pavement and just trying to help them and give them some sort of normality, if you can put it that way”.

2. If you could do something different with regard to Ridge Haven what would it be?

“I think maybe having more hands that could assist. It got a bit hectic near the end and definitely needed more people to see to the day today running and keeping a close eye on everyone. Someone that was more trustworthy than the person we had running the home. Those running the kitchen or those running the rest of the house. Sometimes that was a bit chaotic not having someone on the premises that was more reliable and hands on”.

3.What was the one positive you took from this experience?

“I think learning how to run a place and seeing what a mammoth task it was. The way the people were dealt with. Especially those with health issues and mental health issues. How they were dealt with; that was a learning curve for me”.

4. What would be one negative?

“The negative would be closing the home and moving them. That was the worst part and very negative

for me. I felt as though we were abandoning them”.

5. How did you personally grow from this experience?

“Learning how to deal with many personalities, dealing with problems and how to deal with those problems. Working with other organizations. I think that was a large growing experience for me in that regard and I think it was a very good experience for me. Learning to deal with different people and their ways that often are not pure and seeing through that. It was a good experience”.

In summary, all the board members indicated that they would involve themselves in a project such as this again. They all expressed that much was achieved in this time. They all felt that the residents experienced growth in their personal lives and remarked at how they were able to build relationships once again to the point of some being able to reconnect with their families.

All felt that they, as board members, had grown personally in some way. Whether it was in their faith for God or in new strengths that they had learned and practiced. They learned how to accept and care for people totally different from themselves and to become less judgmental of others in the process.

Chapter 5

Discussion

For the past fifteen years a few of the Ridge Haven board members have been working with the homeless in some capacity. Whether it has been in the form of feeding schemes such as sandwich drives, soup kitchens or taking meals to the shelters. We have assisted in pop up stores where a shopping experience has been assimilated and the poor and homeless were able to 'shop' and choose their own clothing from donated clothes by setting up a store on the pavement. Various Christmas projects or Mandela day, where gift packs of toiletries are handed to the homeless. Whatever the project was we all acknowledge that they were 'feel good initiative' for the volunteers. We came away with the misconception that we had truly helped the homeless that day. It has only been now, since establishing and running the home that we can truthfully say we had little positive impact in the life of the homeless through those specific projects.

All we were doing was relief management and enabling a life-style to continue. We were not providing a long-term relief where the homeless could confront their situation realistically and see what their part was and how they personally contributed to their situation. Instead we allowed them to continue the blame game where it was the governments fault for not having enough housing or allowing the unemployment rate to increase or it was their families fault for not helping them or accepting that they had problems. We were not aiding them in exploring solutions to their problems.

Is there place for relief management? Most definitely. People are starving and so often the sandwich or a plate of food from a soup kitchen will be their only sustenance that day. We as 'the hands and feet' of God need to accept that it is not an everlasting remedy to the poverty situation. We all need to work together and explore different solutions that will yield long-term positive outcomes in resolving the poverty situation that individuals find themselves in.

We need to return to Acts. They lived in community and shared with each other. There was no "need" among the early Christians.

All the believers were one in heart and mind. No one claimed that any of their possessions was their own, but they shared everything they had. With great power the apostles continued to testify to the resurrection of the Lord Jesus. And God's grace was so powerfully at work in them all that there were no needy persons among them. For from time to time those who owned land or houses sold them, brought the money from the sales and put it at the apostles' feet, and it was distributed to anyone who had need.

(Acts 4:32-35)

In our current day and age so many live out of community and in isolation. We no longer support each other the way the early Christians did. Individualism is the order of the day. We all appear to think that

success is self sufficiency. If we acted as Jesus modelled and walk our life journeys with each other, would we see a change in the current world?

Retrospectively we could have done far more with regard to sharing the message of Christ's death on the cross for us and making the message more meaningful in the homeless persons situation. Those out volunteering accepted people unconditionally. We all definitely had a heart to love unconditionally and an urgency to help in some way. For those of us who are Christians we always need to remember that the gospel message is love, forgiveness and acceptance. This was modelled by the life Jesus lived.

We are commissioned to share the message that Jesus is “the way, the truth and the life”(John 14.6). It is our duty as Christians not only to show grace as Jesus did when he chose people who were shunned by society to join him or when he touched the unclean or broke the religious laws by healing on a Sabbath, so that individuals who had been disabled for years could rejoin their communities and be whole again. Jesus also demonstrated the need for Truth.

Jon Kuhrt (2011) reminds us that “truth is found when we bring orthodoxy (right belief) with orthopraxis (right action). When Jesus told the Pharisees to “Go and learn what this means; I desire mercy, not sacrifice” (Matt 9:13) Jesus was asking them to learn to be more merciful and to develop a greater understanding of scripture (Kuhrt 2011,1).

In a group of volunteers who all have the same objective; which is to help the homeless. What makes a Christian stand out? It would be the message of salvation that Jesus died on the cross for us all. We need to be sensitive in the way we deliver that message, that it has impact and it is without condemnation. When we were out handing sandwiches to the homeless one day the author asked a homeless person what he believed in and if he was religious. His answer was “ I am so hungry, I will be whatever you want me to be”. This was a statement that would stay with her forever.

5.1 Learning we have taken from the study

5.1.1 Location

The house we chose was quite a distance from the CBD in Durban. Initially the homeless elderly that we approached complained about this and said it was too far from their friends and regular lifestyle. The house was in a more affluent residential area. Looking back now we can all agree that not having a home in the CBD was the best decision we could have made. It removed the residents from an area where addiction was rife. Drugs were easy to access and unwholesome behaviour was the order of the day. The area we chose was safe and as security was high on the priority list. Once the residents had settled they realized what a huge difference this had made in their lives.

Having a community around them that took pride in their gardens, had beautiful homes and a regular jobs they would go to each day had a positive influence on the residents. It was a lifestyle they had

dreamed of but never thought they could have and it was an upliftment for them. They therefore behaved accordingly, not wanting to bring embarrassment on the home.

The house was located on a hill which looked down on the city and across the harbour and the bay. One of the residents was standing on the deck one night looking at the evening city lights twinkling in the city below. She made a comment “As I look down on my old home I can see how far I have come up in the world”. It was a metaphorical statement and yet a very real reminder to her and the other residents of how they had lifted themselves out of a dark situation.

5.1.2 Size of the home

Having opened the home we can all agree that having a smaller home is more manageable. Twenty to thirty people are a very manageable number with regard to the actual attention one can give to each person in the home. It is also more manageable from a financial perspective as one can afford a smaller location. The rental and utilities will not be as high as a facility with a hundred beds.

There are over four hundred churches, temples, synagogues and other places of worship in the city of Durban. If one works on the premise that there are an average of two thousand homeless (2000) and four hundred (400) religious organizations. If each one took it upon themselves to open a home they would only need to care for an average of five (5) people each. Churches who are bigger and have more wealth could pair up with smaller churches and between them have one home. Example: if three churches pooled resources they could run a home for fifteen people (15). By doing this one would minimize homelessness significantly within the city. Congregations and immediate communities to the houses could all assist with the needs within the house. Our experience was that people really do want to help but do not know how to or who to approach.

During Covid 19 we witnessed that it is truly possible to have facilities for all the homeless. The authorities in the area of Durban put up temporary tents to accommodate the homeless during lockdown. Businesses, non-profits and religious organizations all assisted with various needs required on a daily basis. It required methodical organisation and in the end everyone was well cared for and safe.

5.1.3 Setting boundaries and rules

When we first compiled the initial questionnaire that the residents would be taken through before being admitted into the home there was a concern that if we had rules for them to live by that they would refuse to come. Homeless people tend not to live by any rules. They have over time developed their own.

Interestingly it would be these rules that would save the home and the trajectory of each of the residents lives. It forced them to look at their lifestyles and their life differently. Without these rules we would have created another subsection of society that practiced thuggery and a disorderly life. The rules and discipline, reflected God's character. God is a God of order and justice. None of us like rules

and yet without them their would be anarchy and regression. We saw how the residents flourished as boundaries were set and enforced.

5.1.4 Co-ordination

We have the advantage in this day and age of technology. If everyone worked together with the local authorities an online database could be formed where each homeless person's name is registered on the system. They can then be assigned to the correct home that can assist them with their particular needs. Once they are registered this would prevent the situation; for example: just as their therapy is beginning to take effect, for example; they up and leave and move to another facility. Everyone would be able to ensure that the homeless are not admitted here, there and everywhere as they try and escape their past. They in turn are forced to confront the issues at hand and work on them with guidance from professional individuals.

Relief management would also be better controlled. At the moment so many groups are assisting with food and feeding the homeless which is not actually needed. If coordinated one would have one particular project in an area and not five when it is not actually needed or a priority. It would also enable those who run homes to pool their resources and share various equipment or excess food with each other. Staff could also be assigned to three different homes, for example a social worker and that would be more cost effective if one was paying for the service as it would be split between the three homes.

As it is currently done, these projects continue to enable the homeless behaviour as they do not have to think about actively seeking help as help keeps coming to their door and they never get off the poverty wheel voluntarily. For example; they know that there are different charities that supply food on different days in the same area, and they therefore do not need to worry about working for money for food.

5.1.5 Helping the homeless timeously

We found that if we were able to find an individual within their first two weeks on the street they were far easier to integrate into the home and rehabilitate. They were still afraid of living on the street or in a shelter, as it was all very new to them. They still had the willingness to want to improve their lives and in therapy they were far more open and willing to work on their problems.

Those whom had been on the streets for a year, although willing to try and find peace within themselves and a resolution to their problems had lost trust in humankind. Their fear had also developed into suspicion and anger at times. It is harder to find a breakthrough and yet very possible. If they are placed within a loving community who is sincere, their progress may be slow but it will be lasting. One may even get these individuals to a point where they are able to live on their own again

with successful relationships and employment.

Those whom we found had been living on the streets for more than a year were definitely more difficult to assist. They too had built a wall within themselves and it would take a long time to remove each brick. It is a slow process. Due to years of not being able to trust or being exploited by others, they in turn become masters of manipulation and will see the relationship as short term and will try and extrapolate as much from the relationship as possible, whether financial or in physical items or even just some attention and love for a period of time. They are quick to walk away if they perceive the relationship as insincere or a publicity stunt or a 'feel good' for the volunteer.

The next category are those who have been on the street for a year or more who have become victims of the sex trade or drug addiction. In these situations one is not only dealing with the individual one is taking on a system that is operating in darkness. A well oiled machine that one does not understand very well. The author encountered on various occasions pimps or drug lords who would threaten her in the shelters. One evening a pimp told her it was acceptable to hand items out but if she dare try and convert the person to Christianity and he loses his sex worker, the author would be the first one he would seek redress from and once he had finished with her it would not be a pretty site. These threats are real and without hesitation will be acted out and the individual that one is trying to help will also be punished by the pimp or drug lord in some form.

The online system which a central office would control, which could be based at a specific church or a central point in the city and would be able to assist with knowing who each individual is and how long they have been on the streets. Anyone new to the area could be identified immediately.

Each home could have a specific action plan that is universal within the city that they all follow for each category of individual they encounter.

5.1.6 Investing in a Long-term relationship

If our hearts are truly pushing us to be involved, one needs to fully immerse oneself and accept that the relationships one forms with the residents in the home, needs to be approached as long term friendships. One needs to accept each individual as a unique creation of God and one needs to be willing to take a journey with them as one would any friend.

Just as we all have different categories of friends, so too will the relationships we forge within the home be different with different people. Taking the analogy of a tree. Some we know will be for a season, and just as the leaves on a tree drop off or change color, so too will those relationships change or even stop existing. Other relationships will be a little longer until the storms of life come and the heavy winds will blow the leaves away; these relationships to will disappear out of our lives and then finally there will be those relationships who will be like roots of a tree. They will remain steadfast and rooted. These are individuals one will walk with for life.

Everyone is seeking friendship and belonging. When we offer ourselves as volunteers, whether we acknowledge it or not, we are saying here we are. We are willing to take the journey no matter how long it is and what it takes to reach the destination. The journey with individuals who have a challenging and different life to ours will present challenges of its own. At times we will need to show tough love. We all need to learn to guard our own hearts and ensure that we always keep our eyes focused on the Lord. He will give us wisdom and guidance to conquer each situation. We need only ask “If any of you lacks wisdom, you should ask God, who gives generously to all without finding fault, and it will be given to you” (James 1:5).

5.1.7 Sharing the message of Christianity

*“Trust in the Lord with all your heart, and do not lean on your own understanding”
(Proverbs 3:5)*

We waited for three months before we actively started sharing the message. In that time we had already had a few residents leave and new residents enter. We had missed an opportunity to share the message of Christ. Even though we were modelling and practicing Christian behaviour. Looking back we would rather have started sharing from day one. The homeless expected it from us. The Muslim and Jewish communities who were assisting us with donations were very open about their religions and they expected us to do so too.

There is still a role for the Church. In a day and age of individualism and teachings of finding ones own inner peace and strength, the Church and Christians have a duty to share the message of Christ and share that Jesus can bring us peace and strength. We could have started our weekly bible study and Sunday church services from the very first week.

We were too concerned about offending others as the rhetoric now days is too be all inclusive, and yet one can offer activities such as a church service and it is not enforced. Residents have a choice whether they wish to attend or not. We need to not only cater for the emotional and physical side of humans. The spiritual aspect is very important too.

*“Jesus states that those who hear His words and do them are wise builders. They have built their homes on rock-solid foundations. The winds howl, the rains come – even a flood comes – but the house stands firm. Those who hear His words, but fail to live by them are foolish builders”
(Matthew 7: 24-27)*

5.1.8 Screening Volunteers and Donors

When we initially started we were so grateful to anyone who showed an interest in the home. We were willing for them to visit and meet the residents. We soon discovered that for the safety of our residents we could not allow everyone in. They did need to come on an appointment basis only.

We also had to be very careful that we knew that the food donations were coming from a hygienic environment to ensure that our residents did not become ill from the food. Our second Christmas in the home, we received a call from an individual who had hosted a Christmas function and had a lot of food left over and asked if they could donate it to the home. We gladly received the food. It was a lot and arrived in three different vehicles. Once the donors left and we opened the food it was such a great disappointment. All the food was rotten and some of it already had maggots crawling over it. Durban has a very hot climate and it had obviously not been refrigerated. These individuals more than likely did not know how to dispose of such a big amount of rotten food and gave it to us. It became a cost to the home as we had to arrange for it to be disposed of.

There were individuals and businesses that wanted publicity and their whole motivation was to be seen as 'helping the poor' so that they could get a tax rebate or the community would view them in a favorable light. We needed to protect our residents anonymity and confidentiality was of the utmost importance. We needed to obtain permission from our residents first for a photograph or an interview. It was important to show them respect and privacy. They were not 'gold fish in a fish bowl'.

We also needed to ensure that the volunteers or donors had the same moral code and values as ourselves. That they were not bringing contra-ban into the home and peddling it to those whom they knew were rehabilitated addicts or trying to encourage a new clientele.

We had a woman from a large church ask if the woman in our home could assist her in her business by crocheting bags from yarn. The women were very enthusiastic. We did not get involved and allowed her to meet with them without any of us being present. She gave them patterns and yarn and agreed to pay them for their work which she would be selling in her store. Once the consignment was complete they phoned her to collect and she was delighted with the end product. She took the bags with her, never to be seen again and the women in the home were so disappointed however what was truly damaging was that trust had been broken, especially as this woman posed as a Christian. They had trusted her completely.

We learned a great deal from that and going forward ensured that a board member was present and any negotiations of that nature and the person was vetted first .

Different groups also offered to share the message of Christ in the home. We also in this instance had to be very aware of what the message was and the way they chose to share it. Some would arrive with food and would only give to the residents who agreed to attend their session. This was unacceptable as

they were trying to impose their beliefs on others by withholding food.

Others would arrive and the message was full of condemnation making the residents feel so unworthy and undoing all the counselling efforts that had been done.

We also had individuals from the Hindu religion who would want to share a meal on the death of a relative. We needed to insist that only the meal was brought to the home and that all the rituals that they practice were not conducted at the home.

Volunteers are a true gift and a blessing, however it is a tight rope walk knowing who we can trust to respect our residents.

5.1.9 Specialized professionals

As stated before a lot of counselling was needed. We used the little church building on the property for the counselling sessions as it was set back from the house and private. Unfortunately we did not have enough trained counsellors. This is definitely a mandatory requirement for any home opened for the homeless. Each resident was in a different stage in the process and they needed a trained individual to help guide them. They were all working through so much emotional hurt in their lives.

Ridge Haven developed a very good name among the government social workers network and we often had calls from social workers to place individuals in the home. A number requested that they could place individuals with mental disabilities in the home. All the social workers we engaged with were stretched in their own working capacities and could not offer us any spare time to help us in the home. A social worker at Ridge Haven would have been a great service to offer our residents. This is an avenue that a new home could investigate. It is not imperative but would be very helpful.

Having a doctor on call to assist with the residents when they were not well, especially at night, would have been an advantage. In time we would have negotiated with a local general practitioner. The author did make appointments with her own personal general practitioner at times for residents she was particularly concerned about, as the illness could not wait and needed urgent attention. This incurred the cost of a private fee and would require sponsorship as residents could not afford to pay for the fee themselves.

5.1.10 Death of a resident

One of the aspects of taking in the elderly is that they do get older. They will eventually present with various ailments and illnesses. One event, even though it is part of the cycle of life which we had not considered was a potential death of a resident. We were so focused on getting people out of a miserable situation and a poor lifestyle, that we had not given this any consideration at all.

We had three occasions where residents passed away. One was from cancer, one pneumonia and the other was sudden from an aneurysm in her brain. All of these residents had family who rallied to pay for their cremation and we held the funeral ceremony at the home. A number of the other residents were not as fortunate to have relatives who would be willing to step in the event of their death and it was therefore imperative to speak to them about dying and the charges. Just as life costs so does death! Of course most of them were not at all perturbed. They felt once they had left this earth they had no further things to worry about and they did not mind if they were given a paupers funeral and sent to a government facility. This did not sit well with us as volunteers. We had not only invested in them whilst they were alive. We were invested in them at their death and their life after death.

One of the board members took it upon herself to source an inexpensive funeral policy that would cover a proper cremation. She encouraged the residents to apply and pay the monthly premium which was a cost of a packet of cigarettes. It took a lot of conversations with the residents. Joint education sessions and one on one discussions. She persevered and eventually managed to convince a number to take out a funeral policy. At the time of running the home we negotiated with a funeral parlor and they agreed to charge R 8000 (\$444.44 at an exchange rate of \$18 to a Rand) this would be for the collection of the body, the cremation and all paperwork needed and to issue a death certificate.

5.1.11 Registration as a Non-profit organization

We were grateful that we had decided to register Ridge Haven as a non-profit organization. Even though we had a problem with the signing of the lease and this would continue even when we renewed our lease, there are benefits to registering as a non profit.

Firstly, corporates will only donate to a register entity. All the paper work one fills in when a company wishes to give a donation, no matter what it is : groceries, items or staff time to run projects at the home they will always partner with a Non-profit. Business's also receive a tax rebate for their involvement with a non-profit and this is an incentive for them to forge relationships with non-profits.

There are other benefits too. Some wholesale outlets offer discounts when purchasing food products. We had not really explored all the benefits on offer to non-profits and this we would encourage all those parties who take on and open a home to do. Non-profit organizations also receive an exemption from paying tax and it is imperative to have good accounting practices and an accountant on the board who is able to keep the monthly books up to date.

5.1.12 Formulation of a board

The one piece of advice we can give when selecting a board is to find like minded people who have a heart for the poor and the homeless. It is not easy running a home and when one can see beyond the

challenges and look at the people, in love and with grace and mercy, then the home will succeed. If a board member is more about status and adding a new component onto their curriculum vitae or running for a certain community post or recognition within the community and needs to be seen as doing charity work and may need to publicize the fact in order to receive the necessary exposure, one needs to be very careful. These individuals will not take on the required tasks and lighten the load. One will find a handful doing all the work whilst the others will say they are assisting with the planning but they do little else.

It is important to choose people with different skill sets so that everyone compliments the other. We can not all do everything and whatever our strength is, we can then assist the home will great ease as it is something we are accustomed to do.

The author was the founder of the home and she was very aware that volunteers were giving of their time willingly. No one on the board received any payment or gratuity. This led to some board members doing a lot more than other board members and this came as a personal cost to themselves. It was later discovered that the board members who were not offering as much of their time and assistance were unsure of how they could assist.

The different portfolios that were distributed among the members were: to monitor the finance of the home and do the books, marketing and social media, maintenance of the home and the garden, overseeing the general running of the home.

The lesson in this is to have the conversation upfront. Understand what the expectation is of the volunteer and how much time they have to dedicate to the home. Ask specifics – days, times. Establish what their strengths are. Have a roster for 'on call' for the home. We did eventually implement this and not only did it give individuals a break from the home and time to solely spend with their families. It was an opportunity for other board members to witness what truly occurs on a daily basis. What the joys are as well as the challenges. They are given the opportunity to meet with the public, interview potential new residents, oversee the volunteer visit, deal with the sick, oversee the manager and deal with the management problems. When this happens there is a greater support for each other and an understanding. No one feels undervalued. None of the board members feel marginalized or uncertain. This is when a true team develops.

An optimum number of board members is six to eight. When one leaves it is important to fill their position with a new person to avoid overloading of each others time. It is very important to have a balance between men and women on the board as each gender brings a different dimension into the running of the home. Men are more pragmatic and this is needed when quick decisions are needed to be made. Women are often more compassionate and will have a different approach to certain issues. Both work in a symbiotic relationship. This will develop a balanced team that will work well together.

1. 5.1.13 Needs in a home for the elderly and disabled

We took individuals in who initially seemed physically able and as time went on the physical needs changed. One needs to anticipate these needs when setting up a home with elderly and mentally or physically disabled people.

Diets change – some lose their teeth and are unable to chew properly. A number have dental issues as when they live on the street their nutrition is not optimal and teeth begin to wear down. One may need to consider soft diets. Often individuals presented with digestion challenges and the food we chose needed to be easy to digest, healthy and not too spicy or rich.

A very practical aspect is the toilet situation. As people get older they become more incontinent and one needs to ensure that there are adequate toilet facilities and eventually possibly have a stock of adult diapers on hand for those who struggle at night. We did not want to have a lingering urine smell in the home that one often finds in old age facilities and we were successful in not having that.

We had a man who had a stroke. He was determined to do things for himself but he needed constant help and care. A trained carer was invaluable in this situation. She helped him bath and dress. She aided him up the stairs to the dining room so that he could feel part of the family and have his meals with everyone and spend time in the sitting room socializing. Eventually he would be able to pull himself up the stairs himself.

All the stairs in the house required non slip stair treads. The shower had non slip mats and we also had bells in the bathrooms should the resident need assistance they could press the buzzer. We had an emergency bell downstairs (the house was a two level building) and an emergency bell on the first floor. This was used for a medical situation or if there was a safety issue.

We eventually made an appeal for a walker and a wheelchair which we were donated by a follower on our Facebook page. These two items were used on a regular basis.

We also had to have a designated 'sickroom' for those who contracted infections as not to spread it through the entire home and we also needed rooms right next to the bathrooms for those who were frail and who struggled with their walking.

We had all the staff do a first aid training course so that they felt confident to handle any situation whether it was a minor cut or abrasion or a cardiac arrest or a burn.

We had a deck in the house which residents often sat out on but we did need to keep an eye on the stability of our mentally disabled people that they did not have a notion to jump. We ensured that the door was locked at night when there were not people around. All those that were mentally unstable were homed in rooms on the ground floor. We ensured that when there was not anyone in the kitchen

that the kitchen door was locked. That there was no access to sharp knives or scissors. The arts and craft box was also locked and any sharp implements were supervised at all times.

We installed a lockable medicine chest. This was to keep all medication under lock and key. We did not want those who suffered from depression to have access to any medication to prevent them from overdosing and we also had to keep medication under lock and key as the residents had a tendency in the past when they lived outside of the home, to sell medication to drug addicts to get money for themselves.

The older generation have a great propensity to smoke and one will find them with a cigarette in their hand most of the time. We had strict rules about designated smoking areas as one could not afford a fire. One resident had fallen asleep with his cigarette in the shelter he had been staying in and it set his blanket on fire. We had to anticipate these events and installed fire hydrants throughout the home that were easily accessible.

Having a few younger individuals in the home was a great help as they would assist the elderly when their was a need and the elderly in return gave them the care and love they needed.

5.1.14 Economies of Scale

When embarking on opening a home it is very important to ensure that the board does the Financial budget correctly. Proper monthly budgets need to be worked out. Monthly forecasts are needed which include potential expenditure. One needs to know how much income is needed as well as donations to break-even each month. One also needs to know how many residents are required to break-even.

Scenario 1:

Based on an occupancy of 30 residents

Example 1 : Financial models

South African Rand

	Income	Expenditure
Rental income	R 30 000	
Staff salaries		R 10 000.00
Rent paid		R 15 000.00
Water and Lights		R 6 000.00
Garden refuse removal		R 250.00
Groceries and cleaning material		R 1 000.00

Donations	Varied (R3000 – R 5000 pm)	
		R 32 250.00
Bank charges		R 500.00
Surplus/ deficit		- R 2 750.00

Fig 11

A deficit will be reflected and the home is dependent on donations. Alternatively the amount charged for accommodation needs to be increased. Ridge Haven eventually increased the rate to R1200 per person and that was after a slight increase in the social grant. When we moved the residents to the new facility they were required to pay R1450 per person per month.

Scenario 2:

Based on an occupancy of 15 residents

Example 2 : Financial models

South African Rand

	Income	Expenditure
Rental income	R 15 000	
Staff salaries		R 10 000.00
Rent paid		R 15 000.00
Water and Lights		R 6 000.00
Garden refuse removal		R 250.00
Groceries and cleaning material		R 1 000.00
Donations	Varied (R3000 – R 5000 pm)	
		R 32 250.00
Bank charges		R 500.00
Surplus/ deficit		-R 17 750.00

Fig 12

This would run at a major loss and the likelihood of getting donations to the value of R 17 000 is very unlikely unless one has a permanent donor who has committed financial assistance long-term. Even increasing the rent for accommodation to R 1200 per month will not make a substantial amount of difference.

Scenario 3:

Based on an occupancy of 35 residents

Example 3 : Financial model

South African Rand

	Income	Expenditure
Rental income	R 33 000	
Staff salaries		R 10 000.00
Rent paid		R 15 000.00
Water and Lights		R 6 000.00
Garden refuse removal		R 250.00
Groceries and cleaning material		R 1 000.00
Donations	Varied (R3000 – R 5000 pm)	
		R 32 250.00
Bank charges		R 500.00
Surplus/ deficit		R 2 250.00

Fig 13

This would be a surplus and any donation would be an advantage.

When starting a home one needs to be realistic. When forecasting eventualities that may occur need to be accounted for. For example, the likelihood of donations coming in after Christmas holidays in a January and February are an exception to the rule as people have spent their hard earned cash during the Christmas season. Businesses also hold back on expenditure three or two months before financial year end. It would be financially prudent to ensure that all the monthly expenses can be covered and if the home is blessed with extra donations that will be a positive.

When deciding on the number of occupants one can accommodate, it is optimal to have a home which has a smaller number. One would need to ensure that although the number of residents are manageable, the daily expenditure will be covered by the income received to cover the monthly expenses.

Speaking about money matters can be difficult, especially with volunteers who are not practical and financially minded. One can not be unrealistic. Yes, our faith plays a big part in the success of the home. When we listen to God he truly blesses the home but we all need to be wise first and foremost on how we opt to run the home. We can not set it up for failure before we even begin.

5.1.15 Success of Inter-religious Dialogue

An area that we were not particularly investigating but came about by default was that of Inter-religious Dialogue. We had the opportunity within the home to learn more about Islam, Judaism and Hindi as we had residents from those religions as well as Christians. Even though the residents approach and beliefs were different they formed a bond in their brokenness. They managed to look beyond their different beliefs and share daily life together. Their values were so similar and this also assisted in them being able to work together on chores and various activities, amicably.

Our donors who were from varied religions were happy to share their beliefs openly with us. A mutual understanding and openness developed between those of us who were of different religions and the reason for this was because we all had the same purpose and found a commonality in serving the needs of the poor. We were all there to help the elderly and the disabled destitute. We wanted to see them thrive and become the best version of themselves physically, mentally, emotionally and spiritually.

The board members also represented different religions and just as their relationship was with the donors so too did they bond as board members as they had a common heart for the homeless. Their experiences, positive and negative, whilst serving at the home and participating in the study grew a common bond between them.

5.1.16 Outreach Programs

It was interesting that once our residents discovered who they are in Christ and their walk with Jesus changed. They changed in that they were no longer introspective and pre-occupied about their own well being. Their outlook became more external, seeking to extend love and care outside of their inner circle in the home. Once they started to participate in the outreach programs, but even more so, once they initiated outreach programs themselves. We witnessed their faith grow exponentially and their love for the Lord. They taught us how we should approach people on the streets and what we should say. What true words of encouragement are that would be meaningful to people in desperate situations. They were excited to introduce us to their friends in the shelters and on the streets. To show their friends that it is possible to have a change of circumstances.

5.1.17 Reflection

Ridge Haven, taught all of us an immense amount. We learned about the messiness of life. What people outside of our immediate circle experience and the challenges they face on a daily basis. We learned about the nature of human beings. The fragility of life. How when there is total loss of hope and dark despair, when we allow Jesus to guide us, we are able to breath new hope into individuals because of the faith we have in our Lord.

It taught us the practicalities of running a home. How to budget, how to be more prudent in our spending. How to choose products differently.

We gained insight about the community at large. That not all share our vision and that people can be very hard in their approach and say the most offensive things and yet those with a heart for the poor and the homeless are the people who will be the cheerleaders. Encouraging from the side and actively getting involved when one needs them most.

We all have so much to offer. We have skills and strengths that we often do not even realize we have and we can offer them. When we practice them, we grow within ourselves even more. We build not only the people we are working with, we grow our own confidence and trust in God. Our faith becomes unwavering, Romans 8:28 :

“And we know that for those who love God all things work together for good, for those who are called according to his purpose”

Chapter 6

Conclusion

We have discussed poverty and homelessness. We have observed the growing need for intervention to assist those who find themselves destitute. We also learned that the recommendations made in the various literature texts which we read can indeed be applied in a practical setting. Using these texts to guide us helped us understand what we were venturing into and how we could navigate the process more successfully.

We have noted an escalation in the number of elderly and disabled who find themselves on the streets or in shelters. How society view them and how they eventually fade into the background and become mere 'Shadows of Society'. Human beings who have lost their sense of self worth; who carry a mantle of shame. Dysfunctional relationships with self, others and God, cause them to carry a burden of loneliness and they become forgotten members of society.

As we reflect on the original research questions we posed at the beginning of this paper. We are able to deduce the following:

The opening of the home is totally feasible. It taught us that it can be done without a major financial outlay. One needs to do one's financial research properly before deciding on how many people and what tariff should be charged.

We also established that a caring and loving environment is conducive to people changing in a positive way. Continually reinforcing the rhetoric that it is a family and family care and help each other, had a very positive impact on the residents. We learned during this process that mentally ill people can thrive in an environment such as this. They felt safe and loved and that was the main ingredient for them to comply with taking their medication and to live their lives in a positive way.

The various programs initiated in the home gave each resident insight and motivation to do introspection. They were able to grow their relationships with themselves to become the best person they could be and to find their true identity in Christ. They were able to develop relationships with other residents in the home and eventually this transpired into mending broken relationships with their families. 21% of the total of the residents reconnected with their families or moved to their own apartments to start a new life. They also started formulating new relationships within the wider community.

70% of the residents demonstrated a change in the physical, emotional, and spiritual well-being of individuals. It was exciting for all of us to be part of the process of change. 83% became Christians and attended the little church at Ridge Haven.

Even though the community initially were not very happy about a home in their midst that housed previously disadvantaged individuals, their fear of these individuals changed. As perceptions changed their willingness to participate and help the residents grew over time. Social media certainly helped us change public perception. We communicated openly what we were doing in the home. We had videos of residents (with their permission) as well as photographs of them, participating in the home, thanking the community personally for gifts donated or inviting the community to participate in different projects or to attend functions at the home. We also shared personal testimonies of different residents in the home.

Different religions learned to embrace each others differences as they partnered on the various projects together for the home. They formed long lasting bonds with each other and it was evident that when we have a common goal we put our differences aside for the greater good. The home became the receiver of relief management with pots of food being made for the residents, school children making sandwiches and dropping them off. All donations were very welcome and it assisted us greatly as we had a meagre budget.

An aspect we had not anticipated was that we were able to teach our residents to give God thanks for their many blessings by giving to others. They were able to join our team and participate in outreach programs whereby they helped other poor and homeless individuals of various ages by assisting with relief programs such as soup kitchens, handing out clothing and handing out sandwiches. We learned from them what the true needs of poor people are and how we should approach them. The 'students' became the 'teachers' and the teachers became the students.

6.1 Limitations

There were various obstacles and limitations that we encountered. Firstly, we should have charged a higher accommodation fee from the onset, that was manageable for the residents, as the fee we were charging initially was too low. This would have enabled us to employ a person who had management capabilities to manage the home. At times, even though our intention was good, by employing homeless individuals to run the home we were often doing them more of a disservice as they would become very stressed due to their lack of capabilities and then retreat and give up.

It would also have been more beneficial if we could have somehow linked into a rehabilitation centre for those who were drug and alcohol dependant. We could have referred them to the rehab centre and once they were able to cope without the use of drugs or alcohol they could have returned and we could have supervised their maintenance program. It was very disruptive having the behavior that we did have to contend with from these individuals in the home. When they displayed aggression it caused anxiety among the residents and board members.

Having more volunteers with a wide range of capabilities and strengths would have been a great help as we were very thinly spread with regard to consistent people on the ground who could assist directly at the home.

Knowing who our donors were and their intentions would also be an area we would need to improve. As we experienced not everyone has good intentions. Some motives are rather selfish to gain exposure. Others used the residents skills to benefit themselves and their own businesses. This in turn broke the trust between residents and members of the community.

6.2 Recommendations

We would recommend that further study be done on how technology may assist in better co-ordination of programs and projects for the homeless. Different organisations could work together instead of in silos and pool their time and resources. Other areas of study could be on how the authorities, such as the police force, could work more closely with non-profits who work with the homeless, in a positive manner and offer help rather than trauma to the homeless individual.

Research on Christians and the reason as to why they are not more invested and inclined to assist the homeless and the poor would be interesting to understand. What could churches do differently to change a mindset and behaviour in order to encourage their congregants to become more involved.

Lastly, specifically with regard to the elderly; it would be interesting to have accurate stats on how many elderly are destitute and the reasons for them having to live in shelters or on the streets. Is there a way of preventing this before it happens? Do families need educational programmes, just as we have parenting programs. Do we need programs for families to learn how to take care of their own elderly and to respect them.

We can highly recommend like minded people throughout the developed world to adopt this model and put these findings into practise. We can eradicate homelessness if we are all willing to be part of the process of change by giving a little of our time and to pool our resources. We have learned most importantly, that with God all things are possible when we are obedient to His call for us to serve Him. By helping others, He blesses our endeavours in great abundance.

The scripture in Matthew 25:14–30 teaches us that we shall be judged according to our works and when we use our gifts and talents to uplift others we are performing good works.

Sister Teresa of Avila wrote the following poem:

Christ has no body but yours,
No hands, no feet on earth but yours,
Yours are the eyes with which he looks
Compassion on this world,
Yours are the feet with which he walks to do good,

Yours are the hands, with which he blesses all the world.
Yours are the hands, yours are the feet,
Yours are the eyes, you are his body.
Christ has no body now but yours,
No hands, no feet on earth but yours,
Yours are the eyes with which he looks
compassion on this world.
Christ has no body now on earth but yours.
(St Teresa of Avila 1515-1582)

Appendices A



Admission Form

1. Name	
2. Surname	
3. Identity Number	
4. SASSA card number:	
5. Monthly payment due on the 1st of each month by 16h00:	R 1 000.00
6 Funeral Policy	
7. Next of kin:	
Contact details:	

11. Medical Conditions (THIS WILL REMAIN CONFIDENTIAL) :

Do you suffer from the following?

Please tick which applies to you:

Asthma

Blood disorder (auto immune condition e.g lupus)

Are you taking a blood thinner such as Wafarin, Ecotrin, Disprin daily?

Bi - Polar

Diabetes

Insulin or tablet regulated.

Depression

Recurring Bronchitus

Epilepsey

Emphysema

Hpotension

Hyper tension

Muscular problems

Skeletal problems

Schizophrenia

Psoriasis

Any other conditions not named:

9. Do you have or have you had any form of addictions. If so what are they?

10. If so, do you attend a addiction support group?

11. Medication allergies:

12. Food dislikes:

13. Contact in an emergency:

14. Which hospital holds your medical file?

Please read and sign acceptance of the following:

1. I understand that the payment of R1000 will be for shared accommodation, basic meals, tea and coffee at set times. Landry twice a month. All personal effects such as toiletries and toilet paper are for my own account.
2. Only showering is permitted and not bathing for hygiene purposes.
3. No smoking is permitted in the house. Smoking is permitted in designated smoking areas.
4. No non prescribed drugs or alcohol are permitted on the premises. Should they be found on you person you may be requested to vacate the premises.
5. The use of linen, blankets, pillows and articles belonging to the house are not to be removed off the property.
6. All payment needs to be made by no later than 16h00 on the 1st day of every month.
7. Only staff are permitted in the kitchen, unless you have been allocated a kitchen duty.
9. Residents assist with kitchen duties where they set the table and wash dishes.
10. House meetings are to be attended by all residents.
11. I am willing to keep my room clean and tidy and assist with various chores if asked to go onto a roster. (staff will clean the bedrooms)
12. The safe keeping of valuables are my own responsibility.
13. A key will be allocated to you for the garden gate. This is to be returned should you leave the house.
14. Silence is to be kept from 14h30 - 15h30 and after 21h30.
15. Meal times and tea times are to be observed. Staff will not serve residents out of the allocated times.
16. Staff are to be treated with respect at all times. Anyone who raises their voice or verbally insults them will be requested to leave the house.
17. Should you be away for a period of time, payment will still need to be made for accommodation. Should you not wish to make payment your name will be removed from the residents list. Should you wish to return and there is no bed available you will be placed on the waiting list.

Please sign in acknowledgement that you have read the above.

Name and Surname:

Signature:

Date:

Appendices B:

Questionnaire : Interview with the board members

Questions.

1. Would you ever get involved with a home like Ridge Haven again? Please give a reason for your answer.
2. If you could do something different with regard to Ridge Haven what would it be?
3. What was the one positive you took from this experience?
4. What would be one negative?
5. How did you personally grow from this experience?

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