INCLUDING STREET CHILDREN

A SITUATIONAL ANALYSIS OF STREET CHILDREN IN DURBAN, SOUTH AFRICA

SOAS University of London

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COMMITTED TO STREET CHILDREN THROUGH ACTION AND PARTNERSHIP

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UNIVERSITY OF KWAZULU-NATAL

INCLUDING STREET CHILDREN

A Situational Analysis of Street Children In Durban, South Africa

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'Including Street Children' as a research project began life in 2008. The original idea was conceptualised by Dr Nigel Rollins from the Centre for Maternal and Child Health based at the University of KwaZulu-Natal (UKZN)and Tom Hewitt, the CEO at Umthombo Street Children in Durban. Street Action became involved at the beginning of the project to facilitate the research on the ground and in particular to guide the development of the health survey component, coordinate writing and then to take the report forward to publication.

Glynis Clacherty, Director of Clacherty and Associates and Joe Walker, Director of Street Action, are the principle authors of this report. 'Including Street Children' was a collaborative project as part of the **Durban Street Children Research Project Group**. Contributors to the research were:
Amie Alden, Street Action research assistant
Annabelle Burns - implemented health survey component and assisted with drafting the health summary
Glynis Clacherty (Clacherty and Associates) - designed and implemented participatory research component
Tom Hewitt (Umthombo) - conceptualised original idea and through Umthombo Street Children, facilitated implementation
Jill Kruger (Young Insights in Planning (YIP) - advised on design and implementation
Sthembiso Madlala – Participatory workshop facilitator
Sipho Mfeya (Umthombo) - supported the researchers team on the streets
Anita Moodley (UKZN) - implemented health survey component
Siboniso Ntombela - Participatory workshop facilitator
Rosemary Owen (Zoë-Life) – wrote the HIV/AIDS testing report
Nigel Rollins (WHO) - conceptualised original idea and coordinated implementation of project, analysis of results and reviewed reports
Stephanie Thomas (Zoë-Life) – advised and guided the HIV testing component.
Joe Walker (Street Action) - implemented health survey component and coordinated writing and publication of report
Given the extremely sensitive nature of the project, the **UKZN Biomedical Research Ethics Committee** played a critical role in guiding the research team through the many ethical, methodological and legal challenges represented with this work. Cathy Slack and Anne Strode need to be acknowledged for particular input on legal and ethical issues, Heidi van Rooyen for development of the Consent 'comprehension' tool.

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ACRONYMS

AC	African Charter on the Rights and Welfare of the Child
CRC	Convention on the Rights of the Child
DFID	Department for International Development
HIT	HIV Information Talk Activity
MDGs	Millennium Development Goals
NGOs	Non Governmental Organisations
UKZN	University of KwaZulu-Natal
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
YIP	Young Insights in Planning
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
OB	Older boys group
OG	Older girls group
YB	Younger boys group
YG	Younger girls group

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"The Better Care Network (BCN) welcomes Street Action's new report, Including Street Children, and is looking forward to adding the report to the BCN on-line library. Children living on the street are some of the most marginalized and unprotected in the world. Many of these children are without parental care and have no viable alternatives. This much needed report brings these children back on the agenda. By drawing on new evidence based research, the report sets out key recommendations for policy makers and practitioners on how to adequately protect and care for these vulnerable children".

Better Care Network: New York, USA

This report on the rights of street children is a very important contribution to the debate about an issue that appears to be by and large invisible. It cannot remain so. Street Action's report will aid street child organisations globally to cogently argue for more investment, more policies and more action to be channeled in favour of street children. The authors state - 'Street-life can be devastating and extremely traumatic with hunger, violence and disease ever present. Street children are at risk from sexual abuse and sexual exploitation. Substance abuse, in particular solvent abuse (glue sniffing) is prevalent and used as a way to escape the harsh realities of street life.' Surely in the era of cooperation on MDG's this cannot and should not continue to be the normative experience for children - anywhere.

Diarmuid O Neill. CEO Retrak, UK

1. FORWARD

On a balmy evening in Maputo, Mozambique during the civil war I met my first group of children living on the streets, they were refugees in a war-ravaged country. From all different areas and with an array of trauma, they were drawn together to a common existence on the downtown streets of the capital city.

Over the years I have learnt that street children need specific interventions that address the traumas surrounding what brought them to the streets but also specialized services to overcome street life and its scars. Yet it sometimes feels as if they are the orphaned part of the OVC response. Often ignored. They are marginalized and forgotten.

When the development sector ignores such urban phenomenon there are consequences. Other urban stakeholders develop mandates around the issue. During big global conferences and sports events street children are rounded-up and removed from the streets by local authorities. Safety and security strategies are used to ensure that host cities are not embarrassed by the sight of these children when visitors arrive. This adds another layer of trauma and oppression to the street child experience and further alienates and stigmatizes street children.

For the development sector to respond appropriately to the plight of street children the street life experience has to be articulated and understood. As Paulo Freire says "Who are better prepared than the oppressed to understand the terrible significance of an oppressive society." Street children and former street children hold vital knowledge around their experiences and become the greatest resource in regards to the development of understanding around the issue. Street children are a difficult group to gain access to for researchers but street children and former street children themselves, if part of the research team, can open these doors.

Including Street Children: a Situational Analysis of Street Children in Durban has been a collaborative effort. Street children and former street children have been part of the developing of this report. This is a chance for their voices to be heard. As we move toward better global policies around street children lets hope that, at every level, the importance of including street children and former street children is paramount. This way the urban phenomenon can be demystified and appropriate policies can be developed. No longer will street children be the forgotten children. No longer will responses around street children be led by enforcement officers and consist of forced removals but instead social workers can engage these children with appropriate therapeutic programmes.

Tom Hewitt MBE
CEO-Umthombo Street Children
Durban, South Africa

2. INTRODUCTION AND SUMMARY

Street children have a right to be included in research[1]. The rationale to undertake this research came about through the recognition that very few comprehensive studies have been published on the issue over the past decade[2] . Research focussing on street children or youth is not common, particularly in Africa. This report explores the subject of street children in Durban, South Africa.

The research was inspired by **Umthombo Street Children** in Durban[3]. The study was a collaborative project led by the **University of KwaZulu Natal** (UKZN), **Umthombo Street Children, Street Action** and **Zoë Life**.

'Including Street Children' is a summary of the main results from the full research project, comprising of three components (see Methodology section). For a complete understanding of the results, this summary should be read in conjunction with the other reports available[4]. The findings seek to inform policy, practice and ideas around the phenomenon of street children and to make recommendations in relation to international child protection policy. The research on the ground was carried out in order to provide objective data regarding the health and well-being of children living on the streets. It seeks to describe their experiences of that life and to describe the range of services directed at them. The study intends to provide insights and perspectives that, even if not exhaustive, could update and better guide responses and services to these children.

Examples of good practice models are rare and there remains a persisting dichotomy between our understanding of street life and the policy and practice that are promoted to tackle the issue. Much of the literature available is still entrapped in a 'pathology of case studies' that fail to provide systematic information to policy makers and practitioners[5]. This report aims to move beyond emotive narratives of street life. By focussing on the physical and psychosocial health of street children in Durban, it aims to inform policy makers and practitioners and set out specific recommendations that relate to the findings.

According to Alessandro Conticini, the fragmented body of existing studies of street children has made the issue 'difficult to conceptualise on a global scale and within a holistic discourse, therefore resulting in limiting the capacity to inform policy makers and practitioners'[6]. As the title 'Including Street Children' suggests, this report seeks to influence evidence-based policy making by merging research and practice. It moves away from a personal interpretation of a situation, and instead presents a systematic understanding of the street children and their lives.

Although research local to South Africa has been done in the past[7], considerable time has elapsed. Evidence-based research is invaluable to enable service providers, stakeholders and authorities to develop strategic approaches within multifaceted programmes. This report brings attention with rigour, objectivity and data to a subject that is rarely focussed on or responded to in the manner in which it deserves, particularly in terms of making any substantial policy change.

This report recognises the value of having statistics and objective data to inform both the child rights sector and the public about the plight of children and young people living on the streets. The United Nations Children's Fund (UNICEF) Child Protection Strategy, for example, outlines the need for data to be made more readily available on vulnerable children in an effort to protect their rights. In notable cases such as sexual exploitation, abuse, trafficking and migration, it acknowledges that data remains difficult to obtain and that more must be done to fill the gaps[8]. Street children face many of these issues, but analysis linking their experiences to the overall policy of protection remain weak. There is a significant lack of research and case studies in theory and practice focussing on the street child issue[9].

This report presents objective primary data from the streets in order to make linkages and fill the emerging gaps between practice on the ground and child rights policy at national and international level. It seeks to answer a key question – will this data make a difference to the lives of street children living on the streets? One report alone cannot deliver all the changes needed, but it seeks to enhance understanding of the issues street children face and translate findings into a number of key recommendations around the following themes:

1. Investment in research
2. Strengthening capacity, knowledge and partnerships
3. Care, protection and rights of street children
4. Including street children in a post-MDG framework

5. Access to healthcare
6. Review of existing services
7. HIV/AIDS education and provision for street children

3. METHODOLOGY, ETHICS AND LIMITATIONS OF RESEARCH

This report documents a situational analysis of the physical and psychosocial health of street children in Durban. The research was conducted with and supported by **Umthombo Street Children** in Durban. Umthombo also facilitated the research team's access to the children who took part in the workshops and the health survey. Without the knowledge, experience and support of their staff, this study would have not been possible.

The value of this report is in the emphasis placed on how the children described their own lives. It is not a perfect study, but the methodology adopted begins to describe the complexity of the challenges facing South Africa's street children. Child participatory research methods were used to enable street children to explore specific topics. Data obtained from children on the streets through the health survey and HIV testing was triangulated with these participatory approaches and learning points reinforced. It is noteworthy that the Children's Act 38 of 2005 (as amended by Act 41 of 2007), grants children the right to participate in decisions that affect them:

> *Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration.*[10]

The Convention on the Rights of the Child (CRC) similarly advocates that children be enabled to deliver their personal insights in their own, preferred ways[11].

Too many policies and interventions fail to take into account children's own views and therefore fail to address the holistic context in which children such as street children live and experience their vulnerability.

The situational analysis consists of a number of components:

- A health survey
- A set of participatory workshops with children living on the street in different areas of Durban
- HIV testing

By triangulating quantitative data gained from survey and testing with qualitative data from workshops and interviews this spectrum of research methodologies seeks to provide a holistic picture of life on Durban's streets. **'Including Street Children'** provides a summary of the data. In addition to the primary research a review of current policy and legislation around child rights and social protection was undertaken. This report is an attempt to provide a detailed interpretation of the situational analysis in the light of the key recommendations that seek to present an argument for policy change at national and international level. Full reports, including more detailed methodology and results analysis of each sub-component are available elsewhere.

Ethical Issues

Ethical approval for this study was granted by **Biomedical Ethics Committee, University of KwaZulu-Natal, South Africa**. The physical and emotional vulnerability of street children and the sensitivity of the topics covered by this research made the process of gaining and granting ethical approval extremely complex. The street child situation and experience that was the subject of this study created many barriers, issues and questions during the ethical approval process, further demonstrating the exclusion of street children from mainstream society. A full description, discussion and reflection on the ethical approval process can be found in the participatory report and the HIV testing report[12].

During the participatory workshops, a set of general ethical principles based on a number of guidelines (Schenk & Williamson 2005, Boyden and Ennew 1997, Clacherty and Donald 2007) were applied[13] (see Claherty, *They think we are street children with a 'street mind'*). These principles were also taken into account during the health survey. They include guidelines concerning consent, highlighting the importance of creating an environment in which children could withdraw or choose not to talk about particular issues, as well as outlining a process for gaining formal written consent in accessible and child-friendly ways.

Prior to any public dissemination of the results, the analysis of the data and a summary of the findings were fed back to the street children who participated in the workshops and, where possible, to the children who participated in the survey. This was undertaken at a special event organised by Umthombo Street Children and Street Action in 2009 prior to

the research being written up.

Confidentiality

Confidentiality and the concern that children would be victimised because they had participated in the research was taken seriously. During the participatory workshops, no photographs were taken and children were able to choose a fictitious name.
Health surveys were anonymised and confidentiality procedures were fully explained to all participants.
Young and Barret in their paper on the ethics of working with children on the street, point out that

> *careful thought must be given to the use of anecdotal evidence which may clearly identify particular children or events.*[14]

All names and identifying features such as street names have been omitted from this report.

Minimising Risk

> *The duty to protect the physical, social and psychological well-being of those you study and work with is central to the researcher's role. It is essential to assess the risks to individuals and groups which might be entailed in participating in your research, and to weigh these up against the benefits you hope to achieve.* (Save the Children, 2004:30)

All research was carried out by trained and qualified researchers who worked closely with local NGOs to ensure that they understood the specific issues relating to street children in Durban. As understood by Save the Children.

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For the purposes of this research, all those involved in the health survey undertook a weeklong training programme led by UKZN and Street Action. This included, training in research methods, as well as an introduction to the street child issue and practical experience and exposure to Durban street life.
Those administering the HIV/AIDS testing and capacity to consent tools were also offered training by experienced psychology staff. All staff involved in the research had previous experience working with vulnerable children.

During the participatory workshops a number of measures were taken to minimise adverse affects:

- Research activities were organised so that difficult issues were discussed only after rapport had been established.
- Adequate time was given to contain any emotions that arose from the discussions and to lift everyone's spirits before the workshop end.
- The researcher did not probe difficult issues such as sexual abuse or the death of parents but allowed the children to choose how much they wanted to say about these issues.
- Activities were also structured in such a way as to allow for emotional distance, for example, children could talk about a hypothetical child similar to them rather than about themselves directly.

Throughout the research process, provision was made for the referral of children who required ongoing support.
A qualified social worker who had no links with any of the services the children accessed was introduced to the children at the beginning of the participatory workshops and was available throughout the process for debriefing and follow-up.
During the health survey daily de-briefing and discussion sessions were available to all those involved, ensuring that any issues relating to the children's needs or concerns of the researchers were addressed and followed up in a timely manner.

Research Method

The specific sample size, research method, and mode of analysis for each sub-section of the study is described below.

- Participatory Workshops

Sample

The children were recruited through purposive sampling from a number of different areas of Durban through a local NGO working with children living on the street. Not all of the children were accessing the services of the NGO, though some were. All of the

children had accessed the services of a street child organisation at some stage when they were living on the street.

The numbers of children participating in the workshops fluctuated as a few children came in and out of the sessions but 30 children participated consistently in all of the activities. This included 18 boys aged between 10 and 19 years (average age 15), and 12 girls aged between 13 and 19 years (average age 16).

Workshops

A participatory approach is one in which children take part in a set of activities to 'construct a representation of their social world'[16]. Once this has been done, the researcher is then able to ask about the topic of interest within the context of the representation.

In this research study children participated in a number of different activities over four days. These activities all involved discussion. Children worked on drawing activities they participated in during the day, the problems they face and their ideas for interventions to help them. We also engaged in a number of activities that could yield qualitative assessments of psychosocial well-being.
A more detailed description of the activities involved is available in the full participatory report.

Recording and analysing the data

The workshops were all conducted in isiZulu, the children's home language, which the support facilitator interpreted for the researcher. All the discussion in the workshops was recorded and then translated and transcribed into English. These transcripts formed the data and were subjected to thematic analysis[17]. Themes were generated inductively from the raw material and were allowed to emerge through reading and re-reading the transcripts. Once themes had emerged all quotes from the data relating to a particular theme were clustered under this theme.

Notes about quotations
i) researcher comments and questions begin with R;
ii) a new child speaking is shown through the use of a new line;
iii) quotes are identified in the following way
(OB) = Older boys group
(YB) = Younger boys group
(OG) = Older girls group
(YG) = Younger girls group;
iv) names of children, service organisations and any other names are designated with an initial rather than the full name – often these initials have been changed to prevent them being identified;
v) details about certain places have been changed to prevent identification of a group according to the place.

Note about terms used to describe police
The children used very specific descriptions of the different policing agents they met on the streets. To protect the children we have referred to all of these agents as 'police'.

- Health Survey

Sample

Children were visited in the places where they stay on the street by pairs of NGO workers and independent research assistants. The purpose and method of research was fully explained to groups of children and 110 children elected to complete the health survey. 94 were boys (85.5%) and 16 girls (14.5%).

Method

A relatively simple structured questionnaire/survey instrument was formulated to document the following information during interviews with individual children:

- Basic demographics: age, age arriving on street, pattern of street residency (permanent, intermittent, migrant), vital status of parents and other family/former caregiver
- Basic health profile (weight, height, history of recent problems, glue addiction, record of physical and sexual abuse, specific health signs of TB and HIV – The algorithms outlined in the WHO Integrated Management of Childhood Illness [IMCI] and also the Integrated Management of Adolescent and Adult Illness [IMAAI]) was used

Each survey was conducted by a NGO worker (former street child working for local NGO) and a trained independent researcher from UKZN. Guided by the NGO worker, they established initial rapport with the street children, explained the research and gained consent. The health survey was then carried out (a full copy of the survey is available in the full health survey report). Where possible and appropriate, children were taken to one side to complete the survey to ensure their own confidentiality and to maximise their willingness to answer truthfully.

Analysis

Surveys were completed over a two week period

and were collected each day. Results were compiled into spreadsheets and statistically analysed (using SPSS software).

- HIV/AIDS testing

The organisation Zoë-Life was first engaged in a preliminary phase of research to consider the various implications of participation in a project involving HIV/AIDS testing of street children. During this time a number of issues were raised including whether medical care, treatment and psychological support, if any, is available to street children. The issue of consent was also considered, in particular the impact that the unique environment in which street children live and socialise might have on consent, as well as the legal implications around testing for HIV and AIDS in the absence of a caregiver.

The first stage of research involved extensive consultation with others and investigation of the logistical, ethical and legal requirements around testing. This process and the findings are further discussed in the HIV/AIDS report.

It became clear that a tool would be necessary to assess capacity of children to consent. In the absence of an existing appropriate tool, Zoë-life developed a tool that could be administered by a variety of people, would be valid and would be in the best interests of the child.

In preparation for the testing Zoë-Life developed a number of Standard Operating Procedures for the project. The development of these protocols was done through consultation with various Zoë-Life staff members and other NGOs.
The procedures developed served as a methodology for this project but also serve as a suggested protocol for future testing.

1. Group HIV Information Talk Activity (HIT)
2. Registration
3. Assessment of capacity to consent
   - *Consent process*
4. Recording Information and Management of data
5. Pre Test counselling
6. Pre Test counselling (Linked – children would know the results of their test)
7. Pre Test counselling (Unlinked – samples would be anonymous and children would not know the results)
8. Testing procedure and interpretation for rapid HIV testing
9. Post Test counselling
   - *Post Test counselling (Unlinked)* - *Post Test counselling including treatment plan (Linked)*
   - *Post Test counselling negative result* - *Post Test counselling positive result* - *Post Test counselling discordant result*
10. Counsellors debriefing

The way in which the testing was conducted was determined by a number of factors. Firstly to not cause any undue stress or harm to the children, therefore it was agreed to not draw blood from the children. After investigating the various options available it was decided to utilise the blotting paper and an Eliza test for all the children in the project linked and unlinked. For those that chose to be linked and would require their results immediately it was agreed to use a raid test SD bioline. These tests provided the prevalence rate information, while the health information talks provided the baseline for the number of children engaged in the information and education preceding the testing against the number of children tested. A semi-structured *Interview Questionnaire* for staff involved in the project was also carried out to analyse and reflect on the procedures outlined. The findings of these interviews are described more fully in the HIV/AIDS report.

Finger prick blood sampling for HIV testing.

Dried filter paper samples of blood was collected by finger prick from children over the age of 12 years (as permitted by the new Children's Bill). A separate consent was requested for this additional aspect of the survey. Samples were not identified with any personal identifier but only a sample number that was not linked to the interview number (no personal identifiers were collected on the interview form either). If during the counselling and consent process for taking the HIV test sample, the child indicated a desire to know their HIV status (something our counsellors encouraged), the team members offered their personal support to accompany the child to the Paediatric Outpatients department at Addington Hospital where the test was performed and appropriate follow-up care services such as CD4 testing provided.

4. CHILDREN'S RIGHTS - THE CONTEXT

Putting Street Children On The Child Rights Agenda

Child rights have come to form an explicit aspect of the human rights agenda, outlining why children should be protected from political, economic and social hazards. With increasing numbers of children facing neglect, discrimination and abuse, the debate on child rights has gained prominence in the last few years. In 2009 the CRC celebrated its twentieth anniversary. Since its adoption in 1989, the CRC has been ratified more quickly and by more governments (all except Somalia and the USA) than any other human rights instrument. It remains a benchmark for international guidelines and legislation that rely heavily on its principles. These are also reflected in the African Charter on the Rights and Welfare of the Child (AC) and both documents require countries to monitor their progress in relation to child protection and the service delivery to vulnerable children.

As is often the case, street children remain excluded from policy priorities. This report is published at a time when global attention is focussed on the Millennium Development Goals (MDGs). Unless governments, NGOs and policy makers put the right to care and protection of children alongside the right to survival, health and education, millions of children's lives will be put at risk[18].

The report focuses on the need to evaluate both national and international policies and interventions that secure children's rights in order to ensure the well-being and social protection of street children. The term 'social protection' is a relatively new concept in the child rights sector[19]. Recent studies and publications have sought to provide a conceptual framework, demonstrating the 'linkages between social protection and children's welfare'[20]. The case made for the social protection of street children is reflected in Article 20 of the CRC that states:

> *A child temporarily or permanently deprived of his or her family environment, or in whose own best interest cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the States .*[21]

The rights-based approach enshrined in social protection policies places clear obligations on states to fulfil that role. Through the results of the grassroots research this report shows how street children are deprived of this protection and right. As this report calls for child protection measures to include street children, it is important to consider that constitutional provisions are by no means clear as to the precise means of the rights of children. The CRC remains a fundamental document in guiding outcomes at both national and international level[22], in particular the first five articles, but there are limitations in linking these rights to street children. The CRC, AC and the MDGs are important frameworks in promoting child rights, but street children do not yet have the foundations to access the rights outlined.

The implications of adopting a right-based approach for street children need to be assessed in relation to the indicators adopted to monitor the MDG goals. The challenge presented is that, other than the education indicator, the MDGs are orientated towards survival rather than development. Bray and Dawes[23] argue that the MDGs fail to capture outcomes relating to broader notions of children's rights and well-being, particularly in relation to understanding the relationship between children's environments and child outcomes in the short or medium term.

This report looks at the context of street children in South Africa in light of the introduction of the Children's Act and policies on street and working children being developed by South Africa's Department of Social Development. As is the case with many developing countries, South Africa has never had a consistent and comprehensive approach to monitoring the situation and protection of vulnerable children. However, South Africa's post-apartheid government has prioritised children's well-being as a key development goal, as evident in the many changes in law and policy since the end of apartheid in 1994. This reflects the strong child rights ideology that took root in the country following the Soweto Uprising in 1976 and that has continued in the three decades that have followed. South Africa has enshrined children's rights in its Constitution (1996) and ratified the CRC in 1995 and the AC in 2000.

In order to bring South African child protection policy in line with international law and to reflect the key commitments towards child rights in domestic law outlined in the constitution, the government in-

troduced the new Children's Act in 2005, which was promulgated in 2010. It replaced outdated legislation that originated in the apartheid years and set out to give constitutional rights to all children regardless of race. This included the right to: social services; to family and parental care or to alternative care when removed from the family environment; to protection from maltreatment, neglect, abuse and degradation; and to the promotion of their best interests.

The Children's Act recognises street children as one the most vulnerable sections of society and makes provision for their entitlement to additional services and exceptional approaches to identifying and helping them. The South African government is now mandated to provide care and protection services to children that live in circumstances that lead to abuse or are already experiencing abuse, be it at home or in alternative care arrangements. This includes a system to report, refer and support children[24]. Since many children decide to leave home for the streets because of violence in the home, the provision of prevention and intervention services and better reporting mechanisms is key to stopping children migrating to the streets. If implemented properly this could lead to a reduction in the number of children needing tertiary services such as state care.

The Children's Act also affords street children the same level of protection when accessing shelters and their respective services as children who use other child and youth centres[25].

Challenges

Major challenges to the implementation of the Children's Act include a lack of regular and reliable data on street children. This data is essential to preventing street children remaining on the margins of policy decisions. Understanding the number of street children in South Africa, what social services they use and require would ensure that they are adequately planned and budgeted for. Without this, the progressive protection mechanism enshrined in the Act cannot be put into practice[26].

Inadequate support and underfunding for NGOs and community based initiatives present a significant challenge in fulfilling children's right. At present, the South African government does not cover the full costs of the services that NGOs provide. This prevents NGOs from expanding their services into under-serviced areas; leads to high staff turnover and an erratic service delivery. This is 'disastrous' for street children and others who have been traumatised by abuse or neglect and are urgently in need of a high level of care and protection[27]. As this report shows, without comprehensive and consistent service provision street children are unlikely to receive the support they need to leave the streets.

5. STREET CHILDREN - THE CONTEXT

The definition of a 'street child' has been an issue of contested debate for decades, along with estimates for the number of street children globally. Exact figures are impossible to quantify but a UNICEF report in 2006 put street children numbers in the tens of millions or higher. Other estimates place the figure as high as 100 million[28]. In the past decade there have been large increases of street children in Africa and Eastern Europe due to a whole array of intractable challenges, including HIV/AIDS and rapid urbanisation.

Why Children Come To The streets?

Studies suggest that children come to the streets for an array of reasons. Typically they are running away from something uncomfortable in their home areas[29]. Parents' inability to provide food for their children and/or to pay school fees often also plays a role, or being needed to bring an income into the family[30] Violence towards and abuse of children within the household and local community is often described as a major reason in a child's decision to move to the streets. Studies on street children in Bangladesh, Russia and South Africa amongst others have all found that violence in the home and community were major 'push' factors[31]. Violence can include abuse by primary carers (parents, grandparents, relatives and foster parents) other family members such as siblings, or others in the community, for instance by teachers.

Richter and van der Walt[32] established that North American studies show two 'relatively unanimous' factors among runaway youth: (a) poor and disorganised home environment where children report punitive and unsupportive or non-existent parenting, rejection and hostility and (b) problems in school.

The death or loss of a primary care giver is also a commonly reported 'push' factor, with HIV/AIDS being a major cause of parental death. It is common practice for extended family networks to absorb children without parents, but these networks are being placed under increasing pressure and becoming increasingly stressed as the number of children affected by AIDS increases[33] and those in poor communities are often unable to adequately care for additional children[34].

Living On The Streets

Street-life can be devastating and extremely traumatic with hunger, violence and disease ever present. Street children are at risk from sexual abuse and sexual exploitation. Substance abuse, in particular solvent abuse (glue sniffing) is prevalent and used as a way to escape the harsh realities of street life[35]. Street children's accounts from across the world commonly describe routine harassment and round ups by the police and security services, the very forces that are supposed to protect them.

In Kenya, police commonly make arbitrary arrests of street children for loitering, carrying illegal weapons, refusing to give in to sexual demands, or being rude to police officers[36]. In Hanoi, Vietnam a Human Rights Watch report found children are periodically taken from the streets to secure facilities when foreign dignitaries come to the capital[37]. In the Democratic Republic of Congo street children frequently pay police to avoid physical violence and arrest[38].

HIV/AIDS has added to the complexity of the issue of street children in South Africa and elsewhere. Street children are particularly vulnerable to contracting the disease due to the high levels of abuse they encounter but also sexual behaviours and the education available to them related to the issues[39].

Services For Children

Street children require a range of services to help them cope with the myriad and complex challenges they face. Their exclusion from basic health and education services leads to greater vulnerability. As a highly vulnerable group, the services that street children access are key not only to their survival on the streets but to helping them get off the streets and to eventually be reintegrated back into community.

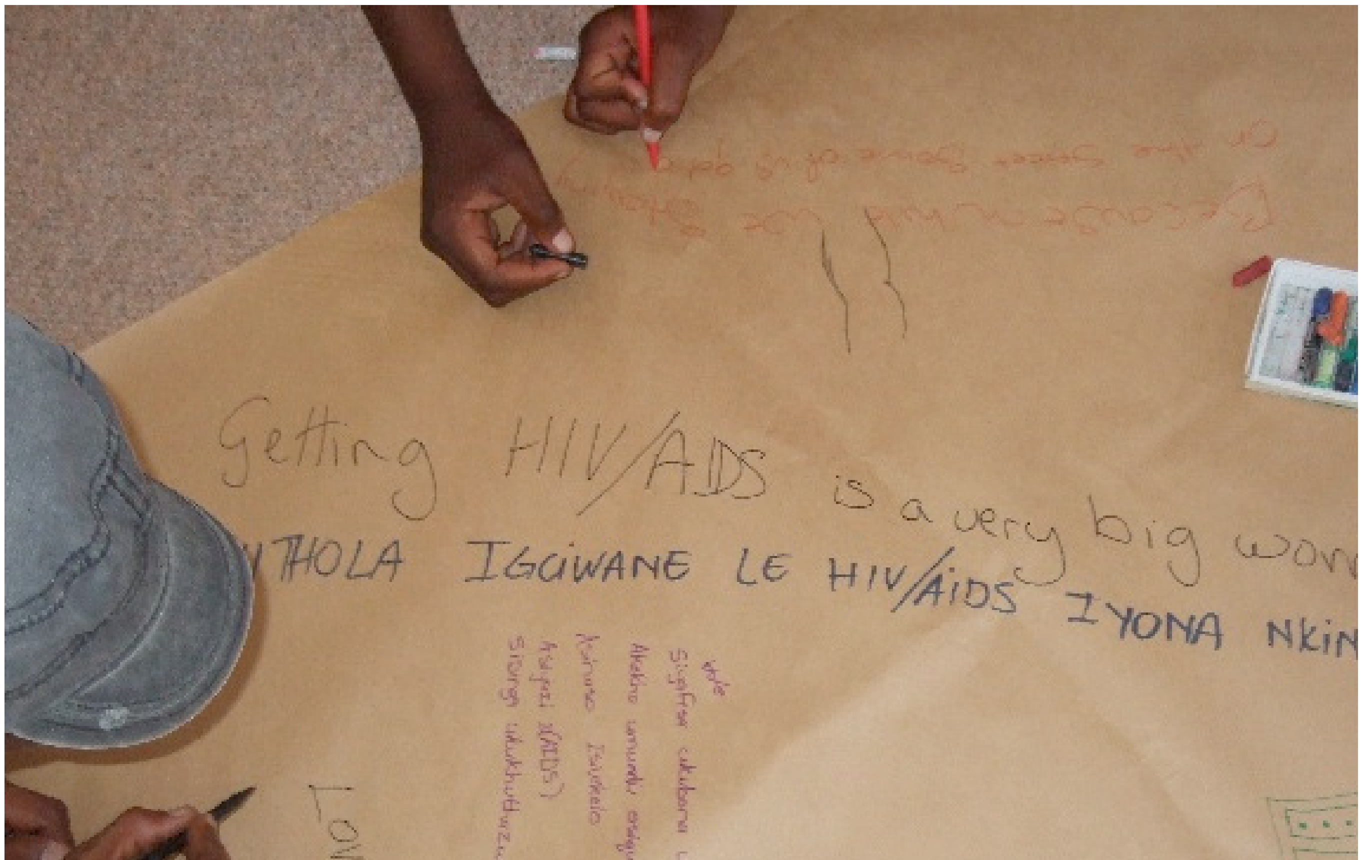
What is meant by vulnerability is a disputed issue in child rights practice, but it is an important concept to recognise in relation to street children and the risks they face. In order to develop a true picture of street life, it is important to substitute adults' per-

ceptions of vulnerability for ways in which children express their own personal experiences[40].

External perceptions traditionally see children as a passive group lacking in agency, although living on the streets is a conscious decision. It is a life that many children opt for in preference to returning home or accepting services from provisional departments or NGOs[41]. Theories of situated learning indi cate that certain aspects of the child's experiences on the streets can be positive in terms of personal growth. Research in South Africa and internationally has also shown that children value the personal autonomy that follows their escape from situations at home that they find untenable. The pull of the streets seems incomprehensible in light of the abuse and deprivation they face, and yet many opt for the streets as a way of escaping the extreme social and economic circumstances in their communities.

6. MAIN FINDINGS

The key finding are divided into four key sections: *Why children come to the streets?; Living on the streets; Services accessed by street children; Health and HIV/AIDS on the streets.*



States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. (Convention on the Rights of the Child (CRC) (1989). Article 27)

6.1 Why Children Come The Street

It is usually a combination of factors that lead children to the decision to leave home for the street. Most of the children have complex life histories full of family conflict and issues such as substance abuse and domestic violence. Very few children mentioned one factor as the cause of their coming to the streets and most talked about a multiplicity of reasons that had caused disruption in their families.

Children living on the street become adept at demonstrating a particular identity to outsiders especially in presenting why they are on the streets[42]. Given this fact, the decision was made not to ask children directly why they were on the street but to use an exercise that focussed on the telling of life histories; it was hoped that some of the factors leading to their move to the street would emerge in discussions about their lives. The narratives were mostly collected individually, though the art activity was done in a group. This was done to protect children's confidentiality and also to avoid the children influencing each other in the details they chose to give.

A four-day workshop is not long enough to understand the life histories of the children we worked with, but some understanding of their reasons for being on the street did emerge. Amongst these reasons, we tried to explore how much the impact of HIV/AIDS was a factor behind the children being on the street. Again this was difficult in the time available, but there are some indicators of impact of HIV/AIDS in the information that emerged.

Family Members Death

Dislocation in the children's lives very often began with the death of a father or mother. 17 out of the 30 children attending workshops had experienced the death of at least one parent, although children frequently appeared reluctant to admit that they had lost parents so this number may be much higher[43].

Many of the stories told by children were characterised by multiple family member deaths.

My mother passed away. I had four brothers, one passed away and three are left. We are four girls, my sister died of AIDS and she left her child. (OG)

The health survey also reflected this and found that 53.6% of children (59) had a mother who had died and 44.5% (49) had a deceased father.

The children's life histories also suggested that the death of parents and the resulting migration had often initiated the family dislocation that led to many of these children being on the street[44].

Migration

One of the most common themes in the life histories was that of migration. Most of the children had lived in more than one, sometimes multiple homes, most moving from one extended family member to another. The quote below is typical of the stories they told and the drawing of 'my life journey' also shows how many homes some of the children had lived in.

This is where I was born. I lived with my grandmother, aunt, my sister and cousin. Then I stayed in Pietermaritzburg. Things were not right there. I was staying with my uncle, aunt, my father's sister. Then I went to Kwa Mashu. This time I was living with my mother and father. Then I moved to Bester. I lived with my grandfather and two siblings. I finished schooling there and then went to Kwa Mashu. I moved from there to the street. (YB)

It seemed that more of the girls had experienced migration than the boys. Their life histo
ries had a lot of evidence of moving from one family to another[45].

Existing Familiarity with Street Life

Some children also came from families that were already marginally on the street – two of the girls had grandmothers or mothers that had themselves lived on the street, and one girl had been raised on the street. Another theme was that some of the children had moved to the street, often with an older sibling, grandmother or aunt to beg on weekends and had ended up staying full time. These children talked about 'up and downing' (going home and coming to the street) as a common feature of their lives.

I was coming to the street with my sister. We were begging at the robots. I was going home and coming back, like up and downing.' (YB)

'My granny said we must go the street to beg as she had eight of us and we had no money. So I came with my sister. My granny would shout us if we did not bring enough money. So I decided to just stay here. (OG)

Home and School

The health survey revealed that most children 84 (76.4%) had gone home at some point since they started living on the streets; 23 (20.9%) would like to go home immediately, and 55 (50%) at some time in the future. However, a significant proportion 32 (29.1%) had no desire to return home.

The participatory workshops showed that the main reason for not wanting to go home was the stigma attached to having been on the street. They would be labelled as a child 'with a street mind' and they would be constantly reminded of this by relatives and community members. A factor in this process was often their addiction to glue (this is discussed in more detail later in this report).

When we discussed in the participatory workshops why children did not want to go home some of the groups raised the issue of school. Many of the children had had problems at school. Some girls had been sexually abused by teachers, others had been teased at school because they were poor. Others had difficulty with school-work and had received little help to cope with these. The health survey showed that the vast majority of children had had some schooling 105 (95.5%), although most (50%) had not attended beyond primary school.

Other Factors

A whole range of other factors emerged including abuse by, and conflict with, step-parents and poverty, sometimes alone but often in conjunction with domestic violence or substance abuse, were other factors. Domestic violence and alcohol abuse was a frequent factor, and children moved from their homes to the streets as they got tired of the levels of violence in their homes.

6.2 Living On The Street

The workshops and health survey generated discussion with children and young people living on the streets about the activities they did during the day and at night. This gave important evidence-based knowledge of street life including the challenges the children faced and the barrier many faced to return home.

For the purpose of this report, some key themes were identified that are associated with street life. These were: *Arriving on the streets, Personal hygiene; Making Money, Finding Food, Fun Activities, Sleeping and Abuse on the Streets. Reasons why children stay on the streets are also discussed*[46].

Arriving on the streets

As soon as children arrive on the streets, most seek out other children, forming or joining groups for protection. Some arrive already knowing children from home that migrated to the streets. Van Blerk[47] talks about the importance of 'spaces of arrival' – the places children come to when they come to the city. Looking at places of arrival helps in understanding why children come to live on the street. It also gives some understanding of how children come to adopt the identity of 'street child'.

In Durban certain spaces serve as entry points for children into street-life bringing groups of street children together, such as the arcade, the beach and bus station[48]. Such groups can provide peer support, collaborative opportunities for making money and safety from physical and sexual abuse. The participatory workshops explored the idea of places of arrival with the children; when they first came to the city where did they go to, how did they end up being part of a particular group at a particular place? A number of patterns emerged. It is important to remember that the decision to come to the city in all cases was related to problems at home so the accounts here are about arrival rather than why the boys and girls decided to come to the streets.

A common story for children in the workshops was that they knew someone from home who had come to a particular place on the street. Often this person was a member of a group. When the problems at home became excessive this relationship was used as a means of escaping the problem at home. The child was then initiated into street life through their friend. The second reason was that they just arrived at the beach as they had visited there before and knew there were groups of children. The children they met on the street assisted them and initiated them into street life[49].

The health survey reflected this. Street children are normally associated with a group, for protection and to some extent support. Only 4 (3.6%) of children reported sleeping alone the previous night, while 66 (60%) had slept as part of a group. Children often sleep in the same location (91, 82.7%) every night, unless forced to move due to police intervention.

Another pattern was that some of the children had come to the city from surrounding townships to beg over weekends, some with grandparents and sisters and had ended up staying for longer periods on the street. The identity of 'street child' was adopted over a period of time. Many of these children returned home quite often, phoned home and still had links to home. In fact one pattern that emerged is that many of the children, especially the girls, still had strong links to home. For some of them this was because they had children at home who were being looked after by grandparents or sisters.

> *I ran from home to the street. There was another boy from next door who was living on the street. I quit school and joined him on the street (older boy p.40)*

Personal Hygiene

In their drawings of their daily activities the boys and girls all drew their day beginning with washing. This was always mentioned as one of the first things they did when they woke up in the morning. One group of boys said one of the main reasons for living where they did was that they had access to public facilities like the showers. Other groups of boys used water taps near where they stayed for washing.

Making money

Children say they survive on the streets by begging or through receiving donations (67, 60.9%), through the support of friends (15, 13.6%) or by working (19, 17.3%). Although some children report working, either full or part time (23, 20.9%), or occasionally (31, 28.5%), the majority receive money through begging (49, 44.5%).

This money may be shared with the group (30, 27.3%), friends or siblings only (26, 23.6%) or in many cases not shared (48, 43.6%). Money is primarily used to buy food (70, 63.6%), then if any money is left it may be spent on clothes (44, 40.0%) or cigarettes (21, 19.9%). The majority of children

(79, 71.8%) also spent money on soap.

The participatory workshops showed that much of the boys' time was spent carrying out various activities to find money for food. In the workshops children also mentioned that they use money for glue and cigarettes. What is clear from their accounts of their days is the extent to which they live 'hand to mouth', collecting small amounts of money, using it and then collecting more for the next meal or next cigarette.

In Durban, street children, especially younger boys, beg for money. Others come up with inventive and creative methods for earning money, for instance doing mime on the streets or making sculptures in the sand. Older boys may also 'park cars' (directing drivers into a parking space), carry shopping, hand out flyers or work at scrap yards or building sites as other ways of making money.

Girls in the workshops mentioned making money in exchange for sex, though often this was not sex with strangers but sex with a boyfriend (who was either part of a street group or not) in exchange for food or money. For girls, opportunities (apart from sex) to earn money on the streets are limited. Some girls do make money from petty vending though not as much as in other areas in Africa and in Durban girls mentioned earning money from begging, washing clothes for boys or plaiting hair.
Sites for begging belonged to particular groups and if boys from another group trespassed there would be a fight.

If a boy from one group asks first and then the person from the flats gives him money but he doesn't belong there, then a boy who belongs shows up, he would start a fight. (OB)

Most of the older boys said they could not beg as no one would feel sorry for them and give them money.

You can't beg when you are older. When you are older people think why are you not finding yourself a job because everyone gets money out of working. (OB)

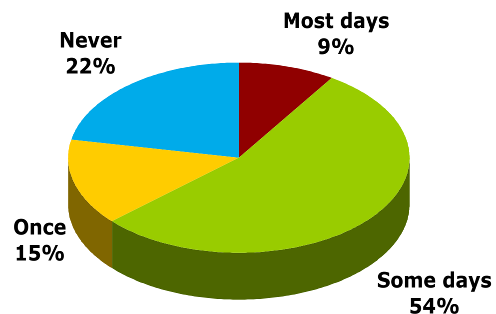
For further analysis see Clacherty's 'They think we are children with a 'street mind'.

Finding Food
The money earned from these activities was used mostly for food and glue (if they sniffed glue).

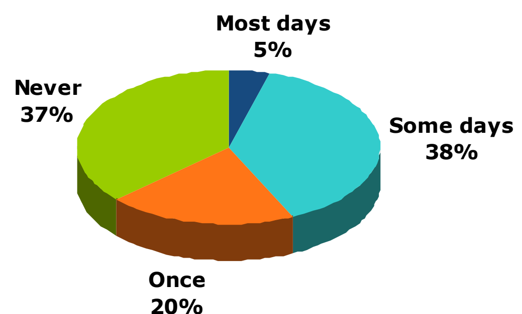
Children also had other strategies for getting food. When there was no one to beg from they looked in dustbins for food. This seemed to be done only if there was no other choice and the boys did not like doing it.

Living hand to mouth was evident from the health survey and the participatory workshops. Both revealed the high frequency of food insufficiency. 63% of children went to sleep at least one day during the week with no food for the day. 74% of children had times where they were hungry but did not have enough food to eat.

In the last week have there been times that you have been hungry but not had enough food to eat?



In the last week did you go to sleep with no food for the day?



R: Can I ask something? Is there a good thing about living on the street?
No, there is no good thing about living in the street, it's too difficult.
R: So there's nothing good …
Even us, we don't like living on the street, it's the situation that force us.
R: There is not even one thing that makes you happy?
Only when we get food and then the stomach will be full and when we get money.
And some days you get lots of money and buy things. (OB)

Though the girls also organised their days and weeks around food deliveries from various service organisations they did not mention lack of food as often as the boys did possibly because the issue of protecting themselves from violence was more pressing. Some also begged but acknowledged that it was more difficult for them to beg as men asked them if they were selling their bodies.

But last week when me and my friend M went to beg there by the shop so while we were begging, one man came and we asked for money, he is old you know, he is like a father to us. He asked us, 'do you sell?'
R: Sell what?
He asked us, 'do you sell your bodies?' and we said we don't sell our bodies. He said I was going to give you a lot of money but because now you are not selling I won't give you the money. We just said leave us alone. (YG)

Some girls got money from boyfriends for food and therefore did not have to spend so much of their day trying to get money for food.

Fun activities

Apart from the search for food boys spent most of their time playing soccer with their friends or swimming. A few went skateboarding when they had money to hire a board. Some of the boys also went to a local games arcade, sometimes to play but most often to shelter from the rain.

The boys also talked about going to the beach to swim and play on the sand.

When the sun is hot I go to the beach and it's so good to get some fresh air.
R: What if the beach wasn't there, what would you do?
I would feel so bad. If there was no beach my life would be more difficult.(OB)

The girls spent time with friends but did not take part in many group activities and were less involved in the activities offered by local NGOs, although some did say they did bead work and art work at a local street children service organisation.

Ok, when I wake up in the morning, I fold my blankets, after that I go take a shower, then I wash my clothes and then after that I just go and smoke with my friends, have a cigarette. After smoking I eat, after eating I go back to smoke with my friends and relax with them. We then do some activities at the centre, some bead-hand-work.
R: Oh did you make those? They are beautiful.
C: Yes. We do some bead-hand-work activities after that I eat and go to play with my friends. After playing at night we smoke and smoke and go to sleep.

A few girls got involved in physical activities with the NGO staff but most seemed to be much more sedentary than the boys. Their relationship with the boys in their groups also appeared to affect how involved they got in activities.

Sleeping

At night the children often spend time with the group around a fire talking and joking. Girls and boys said they enjoyed this if there was no fighting. Though they also worried about what would happen later once they went to sleep.

All of the groups had particular places where they slept at night. The biggest issue for all of them was rain. Weather impacted the emotional well-being of the children and most of the places where they slept were not sheltered from rain.

R: Where do you sleep?
At T.
R: Every night?
Yes, same place.
All of us (refers to the other members

of his group).
No, if the weather is not okay, we look for another place to sleep.
When it rains we go to the park. There is a shop there. Even there sometimes the rain comes inside but not as bad as this place. (YB)

When it rained they were sad and worried about where they would sleep and how they would dry their blankets. When it was sunny it was easier to do things with friends such as swimming in the sea and sitting talking on the beach and forget about their worries.

Here during the raining season, my clothes get wet. I am also very scared of thundering, because a long time ago my granny told me stories about the thundering. I am scared when the rain comes, then my blankets are going to be wet and I think how I am going to sleep with wet blankets. (YB)

Abuse on the Streets
One of the biggest problems apart from the problem of everyday survival was the abuse that boys and girls experienced on the street everyday. This abuse came from police and community members.

Police harassment
The main problem identified by the boys when asked about problems they face on the street was the harassment they experienced from the city police.

R: Tell me about the problems in your day.
We are troubled by the people who are stealing our blankets.
The police! (All speaking together).
Yes, the police trouble us a lot.
You see they are also burning our clothes.
They beat us.

They just come and beat for nothing. We pretend to be sleeping while we are watching every move they are making. (YB)

R: Show me on your drawing the times when you have problems in your day.
When the police come in the morning to wake me up and harass us. The securities also harass me when I am begging for money. When I am washing the police are chasing me away. It's the same sleeping and waking up, there are problems; it's a painful experience being chased away.

The abuse by local police and security staff was so dominant in their lives that being chased by police was described as an integral part of their lives as if they had come to accept it as normal if you live on the streets.

R: Tell me about your picture S?
This is the morning. In the morning the police come and arrest us, when we are still asleep. Then I go to shower and then we play football. (YB)

Here, I'm going to beg and here, it's where the police is coming and chasing us away, here is where I'm swimming at the pool and after that I go to N (local service organisation) to eat. (OB)

Here, I'm waking up in the morning, brushing my teeth and take a bath. Here the police are coming and taking our blankets, hitting us on our backs and when we try to run away with our blankets, they spray us with teargas. (OB)

R: How often does that happen?
From Wednesday to Friday and even yesterday they came and took our things.
R: What are they accusing you of?
A police just come and spank you and when you try to grab your blanket and run, you'll feel a punch on your buttock.
We end up having eye problems and that makes it difficult to see properly. (YB)

It is important to note that the boys did not paint an untruthful picture of themselves – they admitted that they sometimes stole things but what upset them was always being accused, the constant assumption that they were bad. The boys said that when there is a fight between the boys or groups the police arrive and don't differentiate between the boys who are fighting and the others, they just assume they are all bad.

Girls did not report harassment by the city police as often. They did not include it in their descriptions of their days, nor as a problem in the problem-solving activity or in the activity looking at stress. Their major problems and source of stress were the abuse by the boys and the problems that had driven them from home on to the streets. They did, however, mention in passing that they were chased from the beach by the police and also reported being arrested for fighting and for being drunk.

One issue that both boys and girls reported was being picked up by the city police and taken out of the city and dumped.

They take us and dump us in Pietermaritzburg.
R: Who has that happened to?
Me.
Me too.
Me.
They took me to the farms (rural area). Sometimes we walk back from Pietermaritzburg. But not for a very long dis tance, because some people who have cars and have beautiful hearts they give us a lift. (YB)

They took me and dropped me at the rural area there.
Near Pietermaritzburg.
Me too. (YG)

Community discrimination

Interestingly when asked to list the things that caused them stress (by naming stones in a heavy 'basket of burdens') boys and girls saw lack of food and being hungry as a much smaller problem than the experience of discrimination from the local community.

The discrimination the girls experienced was related to the assumption that they were prostitutes. Boys talked about how people abused them verbally when they were guarding cars. They also talked about people in the community assuming they were thieves. This made them sad. The older boys talked about how the media labelled them and used them and also about how difficult it was to get part-time work as people assumed they were bad because they lived on the street.

The other thing that makes us sad is that, some of the people driving like taking out their cameras when we are sniffing glue and take photos of us and after that we would see our pictures in the newspaper.
R: And what do they say about you?
They associate us with all the bad things that are happening
R: You don't think that they should take those photos?
No, they just take photos. (OB)

One of the boys painted a house of rainbow colours in one of the activities. For him the house represented the fact that children on the street were not 'rubbish' but also South Africans who deserved respect.

Why we stay on the street

There was much discussion about why children chose to stay on the street. This issue arose often when the children talked about some of the difficulties of living on the street. This is a complex issue and again it is difficult to find a clear answer from a four-day workshop but a few partial answers did emerge. This discussion should be read with the information in the next section on services, which has information on places of safety and children's homes that children have lived in.

It is important to note that during the workshops many children talked about their wish to get off the street, to return home or to go to a place of safety. They often seemed conflicted when talking about this issue; they found it difficult to explain. There was also a sense too that they were trying hard to find ways to behave differently and struggling to make sense of it for themselves.

When you are struggling there are things that you cannot explain especially when you are mixed with girls and big boys. You know if someone can come up with a proper plan … If someone can come up with a plan, the big boys can leave the street and get a better place, get training and maybe their life can change for better and if also the small boys can get someone to take care of them maybe they can have a good life. There must be a person to teach them about life skills. Every one of us here has his talent and dreams to follow but the problem is nobody is lending out their hands to support them but if someone can do that I think everything can change and everyone can succeed and become something in life.

And you are trying hard…
And it's worse when you are growing up in the street. (OB)
R: What would you need to go back home?
There is nothing except that if somebody can talk to my mother to treat me as her own child. (OB)

The street is the only place and there's nothing I can do because home is not good. At home I don't eat so it's totally better on the street because at home I can stay without food for a month unlike here on the street. Well, it's not good on the street and it's not good at home. (OB)

Addiction to glue and, in some cases (particularly with a few of the older girls), addiction to marijuana played a role (see health section of this report). They also acknowledged that even when they went home they often had to return to the street because of their addiction to glue. Children recounted how they had gone home and tried to stay there but their addiction got the better of them. They were expected to just stop 'smoking' glue by parents and other family members.

This lack of understanding of addiction and the need for some kind of help to deal with the addiction is understandable in parents. However, it seemed that this lack of awareness of the nature of addiction was also common amongst staff at the places of safety where children had been taken.

Some of the children talked about how the strict control at home was one reason why they found it difficult to stay at home after being on the street. The girls talked about how they could go to the clubs and dance if they wanted to, whereas the boys talked about being able to play when they wanted to. They also talked about the fun they had with friends on the street. This kind of discussion was always contrasted with the difficulties they faced on the street. Whilst the freedom they experienced was a positive for them, they pointed out frequently that it was not all there was to living on the street.

Children like staying on the street because they can do whatever they want to do any time. If they are in their homes they cannot do what they want.
Yes because parents are strict.
Especially when they want to go to the club.

R: So there is freedom on the street?
No. because when it is raining you feel it and you say if I was at home I should be sleeping on a soft blanket. (OG)

A few children, in trying to explain why they stayed on the street, referred to their minds (or heart) saying it was hard to explain but something inside them just made them go back to the street.

R: Why did you leave (the place of safety) and come back to the street?
It is like S just said the heart just shakes and you won't know why but you just feel like going. (YG)

There were some there at the shelter but they gave up on me. They tried to help me with my mind but it was just too difficult for them… I wish God to help me because I know God can help me… God will help me to change and be good. (OB)

R: What would have to be changed for you to go home?
I know that all of us have different solutions. On my side I believe if I can get better education and have a change of mindset. (YB)

A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State (Convention on the Rights of the Child (CRC) (1989). Article 20)

6.3 Services Accessed By Street Children

Understanding what services street children access is imperative to building a social service system that caters for, and is responsible to its recipients. Some of the services available in Durban are listed below:

- Food handouts – from NGOs (churches, street child service projects) drop in centres
- Showering and washing facilities – various NGOs
- Sexual health advice - health clinics, mobile health clinics in drop in centres
- Mobile health clinic – drop in centre
- Organised activities including surfing, singing and rapping, bead work and art – drop in centres
- Residential facilities including places of safety and children's homes

Experiences of services: quality and accessibility

Previous studies of street children have found that children have been unable to access services and have experienced poor or hostile delivery[52]. Street children in Durban articulated negative experiences of some of the services directed towards them. The failure to listen to their needs or take their issues seriously were common complaints, and indicated a failure of social services to protect and exercise children's right to voice their opinion on matters affecting them, and have their views taken seriously[53]. In particular, street children felt that social workers did not believe them when they told them about problems at home and failed to properly address and help solve their problems. Subsequent attempts at integrating street children back home therefore failed as the children were often returned home only to be abused again or runaway back to the streets.

A number of issues related to the services children presently make use of emerged from the discussions. They also talked about the places of safety and children's homes that they had lived in at some point. None of the organisations are named in order to protect the children.

Services children are accessing on the street

Although most children completing the health survey knew of (105, 95.5%), and had attended (105, 95.5%) centres or organisations offering services to street children, these had often resulted in a negative experience, with 64 (58.2%) reporting that they had been badly treated.

Children in the workshops described two different kinds of service on the street. Some were informal, with outreach workers making occasional visits to talk and give advice and also occasionally to deliver food. Events such as soccer matches were organised by a service organisation but also seemingly on an ad hoc basis.

The other type of service was a consistent one with a physical presence in the form of a drop-in-centre with various other services linked to the centres. Food was available every day, there were showers for washing and regular activities were organised. A mobile health centre was also provided in one of the centres. Community workers were also available to interact with the children. In one organisation most of the staff had lived on the street themselves at some stage.

Many of the children valued the consistency of the second type of service, and the fact that it could be relied upon important. They valued the fact that the service was consistent and could be relied upon. They also really valued the help offered to go home - both money for transport for visits home and also more long-term interventions that would eventually help them to move back home.

The children had a number of interesting things to say about the services in general. One group talked about how the staff at one organisation cared about them and were patient with them.

If you want to go home they help us with the transport.
… The P (local service organisation) people come talking not fighting.
When the police come to our place, burn our clothes, wake us up and beat us the man from P took photographs and published them on the Daily News.
Yes they are fighting for us.
They are our brothers and sisters.
They are like our family. (YB)

Some of the children collected food from a local church three times a week. Before eating the food they prayed and sang hymns. Every time the children referred to this service they mentioned the chairs that they sat on, they saw this as a sign of respect and appreciated it.

However, not every one respected them or treated them with patience. Some staff at the centres did not listen and take them seriously and they often mentioned social workers who shouted at them.

With you (referring to the researcher) we can discuss all that is troubling us yet over there at the centre we haven't told those teachers all our issues because when you say your problem they make fun of you. When you tell them your problem they ask you 'so what do you want me to do – do you want to go home, because there's nothing we can do for you'. There are the ones that you don't click well with and you end up fighting. She would shout you while other teachers are watching you. (YG)

The other important issue for all of them, especially the girls, was confidentiality; they did not always trust staff at the service centres because they did not keep things confidential.

I don't trust all the teachers, there's only one I trust. The others there are so troubling but here (in the research workshop) we can open up about all our problems and over there, as soon as you expose your problems to them you'll hear it all over the place. (YG)

The boys appreciated the health service offered by one service organisation but the girls said that they did not always use the health service as it was not confidential, it was too close to the boys and everyone might hear their problems.

Sometimes they are coming here when I am sick and take me to the hospital.
They have a mobile clinic that comes around when somebody is sick. (YB)

I am not going there (to the mobile clinic) to tell them everyone will hear. I go to E. It costs R2 in the taxi and there they are good. They do not ask questions - they help you. (OG)

Previous studies have indicated that street children identify recreation as a basic need and a priority[54]. This was consistent with the views of street children in Durban, who valued the regular activities that one NGO provided, such as surfing singing and artwork. These activities gave them a sense of self worth and agency.

Places of safety and children's homes

The children also talked about residential services they had accessed. Most of the places they mentioned were places they had been taken to by social workers who had helped them to get off the street. Many of the older children had been to three or four different places. Some were places of safety and others were children's homes.

But none of the children in the workshops had stayed at these places. There were a number of reasons why they had left. Several older children said they had to leave because they were too old, or because they had been there long enough and they had to make space for other children. Often they were not really sure why they had to leave.

I stayed first at the place of safety and then went to the home. At the home, where I was staying in the new place I was even wearing uniform and have stayed for 3 years and they were asking if I want to go back home so I didn't answer them about going back home, I just kept quiet. They told me once that I have over-stayed and I have to go so that I can open the space for others. So I had to leave and I did not want to go home so came back to the street. (OB)

They said I have a mother and father so I must go home and I cannot stay there. They ask why do you need to be here if your mother and father are alive. But what if they do not care for you? (YG)

At the place of safety there at U you cannot stay if you are over 18 and I stayed for one year and after one year I had to go back home even if my problem is not yet solved at home, they just let you go home. (OG)

The most common reason for leaving was that they had been placed back at home by the organisations, yet the problems that had prompted them to leave in the first place were still unresolved and they returned to the street.

I lived at E for some time and then they took me back home. Immediately after they dropped my belongings home I said I am going to the shop. As they left home, their car drove away, I also left home using a public taxi to T. TheyThey had given me money. I was not going to stay to be shouted at home. (YG)

Children often revealed how they had run away from these residential places. A number of other issues emerged that explained why they ran away. One of the main issues seemed to be a lack of understanding of the fact that many of the children were addicted to glue. Staff at these homes and places of safety seemed to just expect the children to stop sniffing glue and if they did not then they treated them as if they were bad.

This seems to be one of the most basic shortfalls in the work of the services that seek to help children stay off the street; they do not help the children deal with glue addiction apart from telling them not to do it and if they do calling them 'bad boys'. Many children subsequently return to the streets to get access to glue and other substances that they are addicted to, staying there because it is the only place they know where to access it. As such it appears that there is a need for training of staff around this issue and medical programmes to help children deal with the addiction.

Violence in places of safety and care homes is also commonplace and can be divided into two categories. Firstly, violence and bullying by peers is a significant issue in Durban, consistent with other studies world wide[55] indicating that this is a widespread problem. A recent UNICEF report on violence against children noted that 'children in residential care are vulnerable to violence from their peers, particularly when conditions and staff supervision are poor'[56].

Abuse by staff ranging from beating to verbal abuse and shouting can also be found in institutional homes, care homes and places of safety in Durban. Negative labelling of street children is linked to the perception of them as 'bad' because they had lived on the streets, and not as an abused child but one who is evading adult care and supervision.

Another problem area was school. Many of the children had been helped to go back to school while staying at these places but they faced problems there too. Bullying from other children and labelling from teachers and beatings were the most common issues mentioned. Often when they had missed school they were behind, and were then teased by other children or beaten by teachers.

Yes at school the children are teasing you and the teacher too because you do not know things. (OB)

Another reason given for children going in and out of service organisations and back on to the street was that the organisations were not stable. Children often talked about a centre closing down, forcing them to leave, impacting on their already dislocated lives.

I stayed with the boys at T on the street but before that I was at A but they closed there so I went to the street again. (OB)

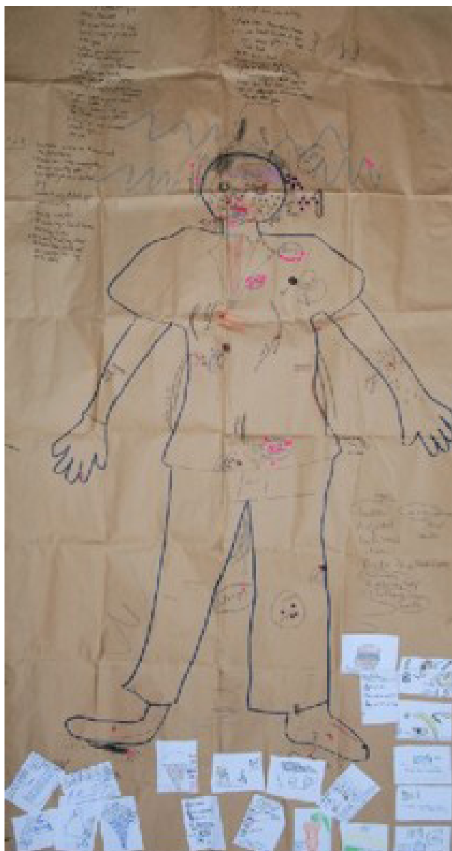
Yes I stayed there and I also stayed in I. Then I went to stay in U for a while and they closed it up again then I went back to the street again. Now people were stealing and the community started to complain so I went to M but I couldn't stay there because they said the place is already full. (OB)

States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. (Convention on the Rights of the Child (CRC) (1989). Article 24)

6.4 Health And HIV On The Streets

Objective data about the health status of children living on Durban's streets was collected mainly through the health survey. The participatory workshops also covered issues relating to health and wellbeing, providing further information about the children's health status and health-related behaviours. Techniques such as a body mapping exercise were used and are further described in the full participatory report.
The HIV/AIDS testing provided a small amount of prevalence data, as well as a full exploration of the feasability, legal and ethical issues around testing in the future.

Health problems



The body mapping activity focussed on physical problems that children experienced while living on the street. Children drew their health problems on the body drawing and then each child was given a set of stickers and asked to indicate if they had had this problem while living on the street. The table below summarises the results.

Boys (total 18)

Illnesses/physical problems	No of children	Injuries	No of children
Lice	10	Eyes hurt from spray gun sprayed by police	18
Bladder problems	5	Slapped by police	7
Sore teeth	9	Beaten by police with a sjambok	18
Armpit sores	8	Stab wounds	5
Fits	1	Broken from fall	1
Sore eyes	2		
Bad dreams	9		
Earache	1		
Rash	6		
Boils	3		
Pain in chest	4		
Drowsiness	2		
Flu	9		
Headache	5		
Diarrhoea	7		
Discharge from penis 'idrop'	3		
Sore feet	1		
Swollen glands	2		
'Thobela' unable to walk because of sniffing glue	4		

Girls (total 18)

Illnesses/physical problems	No of children	Injuries	No of children
Flu	10	Eyes hurt from spray gun sprayed by police	8
Sore feet	4	Slapped by police	7
Headache	12	Beaten by police with a sjambok	6
Earache	2	Stab wounds	6
Stomach ache	3	Bruises from beatings from boyfriends on body	4
Bad dreams	9	Head injuries from beatings from boyfriends	7
Sore eyes	4		
Tooth ache	5		
Dizziness	2		
Itchy Arms	3		
Pain in chest	11		
Discharge from vagina	7		
Bladder problems	3		
Diarrhoea	5		

Some of the health issues the children describe, such as lice, rashes and armpit sores, are related to the lack of washing facilities. A sore chest and coughing were also commonly described, which was attributed to smoking cigarettes and dagga by the girls. The children said diarrhoea was caused by eating bad food. Tooth ache was commonly mentioned. A lot of girls and some of the boys talked about what appear to be sexually transmitted infections.

In the health survey, 69 (62.7%) children reported being sick whilst living on the streets. 35 children (31.85) reported having a cough lasting for more than 3 weeks, a possible indication of tuberculosis, and 3 (2.7%) had been diagnosed with, and/or treated for TB at some time. 19 children (17.2%) had suffered from diarrhoea more than 5 times in the previous six months and 32 (29.1%) had suffered from mouth sores since living on the streets.

In the workshops children also recounted injuries that affected their health, which they linked mostly to the abuse by police, fights and the abuse the girls experience from their boyfriends. The number of stab wounds received is an issue for boys and girls. The number of girls who said they had received head injuries and bruises from boys while on the street shows that the issue of violence (usually perpetrated by a 'boyfriend') is a huge one for the girls.

In the health survey, 74 (67.3%) reported being hurt or abused whilst living on the street. Only 20 children reported that they had not been injured whilst living on the street, whilst some had suffered multiple injuries. 54 (49.1%) reported having been stabbed, 32 had been involved in a motor car accident, 27 reported being beaten-up and 14 had received burns. 14 children reported a drug overdose and 2 children reported rape. 79 (71.8%) of the children interviewed had heard of or seen a street child die. In the majority of cases this was due to a car accident (31/80 cases, 38.8%), violence (18/80, 22.5%) or speculated to be due to HIV (14/80, 17.5%).

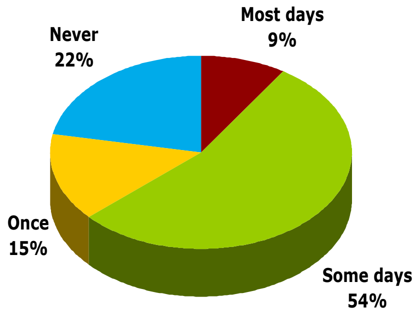
Most of the children in the workshops sought help from the mobile clinic at the local drop-in centre for these health problems, although the girls did go to a nearby clinic by taxi.
The survey indicated that children access health care through the local hospital or clinic (25.5% if sick, 36.4% if hurt or abused) or local NGO providers, such as the Umthombo clinic (13.6% and 10.0% respectively).

Health and nutrition

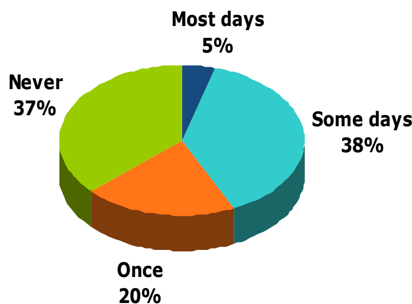
The participatory workshops explored what the children ate. Apart from the bread from the drop-in centre, biriyani twice a week from a project that fed the homeless and three meals a week at a local church, they seemed mostly to buy bread and polony and 'sweet-aid'. If they had the money they bought hot meals from a hawker on the side of the road.

A significant proportionn of children also reported that they had been hungry and not had enough food, or gone to sleep without having eaten that day more than once in the last week.

In the last week have there been times that you have been hungry but not had enough food to eat?



In the last week did you go to sleep with no food for the day?



3.8% of children reported eating meat, and 88.2% had eaten fruit or vegetables more than once in the last week. 24.5% of children had not eaten any dairy products or eggs in the last week. About half the children (54, 49.1%) considered that they had lost weight in the last six months.

R: If you have money what food do you buy?
Bread, polony, sweet-aid. (YG)

Substance abuse

Drugs reported to have been used more than once

Drugs such as intravenous drugs, sugars (heroine), cocaine, ecstasy and Mandrax were only used by a very small number of children, and usually only once or very occasionally. However, a total of 32 children (29.1%) reported noticing changes in their bodies that they thought were due to the drugs they were using.

The workshops revealed that the biggest health issue for the children was addiction to glue and to a lesser extent dagga (marijauana).

Many of the boys and some of the girls sniffed or as they put it 'smoked' glue. This glue was bought at a number of different places from small shops, informal traders and even some larger shops. The glue was bought in bottles and then decanted into small plastic bottles that the children could easily hide under their shirts of jerseys.

These are buying from stores.
These supermarkets are selling it.
It's even sold on the streets by the street vendors just like they are selling vegetables. (YB)

The glue the boys bought was used for mending shoes and sticking wood together. They could differentiate between the different strengths of glue and describe the effects. They described its hallucinogenic properties as well as the main reason they give for using it which is that it dulls the senses making it easier to cope with life on the street and easier to forget their problems.

Glue makes you feel things differently so even if there is a storm outside you don't even care about that you can't even feel the rain falling on you, you just watch people. (OB)

I was sniffing it before. I can say it from my understanding; most of the people say it makes you forget things that are happening like if you have some problems at home and you want to forget about that so I started sniffing glue and it worked. I stopped thinking about home. When I started sniffing glue I stayed here for two months without thinking about home. (YG)

The children acknowledged that glue had some dangerous effects and they could also describe what happened to children who used it over a long time, some from personal experience. The children knew from experience that glue is addictive, though they were not able to articulate any understanding of the process of addiction, especially that it was a physical process. An understanding of this process may have made them feel less guilty about their failure to give up glue even when they were in a safe place like a children's home.

The children had a number of strategies for breaking the addiction. Not all of them worked. Many of the children talked about how they wanted to give up glue and in fact how they had tried to do so. It made them sad to be addicted and they spoke of a few very strong-willed children had broken the addiction with the help of friends.

HIV/AIDS and sexual behaviours

29 children were tested in the HIV/AIDS testing component of this research. Of the 29 children who tested only 3 were positive. This includes both linked and unlinked test results.

Despite these low positive results it became clear during the health information talks that there was a need for education and information to reduce risk behaviour. Many of the children were involved in high risk behaviour, not only with external or adult persons, but within their groups as children. This was concerning as there is limited or no support for these children.

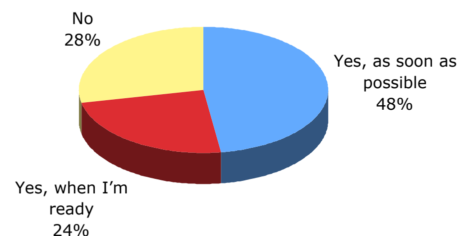
There were a number of challenges faced during the testing period allocated which influenced the low level of uptake for testing. These are discussed further in the HIV/AIDS report, along with recommendations for a more in depth study of HIV/AIDS prevalence amongst street children.

There has been very little research done with children from the streets around knowledge of HIV/AIDS. One study that is relevant is Kruger and Richter's[57] study of 141 children in seven major cities around South Africa, but there are some differences between this study and our report. For instance, the children we worked with seem to have higher knowledge levels and a clear idea of how to protect themselves. Yet, fear of getting AIDS is a similar concern as is their inability to apply the knowledge they have because of the context of violence and transactional sex in which they find themselves.

Over 96% of the children interviewed in the health survey had heard of HIV/AIDS, and of those 106 the vast majority (102) reported unprotected sex as the main way of contracting HIV. None mentioned "bad spirits" or sharing of cups or food as possible routes of transmission.

Most children (59, 53.6%) reported having had sex before coming to the streets, and in all but 3 cases voluntarily. 77 children (70%) have had sex since coming to live on the streets, and in 72 of these cases with a boy- or girlfriend. 16 children reported having had more than 5 sexual partners. 32 children (29.1%) report never having used a condom, whereas 28 (25.5) report always using a condom. 2 of the 16 girls interviewed had had a baby, and 5 were using a contraceptive other than condoms.

When asked if they would like to test for HIV or other sexually transmitted diseases:



In the workshops children's knowledge of HIV/AIDS was explored further. We were looking particularly for evidence of protective knowledge and their ability to apply this knowledge in their context.

There was quite good knowledge of the basic facts of transmission and prevention.

You get it from girls who are HIV-positive.
You also get it from a boy who is HIV-positive.
You mustn't sleep without a condom.
And mixing of blood with HIV. (YB)

Whilst children knew about the need for testing, few of them went because they were scared. Knowledge is therefore of little use to them as they cannot apply it in their situation.

I did learn about it.
Oh yes ABC – Abstain, Be faithful and Condomise.
R: Do you think that applies to the girl living in the street?
I don't think so.
(laughing) Eish it doesn't.
Maybe they don't know about it.
I know about ABC even though I'm not … (laughing) ABC.
R: So this girl knows about ABC, she's not doing it, why?
Because she doesn't love the partner.
R: What else makes her not to have a choice?
She needs money and place to stay. (OG)

The boys identified men who wanted sex in exchange for food as a risk in terms of HIV/AIDS. They had some strategies for protecting themselves, but were worried about being infected as men did not use condoms. The boys also talked about sex with older women and again the inability to use condoms. They also talked about how condoms were seldom used in sex with girlfriends.

The girls talked about how using a condom was almost impossible with their boyfriends.
In the discussion about condoms and the girls in the younger and older group insisted that they could not carry condoms because if they did the city police would arrest them as they would assume they were prostitutes.

Really, they would arrest you for prostitution, I know, my friend T has been arrested for that; she had a condom in her pocket and they asked her what she is doing with it and she said, 'I use it when I sleep with my boyfriend'. They said, 'you are a street kid and you are using condoms on the street' and she said, 'yes I'm doing it for my own life' and then they said, 'you are a prostitute, why are you wearying such a small top' and she said, 'I'm going to swim' and they said, 'you have a condom and you are going to swim, you are arrested, you are a prostitute'. That's what they said to her.
R: And she got arrested?
She was arrested … for a month, a full month. (OG)

Pregnancy was a huge issue for the girls. Four of the twelve girls had given birth to babies, all of these babies were being looked after at their homes. One girl had had two children (and one miscarriage), and one girl was pregnant for the second time. The girls in one group talked about abortions.

Only one group talked about treatment (older girls). This group also talked about the need for a person who was HIV-positive to eat healthy food and exercise. They talked about the difficulties of being HIV-positive and living on the street and understood the importance of support and had some ideas about this.

If I have HIV I can't rely on those who are on the streets like me, I also need mother. If I was I would take pills but I also need cooked healthy food you know and to stay with a parent. When I have HIV my friends on the streets would say, 'hey my friend just forget, here's dagga, let's smoke'. I can smoke and forget it for a while but I would decrease the strength of my immune system by tobacco that's why a parent is needed so it's bad if you know you can't go back home.
Even if you didn't go back home but you have a support group, you can make a support group while living on the streets, create your own to get help and you will get help. Maybe one from the support group will have the same views like yours then she will listen and help you and maybe come up with some creative things to make you stop thinking about it. You can't rely on your parents because if they die you will still be left with people of your age to talk to as you still have a problem

That's why you need people to support you even though they won't be from your family or relatives. (OG)

We don't know enough about the impact of HIV/AIDS on street children and very little research has been done on the issue. Despite a relatively low prevalence rate at the time of undertaking this research, this does not reflect the reality of HIV/AIDS on the streets of Durban and more needs to be done to ensure that street children do not remain the hidden face of Africa's AIDS pandemic.

7. LOOKING FORWARD: Key Recommendations and Actions

Collecting comprehensive and accurate child-centred data presents innumerable challenges. This research, however, offers unique and objective information from the streets of Durban. The data that has been presented was exactly what the children and young people told us. This data has informed both the outcomes and recommendations listed below.

This report presents research that brings rigour, objectivity and data of real value. As stated by Rollins 'in terms of being able to bring about change, as much as we can be moved by human aspects of stories, pictures and music, there is also value in having statistics and objective data'[58] By bringing together objective evidence-based knowledge from a methodology of child-centred participatory research, survey and testing this report goes beyond the usual narrative of street life to present an interdisciplinary understanding of the processes of street children's experiences on the streets. The specific recommendations below seek to present an argument for policy change at national and international level. It is hoped that this will lead to a significant improvement in our understanding of, and service delivery to improve, the physical and psychosocial health of street children in Durban and beyond.

To ensure street children's care and protection and to secure their rights and development, it is fundamental to understand street children's vulnerability and the issues they face. Children are still living on the street and urgently need to be seen as a critical child protection issue by government and NGOs. Their coping strategies are oriented towards changing their lives in order to move away from the street environment[59]. It is imperative that the evidence of these strategies is supported by high quality evidence-based knowledge; leveraged resources towards developing further research; data collection and analysis of street children's experiences to ensure that creative and effective services are developed to support the children.

This study presents analysis of the practical implications for practitioners and policy makers. The report calls for child protection legislation to recognise the rights of street children with the introduction of targeted policies and guidelines that would be required to deliver more effective change. This will require the full engagement of donors, governments, child rights organisations, child and health service providers and legal personnel that understand and can support the implementation of the jurisprudence of the legislation.

In order to place street children on the agenda, all stakeholders including government, United Nations entities, the donor community (most notably DFID, European Union and USAID), NGOs and practitioners should actively focus on the following:

1. **Investment in research**: The dearth of credible quantitative and qualitative data on street children must be reversed so that this vulnerable group is included in research, leading to vital policy and budgetary provisions. The child rights sector and donor community must recognise the lack of knowledge base surrounding street children and work to fill these gaps. This includes research into street children's reasons for coming to the street, the level and effectiveness of engagement and interventions by government, civil society and NGOs and the development of appropriate re-integration strategies that are rights-based.
2. **Strengthening capacity, knowledge and partnerships**: National governments, regional and local governments, UN entities and NGOs all have a responsibility to invest resources into building a base of expertise and high quality evidence-based knowledge. All are needed to work together in partnership to unlock resources towards developing further research, data collection and analysis of street children's experiences, in order to inform child protection polices and leverage financial support.
3. **Care, protection and rights of street children**: National governments, UN entities, NGOs and service providers must ensure the continuity of a package of basic rights to services such as health, education, nutrition, HIV/AIDS initiatives, sexual health and psychosocial support for street children. These should be aligned with national governments' child protection systems and the international rights based framework, supported by UN entities (UNICEF) and NGOs. Street children's

rights to survival, development and protection must be included.

4. Including street children in a post-MDG framework: Recent reports have emphasised the need to integrate child protection and care of socially excluded groups in a post-MDG framework. Street children must be recognised as a vulnerable and highly excluded group. This must include recognition and investment from national governments and the donor community to ensure that street children are part of the child protection agenda.

5. Access to healthcare: Provision and access to health care and services should be attainable to the highest standards for street children, as recommended by the CRC and AC[60]. This should include health information and the provision of empathetic psychosocial support to reduce the risk of disease and to support emotional well-being.

6. Review of existing services: Further research must review existing services for children living on the street such as shelters, drop-in-centres, institutional care and reunification programmes. This report shows that these services, though well meaning, often fail to protect and care for the children they seek to support. It is important to evaluate present responses to policy and imperative to involve young people themselves in this process. It is important to give young people a voice so that they can inform service providers what could be done better to meet their needs.

7. HIV/AIDS: The development of guidelines and tools that are designed specifically for children on the streets and their circumstances needs to continue. Guidelines need to include information around HIV/AIDS education (transmission, prevention and testing), children's capacity to consent, and appropriate counseling. Guidelines need to be made available to practitioners on the ground.

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