DEVELOPING AN INTEGRATED APPROACH TO EARLY INTERVENTION SERVICES FOR ADOLESCENTS LIVING AND WORKING ON THE STREETS OF GAUTENG PROVINCE, SOUTH AFRICA

by

GRACE PORTIA ITHABELENG MTHEMBU

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SUPERVISOR: PROF. MDM MAKOFANE

CO-SUPERVISOR: PROF. KJ MALESA

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DEDICATION

This thesis is dedicated to my father, the late Mr George Mthembu (may his soul rest in peace), my mother, Jeannette Modiehi Mthembu, and my son, Mbizo George Mthembu, for their unwavering support.

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DECLARATION

Name: Grace Portia Ithabeleng Mthembu

Student No.: 45932174

Degree: Doctor of Philosophy in Social Work

I declare that the thesis, **DEVELOPING AN INTEGRATED APPROACH TO EARLY INTERVENTION SERVICES FOR ADOLESCENTS LIVING AND WORKING ON THE STREETS**, is my own work and that all the sources that I have used or quoted from have been indicated and acknowledged by means of complete references.

I further declare that I have submitted the thesis to originality-checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.

GPMthembu

Signed

16 May 2022

Date

ABSTRACT

Poor coordination of services remains a challenge to the provision of services to adolescents living and working on the streets regardless of the adoption of an integrated approach to effective service delivery. Lack of coordination has adversely affected effective intervention to address the complex needs of these adolescents. The existing Department of Social Development strategy and guidelines of 2010 for children living and working on the streets focuses on statutory, particularly alternative care placement. Therefore, gaps were identified in the provision of developmental and coordinated early intervention services.

A qualitative inquiry was utilised following explorative, descriptive, contextual and phenomenological research designs to bring to bear experiences of both adolescents and social service practitioners on the phenomenon. Purposive and snowball sampling were employed to access adolescents and social service practitioners. Data were gathered through face-to-face interviews with 12 adolescents (eight living and working on the streets and four admitted in shelters) and 19 social service practitioners. Tesch's eight steps were used to analyse data; thereafter Lincoln and Guba's classic model was employed for data verification.

The findings indicate that socio-economic factors such as absence of one or both biological parents, drug abuse by parents, peer pressure, poverty, dysfunctional family, poor parenting, domestic violence and children used by adults to commit crime cause adolescents to live and work on the streets. Furthermore, adolescents are concern with safety and security as they encounter multiple challenges in their lives daily. Social service practitioners expressed a need for a multi-sectoral approach to promote collaboration with relevant government departments such as Health, Basic Education and Home Affairs. As a result, guidelines were developed on how integrated services should be offered.

KEYWORDS

Adolescents, Early intervention services, Outreach workers, Social work, Social workers

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ACRONYMS AND ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CYCC	Child and Youth Care Centre
CDG	Care Dependency Grant
DBE	Department of Basic Education
DHA	Department of Home Affairs
DOH	Department of Health
DOL	Department of Labour
DSD	Department of Social Development
DSAC	Department of Sports, Arts and Culture
FBO	Faith-based Organisation
HIV	Human Immunodeficiency Virus
HRPSW	Human Rights Practice in Social Work
IDP	Individual Development Plan
NASC	National Alliance for Street Children
NASW	National Association of Social Workers
NGO	Non-governmental Organisation
NPO	Non-profit Organisation
OVC	Orphans and Vulnerable Children
PFMA	Public Finance Management Act
PIE	Person-in-environment
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Emergency Fund
WHO	World Health Organization
SACSSP	South African Council for Social Service Professions
SAPS	South African Police Service
STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections

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CHAPTER ONE

GENERAL ORIENTATION TO THE STUDY

1.1 GENERAL INTRODUCTION AND BACKGROUND

The phenomenon of adolescents living and working on streets[1] is a universal problem (Edidin, Ganim, Hunter & Karnik 2012:354; Consortium for Street Children 2014; Asante 2016:33). Adolescence is a developmental period from the onset of puberty until the transition to adulthood (Lansford & Banati 2018:3), characterised by rapid physiological changes and psychosocial maturation (World Health Organization [WHO] 2020). It is a vital stage for the development of self and identity (Pfeifer & Berkman 2018:159). As adolescents mature cognitively, their mental processes become more analytical (Thote, Mathew & Rathoure 2013:1). However, changes in their emotional and cognitive functioning may have negative effects on their health care (Tylee, Haller, Graham, Churchill & Sanci 2007:2). They may experience depression, excessive irritability, frustration and anger, including emotion-related physical symptoms such as stomach ache, headache or nausea.

Most importantly, during adolescence, "young people extend their relationships beyond parents and family and are intensely influenced by their peers and the outside world" (Srivastava 2020:1). To some extent, such influences may attract them to go and live and work on the streets, especially when their home circumstances are unfavourable where there are lack of family support, a history of physical and sexual abuse, substance abuse, lack of support of a functional family, death of a family member, divorce or separation of parents, parents' loss of jobs, child-headed households, grandparent-headed households and HIV/AIDS (Raleigh-DuRoff 2004:562; Martinez 2010:42; Orme & Seipel 2010:498; World of Street Children 2013:4; Sharma & Joshi 2013:137; Ncube 2015:86; Roper 2017; Khanyile 2018:2).

[1] The labels "adolescents living and working on the streets" and "children or adolescents on the streets" are used interchangeably. The concept "street children" is not used in this report as a result of its negative connotation. It is also deemed inappropriate in the South African society that is characterised by the spirit of *ubuntu* (Makofane 2014:142).

Family and society's failure to provide sufficient support to adolescents are regarded as factors "pushing" children away from home while others are "pulling" or drawing them to the streets (Orme & Seipel 2010:498; Ballet, Bhukuth & Radja 2013:398). Push factors include family violence, substance abuse, sexual assault, a breakdown in family relationships, adolescents' drug addiction and related criminal behaviour, and the inability of families to support them or to pay the necessary school fees (Martinez 2010:40; Smith & Wakia 2012:1; Bhunu 2014:432; Nasir & Khalid 2015:320; Ncube 2015:35). Pull factors are based on the adolescents' perception that life on the streets would be easier and provide access to the means to make a living (Weber 2013:33; Mhizha 2015:194).

Worldwide estimates indicate that 63% (approximately 9.3 million) of children live in poverty; 0.3% (261,465) live in child-headed households and 12.3% (2 277 000) live in households with hungry children (Delany, Jehoma & Lake 2016:107). In 2018, 260 000 children were living with HIV (Global Information and Education on HIV/AIDS 2018:1). There is no country and city anywhere in the world without the presence of adolescents on the streets (United Nations International Children's Emergency Fund [UNICEF] 2006a:40). This is a problem for developed and developing countries, but it is more prevalent in the poor nations of Latin America, Asia and Africa (UNICEF 2006b:40). It is estimated that there are at least 24 million adolescent children living without parental care worldwide, and approximately 12-34% of adolescents are living in sub-Saharan Africa (Smith & Wakia 2012:1). However, due to their fluid, evasive and unpredictable lifestyle, the precise number of the affected children is impossible to determine.

In Russia, it was estimated that adolescents on the streets were between one to four million with about 50 000 of these children who had run away from their homes (Balachove, Bonner & Levy 2009:27). Around 700 adolescents who live on the streets of Lima were made up of more boys than girls, and half of them were between 14 and 17 years of age (Bengtsson 2011:10). However, in Bangladesh it was estimated that 500 000 to two million adolescents living on the streets faced a daily routine of exploitation and violence (Ali, Islam & Momin 2012:54). Estimates of 154 934 adolescents were living and working on the streets of Latvia (Tudoric-

Ghemo 2005:7). In Bucharest and Romania, about 1 000 adolescents lived on the streets due to poverty and child abandonment (UNICEF 2005a:40).

The highest number of adolescents living and working on the streets in the world were found in India (Sharma & Joshi 2013:142). However, the number differs in different reports but most of them show more than 11 million children living on the streets in India (Lotko, Leikuma & Battle 2016:2) although this scenario may have changed over the years. In Kenya, about 250 000 to 300 000 adolescents spent the majority of their time on the streets engaged in activities to generate income and were often victims of child abuse and exploitation (Embleton, Atwoli & Ayuku 2013:1).

The Harare Street Organisation in Zimbabwe carried out a headcount of adolescents living and working on the streets, and 1 856 were reported across the country; of this figure, 1 500 were living in Harare (Machinako, Chikwaiwa & Nyanguru 2013:98). In contrast, the Zimbabwean census results of 2012 estimated that there were 120 000 adolescents living and working on the streets (Ncube 2015:5). Furthermore, the study by Bhunu (2014:430) in Zimbabwe showed that adolescents on the streets had increased due to poverty and political instability which led to the collapse of social systems, including health and education.

According to the census by the National Alliance for Street Children (NASC) in 2004, 13 275 children were living on South African streets. Ten years later, a consortium for street children (2014:1) estimated that 250 000 children were living on the streets. As in other parts of the world, a paucity of up-to-date comprehensive data on children on the streets prevents an accurate picture of this phenomenon in South Africa. The challenge is also worsened by the fact that some of the adolescents spend intermittent periods with their families or move from one city to another depending on the time of year and their circumstances (Volpi 2003:4). Therefore, accurate statistics of adolescents on the streets cannot be determined due to their mobility (Sewpaul, Osthus, Mhone, Sibilo & Mbhele 2012:241). The situation is compounded by the fact that many of them do not have identity documents or birth certificates which makes it difficult to trace their countries of origin (UNICEF 2009:85).

Living and working on the streets have adverse effects on the adolescents, their families and society. Due to substance abuse, some adolescents face disproportionate health challenges, including high rates of respiratory illnesses (Farha 2020:1). Therefore, risks posed by HIV and the coronavirus (COVID-19) to adolescents on the streets are enormous. The estranged relationship between most adolescents on the streets and their families is of great concern to social service providers. Currently, the situation is aggravated by the number of deaths related to COVID-19. It is estimated that globally the total number of deaths related to COVID-19 could reach 10-40 million which will leave many children without one or both parents or other caregivers (Human Rights Watch 2020:1).

At societal level, adolescents who have dropped out of school and live on the streets are not making a contribution to the economy of the country. Valuable talent is lost which could have been nurtured for the benefit of humanity. The loss of human capital is immeasurable as the adolescents' capabilities will never be known because they have not been afforded an opportunity to explore their potential and follow their dreams (Mdakane 2015:5).

Human Rights Watch (2020:1) has urged governments to act urgently to protect all children living and working on the streets during the pandemic. As a response to the call, on 30 March 2020 the Minister of the Department of Social Development (DSD), Ms Lindiwe Zulu, presented procedures and protocols to be observed by non-governmental organisations (NGOs) and faith-based organisations (FBOs) rendering services to vulnerable children in child and youth care centres (CYCCs) and drop-in centres, including adolescents living on the streets (South African Government COVID-19 State of Disaster Lockdown Regulations 2020). However, the South African Human Rights Commission has indicated a lack of health and social services for the homeless in South Africa during a news broadcast at 1:30 am (South African Broadcasting Corporation).

In order to respond to the plight of children living on the streets, various authors have called for specialised early intervention programmes (Volpi 2003:5; Cross & Seager 2010:5; Simeon, Herbst & Strydom 2017:2). Early intervention services were rendered in the medical profession in the 1900s in response to services for children with special needs (Hanft 1998:11; Chamberlain & McKenzie 2003:7). They were

later introduced in child care services but are still not well-developed in the field of adolescents' homelessness (Chamberlain & McKenzie 2003:7).

Adolescents living and working on the streets are in need of unique interventions that are distinct from other children in need of care (Dybicz 2005:765). Interventions are categorised into the following three broad groups: primary prevention aimed at children living in absolute poverty but who have not yet entered street life; secondary prevention aimed at children who have already entered street life but who maintain regular contact with their families; tertiary prevention aimed at children on the street, abandoned with little or no family contact (Dybicz 2005:765).

Section 143 of the Children's Act No. 38 of 2005 states that early intervention services seek to address the plight of families whose children have been identified as vulnerable or at risk of harm or removal into alternative care. Furthermore, the DSD Framework for Social Welfare Services (2013c:28) posits that early intervention services are designed to detect early symptoms that impact negatively on the wellness of individuals to prevent the recurrence of social problems such as homelessness. The advantages of early intervention among homeless adolescents are the reduction of long-term physical and mental disabilities emanating from homelessness (Toros, Flaming & Burns 2019:5). Such services are important because the longer the adolescents remain homeless, the more medical and behavioural problems emerge (Toros et al. 2019:12). Failure to provide the required services may cause adolescents to be at risk of trauma, victimisation and homelessness (Schwan, French, Gaetz, Ward, Akerman & Redman 2018:7).

Table 1.1 below shows studies on early intervention services among homeless adolescents. However, little attention has been given to those who are already on the streets.

Table 1.1: Studies conducted on early intervention services for homelessness of adolescents

Authors	Studies	Country	Type of research
Chamberlain & McKenzie (2003:3)	The development of prevention and early intervention services for homeless youth: intervening successfully Early intervention is a strategy that enables individuals to gain assistance before the situation denies them access to resources in the community.	Canada	Qualitative
Moorman (2009:16)	The impact of homelessness on young children: building resilience through supportive early intervention Provision of early intervention services, specialised educational services and resources from the community contribute to the educational success and resilience of adolescents. The study points to the significant benefits of the school environment to adolescents on the streets when teachers advocate for the educational rights of homeless children.	United States of America (South-east Michigan)	Qualitative
Walsh & Douglas (2009:134)	Legal responses to child protection, poverty and homelessness Early intervention carries assumptions regarding the nature of the family at risk.	Australia	Qualitative
Mayock, Corr & O'Sullivan (2011:392)	Homeless young people, families and change: family support as a facilitator to existing homelessness Early intervention strategies for homeless adolescents need to focus on building and fostering reconnections between adolescents and family members.	Ireland (Dublin)	Qualitative

Kidd (2012:540)	A coherent strategy in response to homeless and street-involved youth Early intervention services should involve healthcare sectors to address the needs of homeless adolescents.	Toronto (Ontario)	Literature review
Nair (2013:7)	An investigation into services offered for children of street shelters in Durban and surrounding areas Early intervention programmes are provided to families where children have been identified as being vulnerable or at risk of harm.	South Africa (Durban)	Qualitative
Carr & Whittington (2015:2)	Early intervention advocacy services to prevent homelessness in Queensland Early intervention is acknowledged as vital in tackling the issue of homelessness. Its success is dependent upon delivering services that would meet the needs of participants, using a reflective and improvement-oriented approach.	Australia (Queensland)	Literature review
Mokomane & Mokoae (2015:3)	An overview of programmes offered by shelters for street children in South Africa Early intervention encompasses developmental and therapeutic programmes delivered to ensure that children identified as being at risk are assisted before they require statutory services.	South Africa	Qualitative
Gaetz & Dej (2017:44)	A new direction: the framework for homelessness prevention A range of community-based programme interventions and systems-level policies are provided to adolescents and their families to reduce the potential of long-term negative outcomes.	Canada	Literature review

Gaetz, Schwan, Redman, French & Dej (2018:12-13)	Early intervention of youth homelessness Early intervention services enable individuals to gain assistance before the situation denies them access to those possibilities the community takes for granted such as health care facilities and schools.	Canada	Literature review
Schwan, French, Gaetz, Ward, Akerman & Redman (2018:10)	Preventing youth homelessness: the international review of evidence Early intervention strategies require effective identification and assessment mechanisms, system navigation support and case management.	United Kingdom (Wales)	Literature review
Nhapi & Agere (2019:78)	Street children revisited. Critical perspectives on street-connected children in a fragile Zimbabwean socio-economic climate Early intervention services can be implemented in the drop-in centres to provide material support for children living and working on the streets. In the drop-in centres, children can be enrolled in programmes that encourage them to be off the streets and at the same time create a constructive social environment and opportunities for personal development such as life skills, access to bathroom facilities and meals.	Zimbabwe	Literature review

The studies have demonstrated that early intervention services can be implemented at community level through home visitation, planning, referral systems, crisis interventions, case management and data sharing to address the complex needs of adolescents' homelessness (Hwang, Tolomiczenko, Kouyoumdjian & Garner 2005:314; De Vet, Van Luijtelaar, Brilleslijper-Kater, Vanderplasschen, Beijersbergen & Wolf 2013:15). Similarly, the researcher has observed that, in South African case management, crisis interventions and outreach services are also

emphasised to address the needs of vulnerable children, including adolescents at risk of running away from home and those who are already living and working on the streets.

Crisis intervention is applied to focus on immediate help to an individual's current problems and tensions (Schofield & Ward 2011:40; Clossey 2015:7; Zwane 2016:49). Home visitation programmes could assist in reaching families when adolescents are at risk of running away from home (Silungwe & Bandawe 2011:79). Again, when children reach adolescence age, the negative effects of trauma and separation have serious implications as they grow older (Loeber, Farrington & Petechuk 2003:11). Furthermore, the researcher has observed that adolescents living on the streets experience challenges and tension due to lack of integrated and coordinated services to support them; therefore, they fall through the cracks.

In 1994, the South African government inherited a welfare system that was fragmented along racial lines because of the erstwhile apartheid system. Welfare services under the apartheid government were residual in nature with no focus on the development and empowerment of the black majority. There was also little coordination of services between different government departments and organisations rendering services to vulnerable and poor people, including adolescents living and working on the streets. All of these elements meant that rendering effective and efficient services to adolescents living on the streets remained a complex and challenging situation for social service professions at that time.

The new democratic government adopted an integrated and developmental approach to economic and social development for the country; this propelled a shift in social work practice towards a developmental and integrated approach hinged on human rights, social justice, empowerment, stakeholder involvement and participation for the delivery of developmental welfare and social work services (Patel 2012:604; Patel & Hochfeld 2012:691; Thomas 2020:83).

The White Paper for Social Welfare (WPSW) (2013d) marked a turning point in the history of social welfare service provision in South Africa for all the citizens. However, it cannot be ignored that there is still so much to do in relation to the care

and protection of children, particularly the adolescence who live and work on the streets. A collaborative approach in dealing with the phenomenon is critical and has been emphasised in the Draft White Paper for Social Development (2019), indicating that the integrated approach to service delivery in harmonising related occupations and professionals into a recognised workforce is pivotal. The purpose of the WPSW was to guide the conversion of the social sector from a welfare state to one that sought to improve the quality of life through social development services. Therefore, an integrated approach of service delivery by government, a team of professionals and NGOs is needed to improve quality of services for adolescents living and working on the streets.

Integrated processes ensure that methods and processes for delivering services are applied by different actors. Coordinated and integrated functions can be served efficiently and competently through the expertise of service providers (UNICEF 2009:44). Integration promotes collaboration among departments, NGOs and faith-based organisations (Ntjana 2014:116). Therefore, to promote the well-being of adolescents, different services from various stakeholders at all levels of society should be brought together through coordinated, integrated and holistic approaches (Brettig 2016:6).

1.1.1 Problem statement

Research is inspired by an identified difficulty that needs to be defined and specified (Rubin & Babbie 2011:133). This may be an “area of concern where there is a gap in the knowledge base” (Burns & Grove 2009:68). In South Africa, the number of children who live and work on the streets of Johannesburg, the country’s economic hub, and Ekhuruleni is increasing. Even though some people regard these children as potentially dangerous when begging on the streets, this sight has become familiar and seems normal to many citizens.

In 2010, the DSD developed strategies and guidelines for children living and working on the streets to provide guidance on services and programmes to various provinces. This proactive initiative was implemented to protect children on the streets in preparation for the hosting of the 2010 World Cup. However, provinces are autonomous and it was their prerogative to engage and/or adopt the 2010 strategies and guidelines.

The guidelines outlined four key strategies, namely prevention, early intervention, protection and reintegration with action areas. The guidelines also provided operational guidance to government departments and other stakeholders to respond to the needs of these children on the streets (DSD 2010b:25). However, the second key strategy on early intervention did not outline detailed actions for social service practitioners on how to address challenges of adolescents who had already been living and working on the streets. Additionally, the roles and responsibilities of social service practitioners were not clarified.

Unfortunately, several programmes that mushroomed in Gauteng during 2010 when South Africa hosted the World Cup are no longer in operation. Seemingly, such programmes were short-term in nature and were funded by the business sector. However, other existing programmes funded by the DSD have not been evaluated to determine their effectiveness in order to empower adolescents and change their circumstances for the better. Of major concern is that social services provided to these adolescents are not coordinated for their benefit. To address this identified gap in practice, the researcher embarked on an explorative-descriptive study in Gauteng to establish the experiences of affected adolescents and service providers. Thus, the focus of the study was on an integrated approach of early intervention for adolescents living and working on the streets. The problem statement is lacking comprehensive, coordinated and integrated early intervention services for adolescents living and working on the streets to address their complex needs.

1.1.2 Motivation of the study

As a manager for the programme of children living and working on the streets at national level in the Directorate of Orphan and Vulnerable Children for 15 years, one of the researcher's responsibilities is to develop strategies and guidelines for adolescents living and working on the streets. As an endeavour to address the plight and adversity of adolescents living on the streets, the researcher opted to develop an integrated approach to early intervention services and guidelines to enhance service delivery for adolescence living and working on the street. This approach is multi-sided, focusing on the social welfare and development needs of adolescent s on the streets in a holistic and unified manner (Integrated Service Delivery Model 2006:6).

The Cabinet and Provincial Executive Council are expected to develop policies on priorities for the annual budget (DSD Budget Analysis Manual 2011a:18) while Members of the Executive Council (MECs) implement the spending priorities for provincial departments. Therefore, the provincial DSD MECs make a list of priorities for their respective provinces every financial year (DSD Budget Analysis Manual 2011a:18). Unfortunately, should a programme for adolescents living on the streets not be regarded as a priority for that particular financial year by the province, such a programme is likely to be neglected. This means that allocation of funds for early intervention for adolescents on the streets may be compromised to the detriment of helping to restore their dignity before they get used to street life and practices. This was foremost among other factors that influenced the researcher's quest to pursue the inquiry.

Additionally, even though the developmental approach adopted by the DSD seeks to protect the rights of individuals, it empowers them through the strengths-based approach (DSD Integrated Service Delivery Model 2006:14; DSD White Paper on Families 2013d:36). There is no evidence of success in current interventions to help adolescents overcome and transcend adversity, considering the increasing number of adolescents returning to the streets. This phenomenon places adolescents at risk of contracting sexually transmitted infections (Ormer & Seipel 2010:489).

The researcher has observed that the fragmentation and duplication of services by service providers rendering services to adolescents living on the streets has made an integrated holistic approach difficult. For instance, the Children's Act No. 38 of 2005 seeks to protect children, including adolescents living on the streets, against all forms of abuse and neglect through accessible, integrated and coordinated services. Despite the provisions of the Children's Act, services rendered to adolescents living on the streets are still fragmented. Nevertheless, services to these adolescents are multi-sectoral in nature because there is a need to address their educational, health and emotional needs.

Therefore, coordination and integrated planning by the relevant departments is critical (DSD National Strategy and Guidelines for Children living and Working on the Streets 2010b:6). However, the relevant departments such as the Department of Health, the Department of Basic Education and the Department of Home Affairs

are not adequately involved to address the complex needs of adolescents living on the streets. The White Paper on Families (2013d:72) recommend that government and civil society should take responsibility for rendering integrated services to vulnerable groups, including adolescents living on the streets. However, early intervention services to adolescents living on the streets are not well-coordinated. Therefore, there is a lack of designated social workers in the provinces to ensure that services for this category of children are well-coordinated and integrated.

Notwithstanding the early intervention services, adolescents who are new to living on the streets are not properly assessed and screened. Most social workers are not using a multi-disciplinary team to address the best interest of adolescents holistically. Due to lack of proper assessment and screening most adolescents on the streets fall through the cracks and become hardened adolescents on the streets. Again, 10 October is declared World Homeless Day with the slogan *Act locally on a global day*. However, DSD does not commemorate this day adequately to educate the communities about homeless adolescents and how their situation can be improved.

Thus, the study provides an opportunity for participants, both adolescents and service providers, to share their experiences and their contributions to facilitate the improvement of social services.

1.2 RESEARCH QUESTIONS

Qualitative enquiries use research questions instead of objectives or hypotheses (Creswell 2009:129). The questions clarify what the study will achieve (Carey 2012:23); hence, they are regarded as guiding principles that facilitate the research process (David & Sutton 2011:12). However, there are different views on where research questions are derived. Schmidt and Brown (2015:78) are of the view that a research question is acquired from the problem statement, while Maxwell (2013:4) maintains that it should be associated with the goal of the study. Yin (2011:67) posits that good qualitative research is determined by a good research question. The research questions should ask how or what and not why, which is related to determining the cause-and-effect (Creswell 2016:97).

The overarching research questions for the study were:

- What are the realities of children living and working on the streets?
- What are the experiences of social service practitioners on offering services to adolescents living and working on the streets?

1.3 RESEARCH GOALS AND OBJECTIVES

The research goal is a crucial part of the study (Maxwell 2013:23) since it is the purpose of the study and sets the scene for the objectives (Thomas & Hodges 2010:38). It refers to what the researcher intends to achieve through the research process (Hennink, Hutter & Bailey 2011:34).

The goals of this study were:

- To develop an in-depth understanding of the realities of adolescents living and working on the streets
- To proffer guidelines on integrated early intervention services to enhance the implementation of existing guidelines for children living and working on the streets.

The goals of the study are linked to the objectives and specify how the former will be achieved (Thomas & Hodges 2010:39; Moule & Goodman 2014:80). The objectives specify the steps to be undertaken to achieve the research goals (Moule & Goodman 2014:80).

The objectives of the study were:

- To explore and describe the realities of adolescents living and working on the streets
- To explore and describe the experiences of social service practitioners who offer early intervention to adolescents living and working on the streets
- To proffer guidelines to social service practitioners to enhance the effective implementation of existing guidelines for adolescents living and working on the streets

1.4 RESEARCH APPROACH

This study seeks to formulate guidelines for the development of an integrated approach to early intervention services for adolescents living and working on the streets. A qualitative research approach will be followed for this purpose. According to Creswell (2009a:173), qualitative procedures demonstrate a different approach to scholarly inquiry from those of methods of quantitative research. It is also Mohajan (2018:1) who emphasises that qualitative inquiry employs different philosophic assumptions, strategies of inquiry as well as methods of data collection, analysis and interpretation than those employed in quantitative research. Creswell (2009a:17) states that the qualitative research approach is embedded within an interpretive way of thinking or viewing the world and there are multiple realities.

Qualitative research differs from quantitative research which attempts to gather data by objective methods to provide information about relations, comparisons and predictions, and attempts to remove the investigator from the investigation (Creswell 2009b:232). Blaike (2010:51) asserts that the qualitative researcher is concerned with understanding rather than explanation; with naturalistic observation rather than controlled measurement.

Qualitative research comprises the following methods: ethnography, discourse analysis, case study, open-ended interviews, participant observation, counselling, therapy, grounded theory, biography and focus groups (Mohajan 2018:2). Qualitative research is further described by Neuman (2014:39) as using a wide range of evidence and discovering new issues. Litchman (2010:5) also posits that qualitative research interprets information gained from research participants. Therefore, the purpose of qualitative research is to describe and interpret phenomena systematically from the point of view and perspective of the individual or population being studied such as adolescents living on the streets (Yin 2011:7; Mohajan 2018:2). Qualitative methodologies have been useful in the study of how people reflect on their experiences (Marshall & Rossman 2011:1).

In this study, the researcher explores the experiences of participants (Neuman 2014:48) regarding adolescents living and working on the streets. A detailed account of the application of qualitative research in the study is provided in Chapter Three.

1.5 THEORETICAL FRAMEWORK

A theory is a systematic set of interrelated statements intended to enrich our sense of how people conduct and find meaning in their daily lives (Rubin & Babbie 2013:57). The use of a theory in a qualitative study is a contested issue. Creswell (2016:43) maintains that the intention of qualitative researchers is not to test any theory but to generate one based on acquired data. A detailed explanation of the developmental approach including the rights-based approach, the ecological systems theory, the strengths-based perspectives, resilient theory and empowerment theory that have informed the study and have been utilised for the interpretation of the findings is provided in Chapter Two.

1.6 ETHICAL CONSIDERATIONS

Ethics in research are "codes or guidelines that help resolve value conflicts" (Drake & Johnson-Reid 2008:23). Neuman (2014:145) defines *ethics* as what is or is not legitimate to do or what "moral" research procedures involve. Ethical issues require researchers to balance two values, namely the pursuit of scientific knowledge and the rights of those being studied (Neuman 2014:145). In pursuit of a rigorous inquiry, researchers should take into cognisance the human dignity of the participants (Gilbert 2008:146). Furthermore, Neuman (2014:147) states that the codes of ethics recognise a few clear prohibitions such as avoidance of unnecessary or irreversible harm to participants by securing voluntary consent from them to take part in the study, avoid humiliation, degradation or release of harmful information about specific individuals that has been collected for the research.

To uphold research integrity, ethical considerations that have guided the researcher's conduct throughout the study are discussed below. They are informed consent, voluntary participation, confidentiality, management of information, protection from harm and debriefing.

1.6.1 Informed consent

Consent is the prospective participants' agreement to participate in a study (Burns & Grove 2011:123). It is the fundamental prescript of voluntarism that guards against coercion or persuasion or inducement of individuals to take part in the study against their will (Green & Thorogood 2014:70). The researcher should obtain permission

from the participants for them to participate in the research process (Maree 2016:74). Informed consent “is a voluntary agreement to participate in a research process, the participants are well informed about the study, the potential risks and benefits” (Shahnazarion, Hagemann & Aburto 2017:6). Drake and Johnson-Reid (2008:31) assert that informed consent must include providing information about the purpose of the research, the expected duration and procedures as well as the right to decline to participate in or withdraw from the research after its commencement. It also includes foreseeable consequences such as potential risks, discomfort or adverse effects, any prospective research benefits, limits of confidentiality, incentives for participation as well as details of a contact person for questions about the research and participants’ rights.

The researcher provided accurate information about the process of research to prospective participants. They were also requested to write their names and append signatures on the consent form before participating in the discussions or semi-structured interviews (see Addendum B).

1.6.2 Confidentiality

Confidentiality involves concealing the identifying particulars of the participants and any information that might cause potential harm to them (Ogletree & Kawulich 2012:64). The researcher should not disclose the names of the participants to anyone outside the research team. Identities of participants are therefore never revealed or linked to the information they have provided without their permission (Padgett 2008:67). A person may grant access to information about him- or herself, but this does not mean they relinquish control over the information obtained. Thus, the researcher has a responsibility to explain the effectiveness of privacy in research (Babbie 2012:74).

The parameters of confidentiality of their information should be specified (video, audio, text, academic or popular). Participants should be told how the data are to be recorded, stored and processed for release. Raw data containing participants’ personal details were securely stored in a lockable cabinet accessed by only the researcher. In addition, no identifying particulars are included in the thesis.

1.6.3 Anonymity

Ideally, anonymity means that the participants remain unnamed, their identity is protected in such a manner that no-one, including the researcher, should be able to identify them afterwards (Neuman 2011:152). The researcher, therefore, cannot identify the participants from the information gathered (McMillan & Schumacher 2010:117). The participants' data must never be associated immediately and obviously with his or her name or any other identifiers (Bless, Higson-Smith & Sithole 2013:33). To ensure the participants' anonymity and confidentiality of shared information, their real names have been substituted with pseudonyms in the transcripts to reduce inadvertent disclosure of confidential information.

1.6.4 Management of information

Before collection of data, consideration should be given to how it will be safely stored, anonymised and who will be able to gain access to it (Carey 2012:101). Data collected may contain confidential details about people and organisations, and thus, a secure storage system must be devised that is only accessible to the researcher (Walliman 2011:47). The researcher should ensure that participants' information such as tapes, notes and transcripts of recordings are always kept in a locked location (Holloway & Wheeler 2010:32; Whittaker 2012:49). The researcher followed all the suggestions, except that access to raw data was limited to the researcher, promoter and an independent coder.

1.6.5 Protection from harm

The researcher has to ensure that the participants are protected from any type of harm during the research (Goodrich 2017:115). The participants should feel comfortable to assess potential risks or harm (Tomkinson 2015:8). Consequently, the researcher was sensitive to the participants' discomfort throughout the research process (Matlala 2017:3249).

1.6.6 Debriefing

Prior arrangements should be made with a professional counsellor to offer debriefing in a situation where participants become emotionally affected during interviews (Padgett 2008:69). Debriefing involves interviewing the participants to determine if the research experience has generated any problems and to offer

required assistance through counselling and provision of explanations for questions (Berg 2009:86; Babbie & Benaquisto 2010:70). It was anticipated that the interviews might evoke discomfort and/or anger from the children when they recounted unpleasant experiences and to this end, an arrangement was made with a professional counsellor to provide debriefing for the participants who might have require the service. Therefore, three participants were referred appropriately for debriefing.

1.7 CLARIFICATION OF KEY CONCEPTS

The definitions and key concepts used in the study are clarified and the context in which the terms have been applied in the study is provided below.

1.7.1 Children living and working on the streets

UNICEF (2007:1) refers to “children of the streets” and “children on the streets”. Those “on” and “of” the streets are differentiated as those who are visibly working on the streets but continue to live with their families, and those who no longer have contact with their families and may be regarded as homeless (Ward & Seager 2010:85). Adolescents living and working on the streets include “any girl or boy for whom the street has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults” (DSD National Strategy and Guidelines for Children Living and Working on the Streets 2010b:8).

For the purpose of the study, “children living and working on the streets” refers to adolescents of between 14 and 18 years of age who do or do not have contact with their families.

1.7.2 Adolescence

Adolescence refers to “any person between ages 10 and 19 years”. It is also a transitional phase of growth and development between childhood and adulthood (World Health Organization 2012). It is defined “as the developmental period from the onset of puberty until the transition to adulthood” (Lansford & Banati 2018:3). This phase is marked by a period of substantial development in physical, cognitive and abstract skills (Erickson 1968; Craig & Baucum 2002:407; Trucco, Wright &

Colder 2014:380). Young people now begin to establish self-identities (Silungwe & Bandawe 2011:83).

In this study, *adolescence* refers to children living and working on the streets. In this report, the concepts *adolescents* and *children* are used interchangeably.

1.7.3 Social work

According to the International Association of Schools of Social Work (IASSW) and the International Federation of Social Workers (IFSW 2001:1), "[t]he social work profession promotes change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being". Subsequently, the IFSW and the IASSW have agreed on the following global definition of social work in July 2014: "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people".

Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.

Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. Social work enhances individuals' capacity to resolve problems, cope and function effectively, links individuals with needed resources, improves social service delivery and promotes social justice through the development of social policies (DuBois & Miley 2011:3). The definition of social work from the IASSW and IFSW was adopted for its comprehensiveness by the researcher for this study.

1.7.4 Social worker

The term *social worker* refers to "[g]raduates of schools of social work (with either bachelor's, master's or doctoral degrees) who use their knowledge and skills to provide social services to service users" (National Association of Social Workers [NASW] cited by Zastrow 2010:5). Service users may be individuals, families,

groups, communities, organisations or society in general. Social workers help people increase their capacities for problem solving, cope with challenges and obtain needed resources (Zastrow 2016:63). The DSD Policy for Social Service Practitioners (2013:12) defines a *social worker* as a person who is registered or deemed to be registered as a social worker in terms of the Social Service Profession Act 110 of 1978. For this study, a social worker refers to a person who is registered with the South African Council for Social Service Professions (SACSSP) and renders services to children living and working on the streets.

1.7.5 Auxiliary social worker

Auxiliary social workers are persons who assist a social worker and work with the social worker in a team context to achieve the aims of the social worker (DSD Policy for Social Service Practitioners 2013:12; Goliath 2018:6). For the purpose of this study, the term *auxiliary social worker* refers to a person who is registered with the South African Council for Social Service Professions (SACSSP) and renders services to children living and working on the streets.

1.7.6 Outreach worker

Outreach services involve working in non-traditional settings with adolescents living on the streets who may have complex needs and are linked to resources such as drop-in centres, vocational training opportunities and formal or non-formal education (Olivet, Bassuk, Elstad, Kenny & Jassil 2010:67; Lotko, Leikuma & Battle 2014:9). For the purpose of this study, outreach workers are employees employed by NGOs and FBOs to identify adolescents living and working on the streets because they are unable to access the basic services they need on the streets.

1.7.7 Child and Youth Care Centre (CYCC)

Sections 191(1) and (2) of the Children's Act 38 of 2005 define a CYCC as "any facility that provides residential habitation that includes a therapeutic programme for more than six children outside of their family environment". Furthermore, CYCCs are facilities that provide residential care to children not living with their biological parents (Jamieson 2013:9; Agare 2014:7). For the purpose of this study, a CYCC refers to a facility that provides residence and therapeutic programmes to adolescents living and working on the streets.

1.7.8 Early intervention

Section 143(2) of the Children's Act 38 of 2005 refers to early intervention programmes as programmes designed to preserve a child's family structure, and to develop appropriate parenting skills and the capacity of parents and caregivers to safeguard the well-being and best interests of their children.

Early intervention services are also defined as developmental and intervention services delivered to ensure that children, identified as being at risk and those who are already on the streets, are assisted before they require more intensive intervention (DSD National Strategy and Guidelines for Children Living and Working on the Streets 2010b:1; Nair 2013:7; Mokomane & Mokoae 2015:3; Gaetz & Dej 2017:44; Schwan et al. 2018:10). For the purpose of this study, early intervention services are services delivered to adolescents who are identified as being at risk or already living on the streets.

1.7.9 Outreach programmes

Outreach programmes reach out to adolescents living and working on the streets to empower them to express their rights and needs and to link them with the necessary resources when required (Payne 2009:513; DSD National Strategy and Guidelines for Children Living and Working on the Streets 2010b:5, Demartoto 2012:107). In this study, the concept refers to the programmes regarding life skills and vocational training opportunities offered to adolescents in the hotspots where they are identified living and working on the streets.

1.7.10 Drop-in centre

A drop-in centre is a facility which provides basic services to meet the emotional, physical and social developmental needs of vulnerable children, including those living and working on the streets (Mahery, Jamieson & Scott 2011:10; Kgothadi 2015:13). Therefore, a drop-in centre is a facility to which adolescents may go for a few hours to be with caring social service practitioners and have services such as bathroom facilities, meals and non-formal education (Olivet et al. 2010:9). A drop-in centre in this study refers to a facility that provides psychosocial support to adolescents living and working on the streets.

1.7.11 Intervention services

According to Möller (2018:8), “intervention for adolescents can be greatly beneficial for teens experiencing life challenges because teen years can be a difficult transitional phase for most adolescents and their family”. Intervention seeks to assist adolescents to deconstruct, reconstruct and construct their life experiences (Setlhare-Meltor & Wood 2016:65). Kress and Adamson (2010:243) have indicated that counsellors can use stories as a supplementary technique within any traditional counselling framework to create altered perceptions that facilitate change. In this study, intervention services refer to counselling services rendered to adolescents living on the streets to facilitate change in their lives.

1.7.12 Family reunification programme

Family reunification is a process through which children who have experienced abandonment, neglect or abuse return home to their birth families after a period of separation (Mackey 2013:2; Balsells, Pastor, Amoros, Ponce & Navajas 2014:2; Wilkins & Farmer 2015:3). Family reunification is a planned process with the view of reconnecting or maintaining the connection of children with their families of origin (Carnochan, Lee & Austin 2013:179). For the purpose of this study, family reunification is the process of reunifying adolescents living on the streets with their family of birth after separation.

1.7.13 After-care services

After-care services are defined as “support designed to maintain gains following departure from out-of-homecare and to prevent the need for additional out-of-home placements” (Tyler, Trout & Epstein 2014:220). Furthermore, after-care services are tracking service delivery to adolescents reintegrating into a home, school and community setting following a period of staying in a residential care centre (Trout, Jansz, Epstein & Tyler 2013:142). In this study, after-care services refer to the support services rendered to adolescents and their families after the reunification process.

1.7.14 Integrated approach

An integrated approach means looking at an individual situation from a broad perspective (Klijnsma 2016:4) such as the situation of adolescents living on the

streets. An integrated approach is a holistic system to avoid fragmentation of service delivery (WHO 2007:1; Brown & Menec 2018:146; Lee, Majer & Kim 2019:13). For the purpose of this study, an intergrated approach refers to partnerships between a team of professionals, government and NGOs rendering social welfare services to adolescents living on the streets to enhance service delivery.

1.7.15 Guidelines

Guidelines are defined as pre-formulated interventions and sets of non-mandatory rules, principles or recommendations for procedures (Rosen & Proctor 2003:1; National Health and Medical Research Council 2011:1). In the present study, guidelines refer to systematically developed activities for social service practitioners working with adolescents living and working on the streets to enhance the implementation of early intervention services. The guidelines are informed by the findings of the study obtained from the adolescents and the social service practitioners.

1.8 STRUCTURE OF THE THESIS

This research report is presented in eight chapters.

Chapter One provides an introduction and general orientation to the research, focusing on the introduction and background, problem statement, rationale for the study, research questions, goals and objectives, ethical considerations and clarification of key concepts.

Chapter Two provides the theoretical framework underpinning the interpretation of the phenomenon of adolescents living and working on the streets.

Chapter Three gives a detailed description of the application of qualitative research and the designs and techniques followed in the inquiry.

Chapter Four reports on the push and pull factors that cause adolescents to live and work on the streets. The findings are subjected to literature control.

Chapter Five is based on the experiences of the adolescents living and working on the streets. Their experiences are subjected to literature control.

Chapter Six focuses on the empirical findings of the experiences of the social service practitioner rendering social work services to children living and working on the streets.

Chapter Seven presents the integrated approach to early intervention services for adolescents living and working on the streets.

Chapter Eight focuses on the major findings, conclusions and recommendations based on the research findings.

CHAPTER TWO

THEORETICAL PERSPECTIVES ON ADOLESCENTS LIVING AND WORKING ON THE STREETS

2.1 INTRODUCTION

This chapter provides pertinent information on how the services of adolescents living and working on the streets are integrated through different theories and approaches. Children globally should be given the first priority with regard to protection services. The phenomenon of children living and working on the streets is an international challenge (Moolla, 2012:1). Social service practitioners are severely challenged in their obligations to provide the requisite protection to children who live and work on the streets. This complex phenomenon exposes children to a myriad of risks, and robs them of the safety, security and comfort that a family environment could offer (Myburgh, Moolla & Poggenpoel 2015:8).

A theory is a systematic set of interrelated statements intended to explain some aspect of social life, thereby enriching our sense of how people conduct themselves and find meaning in their daily lives (Rubin & Babbie 2013:57). Glaser and Strauss (2017) also define a *theory* as an organised body of concepts, generalisations and principles that can be investigated. Over and above what the two descriptions provide, McMillan and Schumacher (2010:13) maintain that a theory predicts and explains a natural phenomenon.

The theoretical framework for this study was developed from a combination of selected approaches, perspectives and theories (Trafford & Leshem 2008:83) since it was unlikely that any single theory or approach could address all issues of adolescents living and working on the streets (Stryker 2008:17). Therefore, the theoretical framework adopted for this inquiry is an integrated approach, an ecological approach and a strengths-based approach. For the purposes of this study, the researcher used the abovementioned approaches and theories.

The approaches and theories are presented according to their definitions, key assumptions and main features, how they are used in order to understand the phenomenon of adolescents living on the streets, including factors that contribute to their situation. Furthermore, experiences of social service practitioners rendering

services to adolescents, including advantages and disadvantages of approaches and theories, are explored. The presentation will enhance the social service practitioners' and key stakeholders' understanding of theories so that a clear understanding of adolescents living and working on the streets is ultimately accomplished.

2.2 INTEGRATED AND DEVELOPMENTAL APPROACHES

An Integrated and the developmental approaches were adopted as national government policy in 1997 (Patel & Hochfeld 2012:691) and as a path for welfare services in a democratic society. Therefore, an integrated approach encompasses a developmental approach. An integrated approach also addresses all aspects of adolescents' well-being such as their physical health care, educational opportunities and housing (Leavey, Galway, Random & Logan 2009:69).

Similarly, the needs of adolescents living on the streets are integrated and require a cross-sectoral approach such as building partnerships with other actors; for example, government, the private sector and NGOs (WHO 2008:4; Awatey, 2014:170). Hopper, Bassuk and Olivet (2009:137) note that homeless individuals have a multitude of service needs which require a comprehensive integrated service approach. Baltruks, Hussein and Montero (2017:59) argue that, through integrated services, more effective outcomes can be achieved. Therefore, a comprehensive integrated approach of early intervention services is essential to address the needs of homeless adolescents.

Furthermore, integrated services and community involvement create a positive environment for adolescents at risk (Kirmayer, Whitley & Fauras 2009:34). Therefore, it is imperative to involve the community in addressing the complex needs of adolescents at risk of living on the streets. Notwithstanding, integration requires strong leadership, a multi-disciplinary team, professional commitment and clear communication (Pike & Mongan 2014:13). The Coalition for Children Affected by AIDS (2019:2) notes that an integrated approach is effective, feasible and affordable, and requires fewer resources. Similarly, UNICEF (2016:92) argues that integrated strategies are effective when service providers share human resources. Integrated services and community involvement create a positive environment for adolescents at risk (Kirmayer, Whitley & Fauras 2009:34).

A developmental approach operates on a right-based perspective and an empowerment approach (Patel, 2008:74; Lombard, Kemp, Viljoen-Toet & Booyzen 2012:186). Notable, in attempting to move towards a developmental approach, South Africa has adopted the White Paper of Social Welfare in 1997 to address issues of poverty and inequality (Lombard 2007:295). Furthermore, Manyama (2018:43) argues that in Tanzania developmental social work promotes social and economic development.

Similarly, in the South African context, social development promotes participation to:

- Achieve social and economic justice
- A collaborative partnership approach between government, civil society and the private sector
- A community-based and developmental approach to service delivery (Patel 2008:74).

A developmental approach promotes inter-sectoral collaboration of stakeholders (Patel 2015:94).Therefore, a developmental approach is useful to assist the social service practitioners to collaborate with government, NGOs, teams of professionals and the community to intervene early to address the needs of adolescents living on the streets.

Another key element of the developmental approach is the rights-based and empowerment approach. In South Africa, children are growing up within a progressive rights framework based on the UNCRC, ACRWC and the South African Constitution. The Bill of Rights in the Constitution upholds human rights for all children by means of no discrimination as well as the right to dignity and freedom (Department of Women, Children and People with Disabilities [DWCPD] & Frank 2007; Carelse 2018:80). Notable is that much progress in the care and protection of children has been made by government and parents in the past decade; however, there are still many challenges such as poverty that children are experiencing (Monsoon, Hall & Shung-King 2006:6).

Furthermore, principles of human rights are fundamental to social work. Social workers enhance individuals' capacity to resolve problems, cope and function

effectively, and they link individuals with needed resources (Du Bois & Miley 2011:3; Nhedzi 2014:13). Therefore, a rights-based approach demonstrates that assessment begins with the identification and analysis of relevant human rights issues (Cemlyn 2008:222; Calma & Priday 2011:147; Reichert 2011a:209).

Additionally, a rights-based approach rests on the grounds that discrimination and inequality are among the most important causes of poverty (Broberg & Sono 2017:3). For instance, a large number of adolescents living and working on the streets have run away from poverty-stricken families (Martinez 2010:40; Bhunu 2014:432). Through the application of a human rights approach, social service practitioners and key stakeholders will be able to advocate for the rights of adolescents living on the streets. Furthermore, this approach could develop the intervention strategies to address the needs of adolescents at risk of running away from their homes as well as of adolescents living and working on the streets.

International actors in the field of development work, human rights and child protection have influenced countries to adopt the rights-based approach in framing policy content aimed at improving the lives of all children (UNICEF 2009:11). The adoption of the United Nations Convention on the Rights of the Child (UNCRC) in 1989 introduced a new era for all children globally, recognising that children also have rights. The four core principles of the Convention are non-discrimination; devotion to the best interest of the child; the right to life, survival and development, and finally, to participate fully in family, cultural and social life (UNICEF 2009:11; Strehl 2010:6).

The UNCRC is the most comprehensive international document on the rights of children. It was adopted by the United Nations General Assembly on 20 November 1989 (Thomas de Benitez 2002:2). It defines a child as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier” (Article 1). It spells out a wide range of rights for all children, including the right to dignity, freedom from discrimination, survival, development, protection from harmful influences, abuse and exploitation, and participation in political, civil, cultural, social and economic activities, with overall consideration of the best interests of the child (Thomas de Benitez 2002:2).

The UNCRC was a result of the advocacy and defence of children's rights by the UN and in many countries throughout the world (Lefeh 2008:22). International pressures in the late 1980s, principally through UNICEF's UNCRC and other vocal NGOs, compelled many governments to note their view and treatment of adolescents living and working on the streets with the rhetoric of social welfare. Notably, several scholars argue that children's rights is a social phenomenon arising from constitutive human action (Cotterrell 2005:14; Tarulli & Skott-Myhre 2006:187). Therefore, the rights-based approach notes that all children are entitled to certain rights (McEvoy, Morgan, McCready, Bennett & Henry 2013:236).

Additionally, the African Charter on the Rights and Welfare of the Child (ACRWC) was developed by the Organization for African Unity in 1990 (Okafor 2009:374; Ekhator 2015:253; Naldi 2017:109) and was rectified by South Africa in 2000. In comparison to the UNCRC, the ACRWC enshrines the value that Africans attach to their children and in so doing, efforts a higher level of protection to children. The ACRWC echoes many of the principles of the UNCRC. Despite the recognition of the African child's rights to protection, care and shelter, the African Charter does not fully recognise the importance of children's participation in decisions pertaining to their lives, especially those of adolescents living and working on the streets (Lefeh 2008:38).

The rights of the child set out in the UNCRC and ACRWC are particularly relevant to the framework for adolescents at risk of running away from home and for adolescents living and working on the streets in South Africa. Therefore, South Africa in 1995 committed to implement the principle of a "first call for children emphasizing that the needs of children including adolescents living and working on the streets are considered paramount in programmes, services and strategies (Lefeh 2008:22). However, adolescents at risk of running away from home and adolescents living on the streets are excluded from all these rights (Strehl 2010:6).

The rights-based approach emphasises that adolescents living and working on the streets have the same rights as other children living with their families (Veeran 2004:360). Adolescents need to grow up in a safe environment. Nevertheless, a child's right to family and parental care places a duty on parents and families (UNICEF 2009:4). Therefore, parents are responsible for providing them with care,

protection and opportunities to reintegrate into society. Adolescents at risk of running away from home and adolescents living and working on the streets are deprived of the care and protection in their families; they are vulnerable, helpless and need to be protected (Ennew 2000:38; Raleigh-DuRoff 2004:568; Proudlock, Dutschke, Jamieson, Moson & Smith, 2007:36; Bosman-Sadie & Corrie 2010:19; Jamieson & Berry 2012:14).

Notwithstanding, a rights-based approach emphasises that even those who are hard to reach such as those living on the streets are entitled to the right to access education (McEvoy, Morgan, McCready, Bennett & Henry 2013:233; Dladla 2018:3). Such a right allows each child to realise their full potential. Unfortunately, most adolescents who are living and working on the streets are not attending school (National Association of Social Workers 2019:1). Therefore, they do not have the same opportunities as children who live with their families and as a result, do not stand a chance of finding decent jobs and learning adequate skills for survival.

With reference to the right to health, children on the streets often do not have access to health care services, their health is compromised and they are exposed to different diseases. Furthermore, they do not have access to healthy and nutritious food; hence, most of them are malnourished and have growth problems (Poulin 2005:278; Skhosana 2013:37; Bhukuth & Ballet 2015:137). The Constitution of Republic of South Africa, Act No. 108 of 1996, states that every child has the right to basic nutrition, shelter and basic health services, and that it would protect and promote the rights of adolescents (Matthews, Jamieson, Lake & Smith 2014:11). The protection of children's rights is a right that is central to the survival and development of all South African children (DSD National Policy Framework 2011b:20).

The rights-based approach demonstrates that adolescents living and working on the streets are rights-holders as stipulated in the UNCR (1989) (Ruiz-Casares, Collins, Tisdall & Grover 2016:1). This means that the promotion of children's rights require action by a number of stakeholders (Dinbabo 2013:284). Children's voices are often unheard and the right to effect the decisions concerning adolescents are ignored (Friberg & Martinsson 2017:10).

According to the United Nations Human Rights Council report (2011:16), there are four cross-cutting criteria which should form the basis of good practice for children living and working on the streets. These entail firstly, that the best interests of children living and working on the streets are of paramount importance; secondly, non-discrimination; thirdly, participation, accountability and sustainability; and finally, individuals should improve means of providing children with appropriate support to enable them to enjoy their rights into youth and adulthood.

Mapp (2008:48) asserts that a rights-based approach requires social workers to intervene across all levels by stating: "… we are equipped to work on the micro level with the victim and also on the macro level to stop the conditions that create the atmosphere that perpetuates the identified human rights violation". Mapp's vision of rights-based practice also features collaborative efforts between social workers, community leaders and other professionals (Mapp 2008:24).

Reichert (2011b:198) also identifies social work's dual focus on the person-in-environment (p-i-e) as a quality that distinguishes social work from other helping professions and makes social workers particularly well-suited for human rights practice. Reichert's rights-based approach, like that of Mapp, begins with human rights education, namely to engage in human rights practice. According to her, US social workers must "have a thorough understanding of human rights principles", including economic and social rights (Reichert 2011b:137).

Again, Reichert (2011b:137), like Mapp, repackages social work "interventions" to deploy them in rights-based practice (Reichert, 2006; 2011b). Reichert (2011b:137) identifies three social work practices – empowerment, challenging oppression and the strengths perspective – and re-labels these practice tenets as "interventions." Together they form the basis of the rights-based approach to social work practice, challenging oppression, promotes human rights at the micro and macro levels. Empowerment helps clients overcome inequitable treatment. The strengths perspective focuses on resilience and not pathology. Therefore, Reichert's view is that other social work skills also further human rights, ethnic-sensitive practice values non-discrimination and encourages cultural diversity, while feminist practice emphasises the "inherent value of everyone" and "promotes collaboration and cooperation" (Reichert 2006:142). Cultural competence requires an understanding

of the many forms of prejudice that exist within a society while promoting diversity and understanding (Reichert 2006:142; Reichert 2011a:209).

Identifying and valuing human rights are the prerequisites to analysis; these are the crucial steps she identifies in human rights practice (Reichert 2011a:209-210). In practice, assessment begins with the identification and analysis of relevant human rights issues even before the application of social work ethics (Reichert 2011a:209-210). The skill of analysis allows social workers to navigate the inevitable conflicts that exist between human rights, established laws, agency policies and cultural norms. Social workers must "develop techniques to analyze and critique potential conflict" (Reichert 2006:xi). The final stage of practice is "taking action to realize human rights" in the context of ethical practice (Reichert 2006:xi). Furthermore, experiences of social service practitioners rendering services to adolescents, including the advantages and disadvantages of approaches and theories, are explored.

The historical context of the empowerment approach notes basic concepts for understanding the empowerment approach in social work. Special attention is given to the principles that form the basis for empowerment in social work and the processes of personal and social empowerment. Personal empowerment and social empowerment are interdependent. Personal empowerment is necessary, since it recognises the client's uniqueness and remains self-determined. Social empowerment provides the resources and opportunity to take part in important roles in the environment (Pulla 2017:103).

Empowerment is a key concept in disciplines such as critical, liberation and community psychology, multicultural feminist counselling and social work (Cattaneo & Chapman 2010:646). Empowerment is defined as "an activity or a process in which people use their confidence, existing skills, acquired skills and the resources available to them" (Pulla 2017:103). Conversely, empowerment is a means of enhancing the capacity of adolescents living and working on the streets to overcome their problems (Ghimire 2014:46).

The empowerment approach was selected mainly because it is useful in understanding that empowering parents can create a positive parenting

environment associated with improved child outcomes (Piotrowska, Tully, Lenroot, Kimonis, Hawes, Moul, Frick, Anderson & Dadds 2017:147). Empowerment would constitute a transaction in which power is transferred to the client from the expert (Rivest & Moreau 2015:1860). The greatest strength of the empowerment approach is its recognition of the complex nature and causes of poverty disempowerment and social marginalisation (Nelson 2000:72).

Empowerment is recognised as helping professions, especially in the field of social work (Karoll 2010:263; Rivest & Moreau 2015:1855). The empowerment approach is used when social service practitioners use their expertise to meet their clients' needs and play an active role in case management (Pulla 2017:98). The social service practitioners and teams of professionals use their expertise through an integrated case management approach to meet the needs of adolescents at risk of running away from their homes and of adolescents living and working on the streets.

For instance, in an integrated case management approach, the assessment helps to gather, analyse and synthesise the information to provide a concise picture of the needs of adolescents. The adolescents have to set short-term goals and tasks, elicit resources and guide roles and responsibilities. Furthermore, the integrated case management approach can be adopted to respond to the safety and well-being of adolescents at risk of running away from home and of adolescents living and working on the streets during the outbreak of COVID-19. Social service practitioners and the teams of professionals, through integrated case management processes, can assess adolescents, develop intervention plans and refer these adolescents to appropriate resources such as health care services.

2.3 ECOLOGICAL APPROACH

This section provides a background to the ecological approach and its relevance to the study. The systems theory and person-in-environment (PIE) are embedded in the ecological approach (Friedman & Allen 2014:3). Hence, the discussion covers these perspectives.

2.3.1 Ecological approach

Ecology is the study of the interdependence and interaction between organisms and their environment (Gitterman 2009:232). The ecological approach was brought to

the attention of social work by social work academics Gitterman and Germain in the late 1970s and early 1980s (Teater 2010:17). Green (2008:199) reviewed the theoretical roots of the ecological approach and outlined its primary assumptions as application of selected concepts in individuals, groups and communities.

According to Zastrow (2013:24), the ecological approach integrates both treatment of social cases and reform by conceptualising and emphasising the dysfunctional transactions between people and their physical and social environments. It focuses on the person-in-environment and the continual interactions and transactions between persons, families and/or communities and their environments (Teater 2010:24).

The ecological perspective further focuses on the importance of the natural world within which human beings live and of which they are a part (Pawar 2014:2). The physical environment includes the natural world, structures built by people, the space that supports, contains or arranges such structures, and the rhythms of environmental and human biology (Gitterman & Germain 2008:52). The social environment comprises the type of home in which a person lives, the type of work a person does, the amount of money that is available, and the laws and social rules governing a person's life (Kirst-Ashman 2013:22).

Gitterman (2009:232) suggests that social workers, when implementing the ecological perspective, use a life model which aims to improve the level of fit between people and their environment. A life model can be implemented through four phases, namely a preparatory level to enter the client's life, initially getting started with the client, doing ongoing work toward set goals, and ending or terminating services with the client (Gitterman 2009:232).

The main contribution of the ecological perspective to social work is that it integrates interpersonal interventions involving individuals, families, communities and other stakeholders. The focus is on how social and personal factors interact, helping people to adapt to their social environment and their reactions to it so that they can live more harmoniously (Payne 2014:184). Zastrow (2013:24) demonstrates that human beings in the ecological model are viewed as developing and adapting through connections with all elements of their environment.

The ecological approach calls for an ecological assessment of the problem of service users (Norman 2000:11). Derezotes (2000:407) argues that social workers traditionally have applied the ecological person-in-environment perspective to assessment in social work practice. In the ecological approach, assessment considers all of the interrelated aspects of the developing client system and its evolving environment (Derezotes 2000:407).

According to Nash, Munford and O'Donoghue (2005:32-41), the ecological approach compromises seven steps to assist in assessment. These are:

- Entering the system
- Mapping the ecology
- Assessing the ecology
- Creating the vision for change
- Coordinating and communicating
- Re-assessing
- Evaluating

The abovementioned steps can assist the social worker during assessment of adolescents at risk of running away from home and of adolescents living and working on the streets in order to develop appropriate strategies for intervention. Social workers have a professional and ethical responsibility to interact with clients and their environment (Teater 2010:4).

The researcher applies the ecological perspective by considering the fact that the basic function of social work practice in collaboration with relevant stakeholders is to assess individuals, including adolescents at risk of running away from home and adolescents living and working on the street which is known as *person-in-environment*. The extent to which the environment is considered varies depending on the theoretical framework from which the social worker approaches a situation (Teater 2014:16).

The ecological approach helps social workers to make sense of interrelated phenomena and predict behaviours or attitudes that are likely to occur when certain conditions exist (Engel & Schutt 2009:313). The approach assists in the

understanding and explanation of situations or behaviours, and provides insight into what might have occurred in the past or might occur in the future (Teater 2010:03).

This approach was used to identify, explore and describe the phenomenon under study. It also assisted in the interpretation of collected data to generate guidelines on an integrated approach to early interventions for adolescents living on the streets. Gitterman (2009:232) mentions four important principles which the ecological approach holds, namely the interdependence of networks, individuals striving for a good person-in-environment fit, the cyclical nature of such an ecological process and the non-linear nature of such an ecological process. These principles are discussed as follows:

- Interdependence of networks

Interdependence means group of people relying on each other (Hornby 2010:812. The premise of the ecological perspective is that an individual and his/her environment are interrelated and conditional (Gitterman & Germain cited in Teater 2010:25). Essentially, this implies that the environment where adolescents live and work on the streets is not conducive to their growth, development and well-being. The person and environment can only be understood when the relationship between their physical, social and cultural elements is examined.

- Individuals strive for a person-in-environment fit

Where there is a positive person-in-environment fit, individuals feel a sense of adapting which includes feelings of security and perceptions of themselves and their environment as holding resources necessary to support their human worth, growth and potential (Teater 2010:27). Teater (2010:27) further adds that a negative person-in-environment fit is the result of individuals lacking personal and environment resources.

Zastrow (2013:25) views the ecological approach as focusing on the person and seeking to develop their problem-solving, coping and developmental capacities. Therefore, a negative person-in-environment fit may lead adolescents on the streets to feel insecure, experience stress and become uncontrollable. The ecological approach in social work and stakeholders' interventions offers an effective method

of intervening to address the needs of adolescents at risk to run away from their homes and those living and working on the streets.

- Cyclical nature of the ecological process

The ecological approach requires ecological thinking which examines the relationship and exchanges between two people (Teater 2010:26). Zastrow (2013:25) indicates that the ecological model focuses on the relationship between a person and the systems with which he or she interacts, and that it links the person with fundamental resources, services and opportunities. The relationship between adolescents and their families, in conjunction with the environment in which they grew up may lead to children finding themselves living and working on the streets.

- Non-linear nature of the ecological process

Non-linear means the individual responds to an environment and the environment, in turn, changes and responds to an individual in complex ways that defy linearity (Teater 2010:26). According to Pawar (2014:54), the ecological approach is based on the logical importance of the context within which all human activity occurs and on the perceived crises threatening many aspects of that context.

The ecological approach provides the researcher with an opportunity to understand the participants and their environment. It also enables the exploration of the participants' relationships with their environment, how they respond to it and how their transitioning within the environment affects their development. Furthermore, the model places the child in the middle of microsystems with which he has direct contact. Adolescents not living on the streets are surrounded by their families and the community from where they originate. On the street, they are surrounded by key stakeholders who render services to them (Bengtsson 2011:15).

2.3.2 Systems theory

The systems theory was introduced by Austrian biologist Ludwig von Bertalanffy in the 1930s in his general systems theory (Haight, Taylor & Soffer-Elnekave 2013:36). The systems theory originates from the term *system*, which has connotations of components that are related in a causal network (Teater 2014:18). A system is defined as group of items that are interdependent (Cordon 2013:13). A system is

goal-seeking. When the components of a system work together to achieve a common objective it means that the system seeks to complete a goal.

The systems theory reminds us of the value of integrating parts of a problem. Problems cannot be solved well if they are considered in isolation from other interrelated components. The systems theory further states that people are not isolated individually but operate as a part of wider networks (Makhubele, Matlakala & Mabvurira, 2018:4).

The systems theory has also been accepted in social work practice over the past three decades (Mattaini & Lowery 2007:39). Within the family context, the systems theory defines a *family* as a group of interdependent individuals who organise themselves as a unit to achieve family functions or goals (Seiffge-Kenke 2010:499; Nomaguchi, Brown & Leyman 2015:3).

Although the systems theory is at the core of family functioning, it seems there is a dearth in studies which have adopted this theory to explain the adolescent's life on the streets. One explanation for the dearth in such theoretically anchored studies is that adolescents living on the streets are not perceived as having reached the status of having a family which would deserve empirical attention. The family system is useful in understanding that it is society's oldest and most resilient institution which assists them to cope well in impoverished home circumstances (Holland 2011:127).

Conversely, the systems theory is a framework that argues that a family is defined by the roles and connections among family members (Pace, Shafer, Jensen & Larson 2013:3). A family system recognises the crucial role of the family in the care and support of the children (DSD Guidelines on Psychosocial Support for Children Living with HIV and AIDS and Other Chronic Illnesses 2010c:12). For instance, if the children/adolescents are neglected and the parents are unable to care for and support them, they are likely to run away from home (Thompson, Bender, Windsor, Cook & Williams 2010:195).

Furthermore, the systems theory is adopted to demonstrate that the dynamics of family functioning and parental behaviours on their children inform the direction of intervention services by key stakeholders (Randolph, Fincham & Melissa 2009:57). The systems theory enables us to understand the components and dynamics of

adolescents to develop intervention strategies for them (Friedman & Allen 2014:3). The systems theory is also useful to understand the dynamics of adolescents at risk of running away from home and adolescents living and working on the streets. It enables social service practitioners, in collaboration with key stakeholders, to develop appropriate intervention plans to address their complex needs.

The systems theory assumes that:

- The parts of a system are interconnected and interdependent (Teater, 2014:21). Any change in one part of the family impacts the whole system (Kelly & Ganong 2011:108) since individual family members are connected within the larger family system. The members of a family cannot be completely understood separately from the context of the whole system since the functioning of an individual is not only related to the individuals themselves but also to the system as a whole (Galovan, Holmes, Schramm & Lee 2014:1847).

- The family is a dynamic system which exercises flexibility to encourage individuality and autonomy among family members (Seiffge-Krenke 2010:497; Yoshida & Busby 2012:2014). This assumption is premised on the understanding that, although interdependence is crucial for family functioning, it is acknowledged that it may also stifle individual development (Galovan et al. 2015:8). Furthermore, the authors claim that families which lack individual autonomy reflect dysfunction and this could be one of the reasons which lead adolescents fleeing to the streets. Additionally, the family permits individuals to function autonomously but to remain emotionally connected to the relationship (Haefner 2014:865). Individual autonomy was established as a concern in the study conducted by Yoshida & Busby (2012:205) indicated that participants found it difficult to separate themselves from other family members as they are perceived as part of family unit. The latter suggest that dealing with this phenomenon of adolescents living on the street may not be an easy task for social services practitioners mainly due to the relationship and bond adolescents may build with each other on the streets because they see themselves as family unit.

One of the key findings of the few studies, which have used this theory to explore challenges and risks associated with living on the streets, suggests that alienation may have been influenced by disharmony and family imbalance (UNICEF 2010:3; Bengtsson 2011:15; Weaver 2014:30). Within social work, the systems theory is deemed ideal for the assessment of adolescents at risk of running away from home during early intervention as it enables social workers and teams of professionals to assess how adolescents are influenced and affected by their family structure with regard to their decision to live and work on the streets.

2.3.3 Person-in-environment (PIE)

Person-in-environment (p-i-e) was established by Mary Richmond in 1922, emphasising the importance of interaction between the person and the environment (Cornell 2006:50). Person-in-environment is a core concept in social work worldwide which characterises social work as a profession that seeks to change the lives of individuals (Weiss-Gal 2008:65). Furthermore, person-in-environment is an adaption of person-in-situation which is a major element of psychoanalytic influenced social work of the 1950s (Payne 2002:278). The person-in-environment perspective emphasises knowledge and skills that improve the contextual goodness-of-fit from a social work perspective, mutual transactions among and adaptations of individuals and their environment (Rogge & Cox 2002:49; Pulla 2017:102).

Nicotera (2005:106) argues that person-in-environment compels social workers to provide assessments and interventions at all levels of individuals' lives. Weiss-Gal (2008:72) notes that person-in-environment is an approach which aims to bring change, both in the individual and in society, and is manifested in social workers' ideology but not implemented in their practice.

Disagreement over the meaning, utility and implementation of the person-in-environment perspective represents social work efforts to continually redefine itself in a dynamic world (Rogge & Cox 2002:47). The choice of a guiding perspective is significant, particularly in this era in which concern about the interdependence of global social, economic and environmental systems is growing. The dual focus, reflected in the dichotomisation of social work into micro and macro practice, has shifted remarkably since the era of Jane Addams and Mary Richmond (Chow

1998:132). A number of social work scholars argue that person-in-environment has been applied primarily to intrapersonal and social interactions, while inadequate attention has been paid to professional functions related to administration, policy practice or social planning, and to interactions with the “built” environment.

The person-in-environment framework is adopted to assist social service practitioners and relevant stakeholders to understand that each adolescent experiences a mutually influential relationship within his or her physical and social environment (National Association of Social Workers 2013:17). Person-in-environment helps to assess the risk factors at home before the adolescents go to the streets to implement proper interventions and referral systems.

Furthermore, person-in-environment is useful in social work practice because it involves facilitating client access to needed resources (Dybicz 2009:13). In case of adolescents at risk of running away from home and adolescents living and working on the streets person-in-environment helps stakeholders to link them to needed resources such as access to health care and education. For instance, during the outbreak of COVID-19 the safety and well-being of adolescents was protected after they had shown symptoms of having contracted COVID-19 as they were referred to health care facilities for further intervention.

2.4 STRENGTHS-BASED APPROACH

The strengths-based approach originally developed in mental health practice (O’Hanlon & Rowan 2003:147) and was adapted for a broad range of social work practice contexts, including child protection. While social work theorists had long emphasised the strengths and capacities of service users, it was not until the late 1980s that the strengths perspective was fully articulated as a practice approach. According to Gardner and Toope (2011:89), the approach focusses on the person’s effort and achievement as well as their personal strengths.

In short, the strengths-based approach shifts the emphasis on the intervention from what has gone wrong to what can be done to enhance functionality. It therefore builds on family strengths and resources that enable mastery of life’s challenges and the healthy development of all family members (Sousa, Ribeiro & Rodrigues 2006:191). The client’s strengths are defined through three interlinked aspects

called competence, capacities and courage. The social worker and key stakeholders must identify and build clients' strengths by helping them to first appreciate their inherent resources (Saleebey 2009:10; Turner 2011:477).

This perspective draws on the humanistic approach which emphasises the potential of the individual. The strengths-based approach focuses on the strengths already possessed by the client as well as those found within his/her environment (McManus & Thompson 2008:108). Pulla (2017:97) argues that social workers and teams of professionals can see great outcomes when they work on the inherent strengths of individuals, family groups and organisations. Therefore, the approach integrates concepts related to empowerment, hope, healing and meaning construction (Gleason 2007:52).

Furthermore, the strengths-based approach consists of questioning strategies that attempt to identify "what works and how it works" (Saleebey 2006:10). This approach also demands a different way of viewing individuals, families and communities, seeking to develop in clients their natural abilities and capabilities (Saleebey 1996:296). For instance, the approach can be used to observe adolescents holistically within the context of what adolescents and their families can do rather than what they cannot do (Gleason 2007:52).

The strengths-based approach is based upon the conviction that adolescents living on the streets come for help with existing competencies and resources to improve their situation into which a social worker could tap (Saleebey 2006:10). Saleebey (2006:10) defines a client's strengths by means of three interlinked aspects, called CPR. The C represents competence, capacities and courage; the P stands for promise, possibility and positive expectations, and the R means resilience, reserves and resources.

Min (2011:16) refers to three levels of the strengths-based approach as a new intervening approach that contrasts with the deficit-focused approach as a basic view of social work practice, balanced over client strengths and problems. The strengths-based approach is adopted to demonstrate the strengths of social service practitioners in collaboration with key stakeholders in empowering adolescents at

risk of running away from home and adolescents living on the streets with life skills (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen 2010:44).

The strengths-based perspective is useful in understanding families and encouraging parents to take responsibility for raising their children to have positive outcomes (Nhedzi 2014:16). In the case of adolescents on the streets, their strengths are based on the fact that they have existing competencies such as communication and problem-solving skills.

Furthermore, Miley, O'Melia and DuBois (2013:85) note that the strengths-based perspective compels social workers to embrace the notions of collaboration and partnership. For instance, social workers can collaborate and partner with other stakeholders such as psychologists, medical practitioners and educators to address the complex needs of adolescents at risk of running away from home and those already living and working on the streets.

2.4.1 Essence of the strengths-based approach

Social work has constructed much of its theory and practice focusing on deficits, problems, pathologies and diseases (Lawrence 2004). However, around the 1980s there was a significant rise in strengths-based approaches, concretised into one of the most influential perspectives in the field of both social work theory and practice. The strengths-based perspective is a direct response to conflict between social work values and practice caused by the traditional deficit-focused approach (Min 2011:15).

The strengths-based approach in practice has been advocated as consistent with social work values (Bogo 2006:241), seeing it as the idea of building on people's strengths has become self-evident in professional social work (Saleebey 2006:10). The individuals (Platt, 2006:4-5), recognizing their way to experience and construct their social realities. The strengths-based perspective enables social workers to approach their clients with a positive attitude, which, in turn, enhances clients' motivation and accentuates their hopes (Saleebey, 2006:10). This opens doors for client growth, change or increased effective coping.

This perspective also enables clients, who often lack confidence and feel like failures when seeking social services, to have improved self-esteem. The strengths base approach also makes it easier for social workers to uphold individualisation as a value, even when dealing with clients in the same situation or facing a similar problem (Gray & Kabadaki 2005:59).

In the case of adolescents at risk of running away from home and adolescents living and working on the streets, the strengths-based approach encourages the social service practitioners to support and reinforce child and family functioning rather than focus on individual or family deficits. It places the helping practitioners in the role of a partner rather than an expert. The social service practitioners recognise the resilience of adolescents living on the streets and focuse on their strengths rather than their limits (Grant & Cadell 2009:425). The social service practitioners rendering services to the said children work with children to identify their strengths. For instance, it is important to identify the adolescents' needs, strengths and weaknesses in order to develop an appropriate intervention plan to provide a concise picture of their needs and strengths within their unique circumstances (Taylor 2011:733).

Furthermore, the strengths-based approach is useful in understanding that the adolescents and families should be strengthened and empowered to understand their structural inequalities and obstacles, and to support them to transit from passivity to activity (Rivest & Moreau 2015:1859). This approach is applied to demonstrate that the information gathered during the family reunification process helps the social service practitioners to identify the family's strengths to assess and evaluate possible solutions for reunification (Rapp & Lane 2013:154).

The strengths-based offered guiding principles that shaped the interpretation of data in this study. This was done by taking into consideration the fundamental premise that adolescents can do better when they are helped to identify, recognise and use the strengths and resources available in themselves and their environment (Malekoff 2014:84).

2.4.2 Resilience theory

The term *resilience* refers to individual, familial and environmental characteristics that modify risk and allow children to thrive despite at-risk circumstances. Consensus on a definition of resilience has been imminent (Southwick, Bonanno, Masten, Panter-Brick & Yehuda 2014:1-4), as different researchers put a different emphasis on the construct. The term has, to some extent, become a word that can be filled with almost any meaning. Some researchers refer to resilience as intrinsic to the individual, while others refer to it in a more holistic sense. Ungar (2006:53) defines *resilience* as the ability or capacity enabling a person to overcome trauma and to cope adaptively with life. Garrett (2016:1909) describes resilience as a 'keyword' in social work practice. Other researchers refer to resilience as the competencies or capacities of people, while yet others refer to it as positive functioning in the face of adversity. These different meanings for the same term have led to severe criticism about the validity of the resilience theory (Fletcher & Sarkar 2013:13).

The resilience theory was first applied to the development of youth in the 1970s by researchers such as Emmy Werner and Norman Garmezy to assess why youth who lived in negative conditions were able to thrive and sustain positive outcomes (Alliance for Children and Youth 2009:9). Resilience is a theoretical framework that has gained increasing popularity over the past few decades as a way of understanding why some individuals bounce back from adversity while others succumb (Walsh 2002:130; Green 2007:41; Van Breda 2016:62).

Walsh-Dilley, Wolford and McCarthy (2013:3) warn that resilience has the potential to introduce significant shifts into development policy and practice. One needs to be cautious about the privileging of local capacity in a resilience account. In coping with resilience, one requires protective processes that lower the impact of risk and the attainment of poor developmental outcome (Tebes, Irish, Vasquez & Perkins 2004:771; Molahlehi 2014:36).

Resilience is regarded as useful to identify the vulnerability of adolescents at risk of running away from home and adolescents living and working on the streets (Skovdal & Daniel 2012:153). Therefore, the resilience theory is useful in understanding that adolescents on the streets are resilient since they are able to overcome the

hardships suffered during their childhood (Walsh 2016:6). Furthermore, the resilience theory is applied to demonstrate that due to the challenges such as poverty adolescents have experienced at home, they run away from home to live on the streets. There they develop resilience to cope with their difficult circumstances (Malindi 2009:4; Thomas de Benitez 2011:6).

The resilience approach is used to demonstrate that the risk factors of domestic violence increases the possibility that adolescents living and working on the streets will experience poor outcomes at a later stage (Devaney, 2015:88). Resilience in children depends not only on what is built inside them but also on what is built around them (Ungar 2005:429; Alliance for Children and Youth 2009:10). The migration of adolescents to the streets may in fact suggest an act of personal resilience to cope in difficult circumstances. Adolescents believe that they have a better chance of improving their lives in positive ways by leaving home (McAlpine, Henley, Mueller & Vetter 2010:30).

Ungar (2012:17), in recommending that different terms be used for adolescents living on the streets suggests that *resilience* is best used as a process definition and that *resilient* be reserved for an outcome definition. One could say that a person or social system is resilient because it evidences good outcomes in the face of adversity. On the other hand, one could say that the resilience of a person or social system is supportive relationships and an abiding hope for the future.

2.5 CONCLUSION

This chapter provided an overview of the theories and approaches which have been used to interpret the phenomenon under study. In-depth research has been conducted on a number of theories such as the integrated approach, ecological approach and strengths-based approach to understand the phenomenon of adolescents at risk of leaving their homes and adolescents living and working on the streets. The researcher endeavoured to apply all these approaches to this study, reaching the conclusion that all the aforementioned approaches provided direction for the study.

CHAPTER THREE

APPLICATION OF THE QUALITATIVE RESEARCH PROCESS

3.1 INTRODUCTION

This chapter presents the application of qualitative research in its entirety. The justification for the selection of the research paradigm, research method as well as the phenomenological, explorative, descriptive and contextual designs, including relevant techniques, data analysis and data verification are clarified.

Face-to-face, semi-structured interviews were conducted with two sets of participants namely adolescents and social service practitioners (social workers, social auxiliary workers child and youth care workers and outreach workers). A total of 12 adolescents were interviewed of which four of them had already being removed from the streets and are institutionalised at CYCCs. With regards to social service practitioners a total of 19 semi-structured interviews were conducted. The use of two sets of participants as sources of data collection enable the researcher to collect a rich data on phenomenon.

3.2 RESEARCH PARADIGM

Each researcher is guided by philosophical assumptions about the reality of the approach involved in studying social problems. A research paradigm guides scientific discoveries and decisions through its assumptions and principles (Kaushik & Walsh 2019:8; Park, Konge & Artino 2020:690). Research is also guided by a paradigm in a specific way of seeing the world and making sense of it (Mukherrji & Albon 2015:24). Therefore, the paradigm of scientific research consists of ontiology, epistemology, methodology and methods (Rehman & Alharthi 2016:51; Maharani 2020:343). A paradigm represents a researcher's views and beliefs about the world (Kamal 2019:1389). Kaushik and Walsh (2019:1) describe post positivism, constructivism and pragmatism as essential paradigms that structure modern social work research. Researchers use paradigms to determine the research method that will be used and how the data will be analysed (Kivunja & Kuyini 2017:26).

3.3 RESEARCH METHODOLOGY

The term *research methodology* refers to a justification of/for using a group of methods and skills that have the possibility of delivering data and findings that suit the purpose of the study (Creswell 2009b:17; Goulding, Steels & McGarty 2016:793; Melnikovas 2018:33). It determines the procedures to be followed in addressing the research problem (Wisker 2008:65). Hence, the application of qualitative research designs, techniques and the entire process on data collection and analysis are discussed below. For the purpose of this study, the researcher adopted the anti-positivistic research paradigm, particularly intepretivism which enabled the researcher to make scientific discoveries and decisions through its assumptions and principles.

3.4 THE RESEARCH APPROACH

Since there is limited research conducted on the integrated approach of early intervention services for adolescents living and working on the streets in South Africa, a qualitative exploratory, descriptive study was conducted.

Qualitative research is a broad term for investigative methodologies described as ethnographic, naturalistic, anthropological, field or participant-observation, case study and biography (Creswell 2009a:232; Kemparaj & Chavan 2013:50; Neuman 2014:524). Qualitative research allows researchers to access 'embedded' processes by focusing on the context of people's everyday lives rather than their characteristics (Barbour 2014:15). The inquiry employs different philosophic assumptions, strategies of inquiry and methods of data collection, analysis and interpretation (Creswell 2009a:173).

The following characteristics of qualitative research prompted the researcher's selection of the approach (Creswell 2009a:175-177; Leedy & Ormod 2010:94-97; Malagon-Maldonado 2014:121):

- Qualitative researchers strive to understand the meaning people have constructed about their social worlds and their experiences. The participants were offered an opportunity to share their experiences and perspectives on living and working on the streets, including the services they require.

- Qualitative research uses appropriate participants who are affected by the phenomenon. First-hand information and experiences on street life were obtained from the adolescents living and working on the streets. On the other hand, first-hand information was gathered from the practitioners who offered social services to the adolescents.

- Qualitative research uses the researcher as the key instrument for data collection and data analysis. In order to understand the participants' experiential worlds through verbal and non-verbal communication, the researcher conducted face-to-face semi-structured interviews herself to collect data from the participants. The researcher's interviewing skills enabled her to explore the experiences of both the adolescents and service providers.

- Qualitative research is explorative by nature in that the researcher is interested; hence, there is insufficient knowledge about the empirical knowledge on realities of adolescents living and working on the streets. The researcher managed to accomplish realities of adolescents living on the streets through semi-structured interviews.

- Qualitative research is descriptive in that the researcher is interested in the process, meaning and understanding gained through words and pictures. The words and pictures, instead of numbers, are used to convey what has been learnt about the phenomenon. The descriptive accounts of the participants' experiences and views were recorded during semi-structured interviews.

- The qualitative process is inductive in nature. The data gathered from semi-structured interviews were analysed and conclusions drawn based on their meaning. Themes and sub-themes that emerged from the data were also identified and presented in Chapters Four, Five and Six.

The philosophic assumptions and characteristics of qualitative research pointed to its relevance in the current study to accomplish the goal of developing guidelines on an integrated approach of early intervention based on the views of the adolescents living and working on the street and the service providers.

3.5 RESEARCH DESIGN

A research design is a plan or blueprint or a practical way in which a study will take place or the structure of the research (Yin 2011:82; Bhattacherjee 2012:22). Blaikie (2010:13) regards it as a guide or plan for a research project.

The phenomenological, explorative descriptive and contextual designs are appropriate in qualitative research when the researcher sets out to explore and describe a phenomenon of which little is known in a particular context.

3.5.1 Phenomenological research inquiry

Phenomenology is a philosophical research tradition concerned with the question of how individuals make sense of the world around them (Norlyk & Harder 2010:420; Mayoh & Onwuegbuzie 2013:1; Bryman 2016:26). A phenomenological understanding of the world always incorporates the past and future, giving a sense of continuity over time (Bennett 2013:2). Phenomenological research is the investigation of human experiences and how peope view other people's experiences (Bliss 2015:14). Phenomenological research allows the researcher to describe the lived experiences of individuals about the phenomenon as described by participants (Creswell 2014:42).

Phenomenological research design allowed the researcher to understand the lived experiences of the adolescence living and working on the streets taking part in the study and how they expressed their feelings. Also, the views of social service practitioners involved with rendering social work services to these adolescents regarding guidelines they think should be taken into consideration when developing the guidelines on an integrated approach of early intervention services for these adolescents were considered. The researcher was able learn the meaning adolescents make of their experiences and experience of others.

3.5.2 Exploratory research design

Exploratory research design is ideal when a phenomenon is not well understood or when the subject is relatively new (Bhattacherjee 2012:6; Stetka & Örnebring 2013:418; Koch, Niesz & McCarthy 2014:133; Hay & Chaudhury 2015:678). It seeks to explore any phenomenon which is relatively unknown (Zainal 2007:3) or a new

interest for the researcher (Babbie 2013:90) by creating a process of building knowledge.

At the hub of research on the phenomenon of children living and working on the streets, information about their experiences on the streets and the causes that have led them to live and work on the streets is available. However, the researcher has realised that there is still a gap in the body of knowledge on an integrated approach of early intervention services for adolescents living and working on the streets. Since information in the field of study is limited, it has encouraged the researcher to embark on this study.

The researcher implemented an explorative research design to develop an understanding of the social realities of adolescents living and working on the streets, as well as the views of the practitioners rendering services to these adolescents and to formulate guidelines on an integrated approach of early intervention services for these adolescents.

To explore the topic in-depth, 31 of participants were sampled consisting of 12 adolescents and 19 social service practitioners. The researcher used open-ended questions to explore the lived experiences of adolescents living and working on the streets and the views of the social service practitioners involved in rendering social work services to these adolescents.

3.5.3 Descriptive research design

A descriptive design relies on observation as a means of collecting data in an attempt to examine certain situations in order to determine the norm (Hennink, Hutter & Bailey 2011:289; Walliman 2011:10). This design allowed the researcher an opportunity to accurately describe the conditions under which adolescents live and work on the streets from the perspective of the adolescents themselves and the social service practitioners.

3.5.4 Contextual research design

Contextual design takes into consideration the social, institutional and environmental conditions within people's lives that affect their behaviour (Noor 2008:1603; Yin 2011:8; Randles 2012:11). The context of the study was limited to

four CYCCs in the Johannesburg metropolitan area and in Benoni, Ekurhuleni, Gauteng. Gauteng is the economic hub of South Africa and has the largest population, which means it has severe challenges such as housing. Johannesburg is the largest city in South Africa and the provincial capital of Gauteng, the wealthiest province in the country. Johannesburg has an estimated population of 4.4 million, while the Greater Johannesburg metropolitan area has a population estimated at eight million. The city of Ekurhuleni is a metropolitan municipality that forms the local government of the East Rand region of Gauteng, and has an estimated population of 3.2 million.

The description of the context of the research topic and the physical context of the area of the study both provide the background for readers to understand the environment in which the data were collected for the study (see Addendum G). The contextual research design enabled the participants to share their experiences and need for an integrated approach of early intervention. The views of the social service practitioners who render services to these children were also taken into consideration in order for the researcher to formulate context-based guidelines for the development of an integrated approach of early intervention for adolescents living and working on the streets.

3.6 POPULATION AND SAMPLING

A population refers to a group of elements or cases, whether individuals or other, menaing the totality of possible persons, objects or events that conform to specific criteria the study intends to apply in order generalise the results (McMillan & Schumacher 2010:129; Strydom 2011b:223; Neuman 2014:247). The population of the study comprised adolescents living and working on the streets in the Gauteng Province because there was an influx of these children in post-apartheid, since they moved away from rural areas to the Gauteng Province in the hope of expereincing a better future. The area is also accessible to the researcher.

It became clear that the majority of adolescents living and working on the streets were males. The researcher targeted Zulu and Xhosa speakers because she could communicate easier to avoid communication barriers. Similarly, Hordyk (2017:593) confirmed that language barriers had been disempowering children, since they were unable to share their experiences adequately.

The study also included service providers connected to the Twilight Shelter, Jabulani Khakibos, Kids Haven and the House Shelter because the said facilities were registered and funded by the Department of Social Development to render services to children coming from the streets and seeking assistance. The target populations for the study consisted of:

- Adolescents living and working on the streets of Gauteng
- Service providers employed by CYCCs funded by the DSD and who render services to children living and working on the streets.

A sample is a sub-group of a population (Nicholls 2009:590; Kumar 2011:397; Neuman 2014:40). Qualitative researchers use non-probability sampling because they are not interested in representativeness. In non-probability samples, one does not have to determine the sample size in advance because one has limited knowledge about the larger group or population from which the sample is to be taken (Neuman 2014:273). In non-probability sampling, the odds of selecting a particular individual are not known because the researcher does not know the population size or the members of the population (Strydom & Delport 2011:391). The non-probability sampling techniques used in the study are the purposive (judgemental) and snowball sampling techniques.

3.6.1 Purposive sampling

Purposive sampling, also called *judgemental sampling*, is used in a special situation where the sampling is conducted with a specific purpose in mind. It is a sampling method in which the units to be observed are selected on the basis of the researcher's judgement (Neuman 2014:274; Babbie 2016:187). Bryman (2016:323) defines purposive sampling as a non-probability form where the researcher is not sampling research participants randomly. Moreover, Anney (2015:278) defines purposive sampling "as selecting units based on specific purposes associated with answering a research study's question". Neuman (2014:273) defines purposive sampling "as a valuable sampling method". In the current study, the researcher requested the social service providers in Johannesburg and Benoni who were funded by the DSD to assist her in identifying the potential participants, namely adolescents living and working on the streets and the social service practitioners rendering direct services to these adolescents.

Table 3.1: Criteria for inclusion and exclusion of adolescents

Criteria for inclusion of adolescents living and working on the streets of Johannesburg and Benoni (including institutionalised adolescents)	Criteria for exclusion of adolescents living and working on the streets of Johannesburg and Benoni
• Adolescents, both male and female, from the age of 13 to18 years who have been living on the streets for more than a year • Adolescents from all race groups (African, Coloured, Indian and White) • Adolescents who are able to communicate either in English, South Sotho or isiZulu • Adolescents, both male and female, who worked on the streets for more than a year but are currently institutionalised	• Adolescents, both male and female, from the age of 13-14 years working on the streets but not living on the streets • Adolescents who are not willing to participate • Adolescents who are living and working on the streets but have speech impairment • Adolescents both male and female, who live on the streets but have less than a month in the institution

Table 3.2: Criteria for inclusion and exclusion of social service practitioners

Criteria for inclusion of social service practitioners (social workers, auxiliary social workers and outreach workers)	Criteria for exclusion of social service practitioners (social workers, auxiliary social workers and outreach workers)
• Practitioners employed by DSD funded CYCCs rendering services to adolescents living and working on the streets • Practitioners with more than one year working experience with adolescents living and working on the streets	• Practitioners who are employed by DSD • Practitioners who have less than one year experience working with adolescents living and working on the streets

3.6.2 Snowball sampling

Snowball sampling is normally used when there is no knowledge of a sampling frame and limited access to appropriate participants who are difficult to identify and to contact for the intended study (Sadler, Lee, Lim & Fullerton 2010:369; Strydom 2011a:2330; Naderifar, Goli & Ghalijaie 2017:1). This type of sampling enables the researcher to ask the interviewee to suggest other people who would meet the criteria for inclusion and who might be recruited by the researcher to take part in the study (Babbie 2016:188). It is useful in situations where potential participants are not easily accessible.

Due to the nomadic lifestyle of adolescents living and working on the streets, this sampling technique was helpful for the researcher to reach some of the children in the hotspots. The children were identified by the outreach workers. The researcher collected data from a few members of the target population she could locate, and they provided information needed to locate other adolescents they knew and where they could be found. The few practitioners at CYCCs whom the researcher knew, were also able to refer her to other potential participants.

3.6.3 Sample size

In qualitative research, the sample size is not determined at the beginning of the study, but is rather informed by data saturation. The latter refers to a point where the information starts to be repetitive, with no further themes or new information emerging (Kumar 2011:213; O'Reilly & Parker 2012:192; Creswell 2014:269).

One of the problems the qualitative researcher faces is that it is difficult to establish at the outset how many people will be interviewed before theoretical saturation has been achieved (Bryman 2016:330). In this study, the researcher used the principle of data saturation of which saturation with adolescents living on the streets was reached after the 12 participants, whereas with social service practitioners was reached after the 19 participants. All the interviews were confirmed by the independent decoder (Addendum D) wherein it was emphasised that additional interviews could not yield any significance in new insights.

3.7 PREPARATION OF PARTICIPANTS FOR DATA COLLECTION

The initial step in data collection is to prepare the participants for the data collection process (Greeff, 2011:351; Schurink, Fouché & De Vos 2011:404). Data collection is usually flexible to allow for the exploration of emergent issues. It requires researchers to think about the people from whom they wish to obtain information and how to appeal to these individuals (Kemparaj & Chavan 2013:90). Data gathering can only commence once approval of the research proposal by the departmental ethics research committee has been obtained. This committee comprises a group of independent experts whose responsibility it is to ensure that the rights and well-being of participants in research are protected, and that the study is carried out in an ethical manner. The ethics committee cautions researchers against predictable pitfalls which have to be addressed timeously.

The researcher submitted a research proposal which, amongst others, outlined the ethical considerations she had considered during the fieldwork. A letter with all the details about the research, the expectations of the participants and their rights, as well as a copy of the informed consent form had to accompany this proposal. After it had been submitted and approved, the researcher continued with the next step of

making contact with social service practitioners and adolescents living and working on the streets.

The researcher should identify and approach the gatekeepers who are responsible for granting permission to gain access to the potential participants. Therefore, gaining entry typically involves negotiations with gatekeepers who have the authority to permit entry into their world (Kemparaj & Chavan 2013:3). Nevertheless, the researcher contacted the service providers who were the gatekeepers at the respective shelters. Their contact numbers were accessed through the database compiled by the National Department of Social Development. She contacted the service practitioners by visiting the facilities (drop-in centres and child and youth care centres).

During these contact sessions she introduced herself to the social service practitioners and adolescents living and working on the streets who were linked to the social work programmes. After the participants had expressed their willingness to participate in the research, the informed consent forms were completed and signed by both the researcher and the participants (Addendum C). The researcher obtained the identifying particulars of the participating adolescents living and working on the streets from the register that had been compiled by the social service practitioners who rendered social work services to these clients.

The letters to seek permission to participate in the study were sent to the managers of the Jabulani Khakibos shelter for boys, the House Shelter for girls, Kids Haven and the Twilight Shelter for boys. She introduced herself and thanked the participants for their willingness to participate. The researcher explained the purpose of the study to the participants in order not to deceive them about the nature of the study (Creswell 2007:141). She explained that the aim of the study was to develop guidelines on an integrated approach of early intervention services for adolescents living and working on the streets to be used by different stakeholders at national, provincial and local levels.

Confidentiality improves responses when researching a sensitive topic (Neuman 2014:152). She, therefore, explained the principle of confidentiality and the use of a digital voice recorder to capture information to be used for the purpose of the study

only. They were also made aware of the questions which would be asked. Participants needed to be reassured of the protection of the information they would provide. She explained to them that service providers would participate in the study as well but their contributions would be treated confidentially and not divulged to the service providers. Enough information was provided to the children to raise their interest and to enable them to judge whether or not they would like to participate.

During the recruitment phase, potential participants were encouraged to participate on their own volition. The invitation letter and the consent form (Addendum C) were explained to them in the language of their choice. Preparation for qualitative data gathering was critical to avoid haphazardness. The researcher wrote down all the contact details of potential participants. Appointments were made with the participants for an interview date, time and venue convenient to them for semi-structured interviews. Before the interviews, the digital recorder was tested to ensure that it was in good working condition.

3.8 METHODS OF DATA COLLECTION

In qualitative research, a variety of methods are used to gather data from participants such as structured, semi-structured and unstructured interviews, observation, focus group discussions and documents (Creswell 2009b:185). Semi-structured interviews, were conducted with the adolescents living and working on the streets and the social service practitioners.

Semi-structured interviews refer to a context in which the interviewer has a series of questions that are in the general form of an interview guide (Greeff 2011:351; Bryman 2012:550; Jamshed 2014:12). Semi-structured interviews are used by researchers to ask participants open-ended questions to elicit their perspectives on and accounts of a particular phenomenon (Barbour 2014:134, 334). Such questions afford participants a unique opportunity to share their stories in their own words and preferred language without inhibitions.

Semi-structured interviews were conducted to generate rich data. Open-ended questions were used during interviews which allowed the researcher to probe and encourage participants to provide deeper information on issues and behaviours, and to share their views, feelings and experiences (Creswell 2014:38; Neuman

2014:348; Maree 2016:93). The open-ended questions were translated from English into isiZulu (Addendum E).

All interviews with adolescents (institutionalised) and social service practitioners took place in the boardroom of the facilities of the various shelters and some interviews were conducted in the offices provided by the social service practitioners. However, exception was made for adolescents who are not institutionalised as they were interviewed at the spots where they felt comfortable such as open parks. The length of interviews varied from 30 minutes to one hour. Maree (2016:94) cautioned that the researcher must get permission from the participants prior to digital recordings. The researcher used a digital voice recorder with the consent of the participants. Taking notes was used minimally to capture important aspects, for instance, issues that required further exploration or recording non-verbal communication, since voice recorders are not able to capture this kind of information.

The researcher applied the principle of triangulation which refers to the use of more than one method or source of data in the study of a social phenomenon so that findings may be cross-checked (Heale & Forbes 2013:98; Houghton, Casey, Shaw & Murphy 2013:2; Bryman 2016:551). According to Barussch, Gringeri and George (2011:13), the purpose of triangulation is to collect data on the same topic to combine different views of the participants.

In this study, triangulation was applied by consulting with various sources such as adolescents living and working on the streets and social service practitioners who are knowledgeable about the phenomenon of adolescents living and working on the streets. Semi-structured interviews provided adolescents an opportunity to share their realities of living and working on the streets. Therefore, there was a need to conduct individual semi-structured interviews to gain insights into the practitioners' experiences when offering early intervention programmes to children who live and work on the streets.

Table 3.3: Questions posed to adolescents during semi-structured interviews

Biographical questions for the adolescents covered aspects such as the following: • Age • Gender • School grade passed • Where they came from? • How long they had been staying there? • With whom they were staying at home? • Where their parents were? • Who cared for them since childhood? • How long had they been living on the streets?
Interview guide for semi-structured interviews • Tell me about how it is for you to live and work on the streets. • Share with me/tell me what happened in your life that you started to live and work on the streets. • What is nice about living and working on the streets for you? • What scares you about living and working on the streets? • How would you like to be protected as an adolescent living and working on the streets? • By whom would you like to be protected?

Table 3.4: Questions posed to practitioners during semi-structured interviews

Biographical questions for social services providers included the following: • How old are you? • What is your gender? • What is your highest qualification? • What is your position at work? • How long have you been in this position? • How long have you been working with children who live and work on the streets? • Where do you live?
Interview guide for semi-structured interviews • From your perspective, what are the living conditions of adolescents living and working on the streets? • From your perspective, what are the reasons for adolescents turning to live and work on the streets? • Tell me about the services you offer adolescents living and working on the streets. • How do these services benefit the adolescents living and working on the streets? • Share with me the challenges you have experienced when implementing early intervention to adolescents who live and work on the streets. • What could be done to improve the protection of adolescents living and working on the streets? • From your perspective and experience, what guidelines should be taken into consideration when developing early intervention guidelines for adolescents living and working on the streets?

Interviews allow the researcher to obtain rich descriptive data that will help to understand the participant's construction of knowledge and social reality and to be clear about the questions (Dilshad & Latif 2013:191; Kemparaj & Chavan 2013:93; Lessard-Phillips & Galandini 2015:4; Maree 2016:93). During the interviews the researcher engaged with participants by posing questions, listening attentively to

participants' responses and asking follow-up questions and probes based on the responses. Clarification was sought from the participants during the interviews on the meanings attached to their responses (Nieuwenhuis & Smit, 2012:133).

3.9 PILOT TESTING

Pilot testing refers to testing a small sample prior to commencing with the data collection (Shuttleworth 2010:1; Bless, Higson-Smith & Sithole 2013:184). Pilot testing is important to establish the content validity and to improve the questions and their format (Creswell 2014:207). The main purpose of the pilot study conducted by the researcher was to assess the interview guides for semi-structured interviews in order to determine whether the questions would be acceptable and interpreted the same way by potential research participants (Hennink, Hutter & Bailey 2011:120; Barbour 2015:336). Furthermore, the process was implemented to ensure that the questions were unambiguous and easy to understand. This undertaking afforded the researcher an opportunity to rehearse her interviewing skills of listening, attending and asking for clarification.

Two adolescents and two practitioners who met the criteria for inclusion were recruited to take part in the testing of the interview guides. They were provided an invitation letter and asked to sign the informed consent form before the beginning of the interviews. The interviews were digitally recorded after permission was granted by the participants. At the end of the interviews, the participants provided positive feedback that did not warrant any amendments to the questions. Nevertheless, the data obtained from the participants during pilot testing does not form part of this report.

3.10 METHOD OF DATA ANALYSIS

Data analysis is a systematic search for meaning (McMillan & Schumacher 2010:367; Babbie 2016:382; Hordyk 2017:587). Some authors are of the view that data analysis should be performed by more than one person to increase comprehensibility and to provide sound interpretation of the data (Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs 2015:5). In this instance, the researcher continuously reflected on data generated throughout the process, and was interested in the storylines and discovering their underlying meaning.

When analysing data, qualitative researchers engage in an inductive process, working back and forth to ensure that the emerging themes are collective of the participants' accounts. The researcher interacts with the participants, builds patterns, categories and themes, and identifies themes, subthemes and categories derived from the data (Creswell 2013:45). This is normally followed by a detailed research report. In this study, the aim was to provide guidelines on early intervention services for adolescents living and working on the streets.

To give credibility to the study, the researcher, together with an independent coder, analysed the data independently by following Tesch's eight steps from the specific to the general, involving multiple levels of analysis as outlined by Creswell (2009:186). The outcomes of this exercise were compared and contrasted before reaching a consensus.

The eight steps suggested by Tesch (Creswell 2009:186) were applied as follows:

- The researcher transcribed verbatim the digitally recorded interviews. She read through the transcripts to get a sense of what the responses were about and made notes based on her thoughts.
- The researcher read one transcript regarded as interesting very closely and made comments in the margins based on the underlying meaning of the information.
- After completing this task for all the transcripts, she made a list of the major and unique topics and those that did not fit the two categories.
- The researcher developed suitable abbreviations for each topic.
- Descriptive words were utilised to identify major topics and these were then translated into themes.
- The abbreviations for each theme were finalised.
- Information that belonged together was grouped according to categories, and a preliminary analysis was conducted.

- During the final stage, the researcher reviewed the process to ensure completion of a comprehensive analysis in terms of fitting abbreviations.

- She assembled the relevant information under each theme and reported on the findings. A total of 8 themes, 37 sub-themes and 5 categories emerged from the analysed data. These themes are not discussed in one chapter but three chapters (four, five and six).

3.11 DATA VERIFICATION

Data verification in qualitative research is a process of checking the accuracy and credibility of research findings (Creswell 2003:196). Data verification can be viewed as an activity which confirms the facts and truth about the findings. (Bulpit & Martin 2010:7). Therefore, verification for qualitative research purposes seeks to describe accurately the experiences of the phenomenon in natural settings (Krefting 1991:214-215).

The four characteristics discussed by Guba and Lincoln (cited by Krefting 1991:214) to ensure trustworthiness are truth-value, applicability, consistency and neutrality. Guba and Lincoln's model was selected to ensure the trustworthiness of the qualitative data because it was found to be well-structured and user-friendly. Hence, Guba and Lincoln's classic model (in Loh 2013:5) was employed for data verification in this study.

3.11.1 Credibility

Credibility refers to confidence in the truth of the data, and the value and believability of the findings (Barusch, Gringeri & George 2011:12; Houghton et al. 2013:13; Kemparaj & Chavan 2013:94). Credibility relates to how vivid and faithful the description of the phenomenon is (Hussein, Jakubec & Osuji 2015:1183). Truth-value asks how confident the researcher is with the truth of the findings based on the research design, informants and the context in which the study is undertaken. It is concerned with whether the findings of the study are a true reflection of the experiences of the study participants (Krefting 1991:215); in other words, whether the findings are credible.

Credibility is the strategy used to establish truth-value to enhance the credibility of the findings. Triangulation of various sources for gathering data stimulate the accuracy of the study (Barusch, Gringeri & George 2011:12; Creswell 2014:201). Creswell's (2014:201) view of triangulation is that the researcher should attempt to draw on multiple viewpoints of the participants to arrive at a theme. Hence, data gathering through face-to-face, semi-structured interviews with both the adolescents and the social services practitioners (Krefting 1991:219; Sands & Roer-Strier 2006:238). This strategy increased the truth-value of rich information obtained from multiple sources.

3.11.2 Transferability

Transferability refers to the applicability of the findings in other situations. Applicability is the process where the findings can be used to other settings or groups (Krefting 1991:216). Hence, the researcher would ask a question regarding the extent to which the findings are transferable to other settings (Green & Thorogood 2014:252).

Applicability is established through the strategy of transferability. To achieve transferability, the researcher must provide rich descriptive findings which will make it easy for other researchers to assess and determine if the findings are transferable to similar settings. Additionally, other researchers, especially those who would like to conduct research in the CYCCs in Gauteng, will find the findings of this study useful.

3.11.3 Dependability

Dependability refers to the consistency of data. It has to do with the fact that findings should be consistent if the study is conducted with the same participants and in identical circumstances (Guba, cited by Krefting 1991:216). Dependability is achieved by using an independent coder.

In this study, the researcher provided a clear and detailed description of the research method and techniques used throughout the process which could be followed by any researcher who would like to replicate the study.

3.11.4 Confirmability

Confirmability refers to the neutrality or the degree in which findings are consistent and could be repeated (Houghton et al. 2013:13; Kemparaj et al. 2013:7; Connelly, 2016:435). It raises the researcher's awareness of their influence on the findings, since they should reflect the participants' narratives and not their own preconceived ideas. Hence, the researcher used reflexivity to guard against her experiences influencing the analysis and/or interpretation of the research findings.

Neutrality refers to the extent to which the study findings are free from bias (Miles, Huberman & Saldana 2014:311). However, being cognisant that the researcher cannot be neutral or totally objective, consideration should be given to the neutrality of data rather than that of the researcher which suggests confirmability as the strategy to achieve neutrality (Guba, in Krefting 1991:216-217). The researcher gathered and reported on the data obtained from adolescents living and working on the street and from the social service practitioners without interference.

3.12 REFLEXIVITY

Reflexivity involves a reflection on the self and an analysis of personal values that may negatively affect data collection and the interpretation thereof (Polit & Beck 2012:589; Darawsheh 2014:560; Kalu 2018:97). Reflexivity makes it possible for researchers to take subjectivity seriously. However, it should be done without ignoring the claim that they create meaningful representations of the world around them (Green & Thorogood 2014:23).

It is an acknowledgement of the impact of research as well as of the researcher's values and background regarding the research process (Barbour 2014:336). It involves an awareness of the influence the researcher has on the study and how the experience affects them (Probst 2015:37). Reflexivity is important, considering that qualitative research is an emotive experience for both the participants and the researcher (Jack 2010:6).

To be able to take stock and monitor her role and actions throughout the research process, the researcher kept a journal in which she documented her experiences after each interview. The information helped her to reflect on the stories shared by

the different participants and her reactions to them. She also relied on literature and her supervisor for guidance.

3.13 APPLICATION OF ETHICAL CONSIDERATIONS

Application of ethical considerations provided in Chapter One (item 1.6) guided the application during the research process. Furthermore, it provided guided principles for protection of participants from a harmful research process. The researcher followed the professional ethics and professional conduct which are established for governance of professional practice (Mooney-Somers & Olsen 2017:70). The ethical values encompass human dignity which includes freedom of speech and equal rights of opportunities (Gernot, Marics & Hlavac 2017:70). Therefore, the researcher applied ethical principles such as avoidance of harm, informed consent, confidentiality and management of information to the study as described below.

3.13.1 Avoidance of harm

It is important to ensure that no harm comes to participants as a result of their participation in the research (Vanclay, Baines & Taylor 2013:244). To protect the participants from harm involved approval and permission to conduct the research. The researcher obtained the approval from the Department of Social Work Research and Ethics Committee at Unisa which ensured that the research would be conducted under experienced and competent supervisors. The approval provided the first step in ensuring the protection of participants from the risk of harm.

Furthermore, it provided an opportunity to request permission from the Department of Social Development to conduct research (Addendum A). The permission allowed the researcher to identify the social service providers funded by the Department of Social Development to discuss the purpose of the study and the content of the informed consent forms that the participants would be requested to sign. The social service providers facilitated the access to the social service practitioners rendering services to adolescents living on the streets.

The researcher obtained the identifying particulars of the participating adolescents living and working on the streets from the register that had been compiled by the social service practitioners who rendered social work services to these clients.

3.13.2 Informed consent

Prior to engagement with social service practitioners and adolescents living on the streets, the researcher ensured that they were equipped with accurate and complete information about the study (Strydom 2011a:116; Leedy & Ormrod 2013:105). The information about the research was offered in language appropriate to participants to ensure better understanding of the purpose, procedures and possible consequences of the research. Both the consent form and the interview guide for social service practitioners and adolescents living on the streets were translated into Isizulu (Addendum H) for better understanding.

The consent form and the interview guide were thoroughly discussed with the participants in Isizulu and English. All participants were given appropriate time to ask questions, raise concerns and decide whether they wanted to participate in the study or not. Based on this information, they made an informed decision to participate in the study. Furthermore, the participants were informed that their participation was voluntary and they could withdraw from the study after the informed consent had been signed.

3.13.3 Confidentiality, privacy and anonymity

The researcher maintained confidentiality, privacy and anonymity of participants throughout the study (Flick 2011:220; Leedy & Ormrod 2013:109). Furthermore, the researcher is a registered social worker and thus bound to an oath of confidentiality, privacy and anonymity. The research promoter ensured that the researcher conducted the research according to the ethical requirements of the university.

Confidentiality, privacy and anonymity were maintained by not revealing the names and identity of the participants in the data collection, analysis and reporting of the study findings. The researcher removed participants' identifying particulars from transcripts, notes and audiotapes, and replaced them with pseudonyms. Written consent or any document which contained the participants' personal detail was kept in a locked cabinet with no access to anyone except the researcher. The researcher assured all participants that the research information (tapes, field notes and transcripts) would be handled with strict confidentiality and would not be shared with unauthorised persons (Strydom 2011a: 120) except the supervisor.

3.13.4 Management of information

Management of information is part of the researcher's responsibility to protect participants from harm. The data collected was treated confidentially and stored anonymously by using pseudonyms. The participants' names were removed from notes and transcripts and not used during the recordings. The research records were kept locked and password protection was used for the data stored electronically to ensure that the data was kept safe from unauthorised persons. Access was limited to the researcher, promoter and independent coder.

The University of South Africa's (UNISA) policy on management of information requires that the research records be kept safe for a period of five years after the submission of reports or the results. Therefore, both the written and electronic data from this study will be stored for five years. The interview recordings and transcripts will be disposed of after the researcher has completed the study.

3.14 CONCLUSION

The chapter demonstrated the appropriateness of qualitative research for the study. Appropriate designs and data collection methods facilitated the generation of rich information from the multiple sources of adolescents and practitioners. The analysis of the data yielded valuable results regarding the realities of adolescents living on the streets and the early intervention services provided to them.

CHAPTER FOUR

FACTORS CONTRIBUTING TO ADOLESCENTS LIVING AND WORKING ON THE STREETS

4.1 INTRODUCTION

This chapter presents the findings on the factors contributing to adolescents living and working on the street. It presents the data analysis according to the themes and sub-themes, including categories which have been identified.

Literature control was also considered. Tesch's steps of qualitative data analysis in Creswell (2014:196) were applied in analysing the data. The sample from which the data was sourced is presented in Table 5.1 and Table 6.1 for the profiles.

The researcher discusses below the views on the push and pull factors identified by both adolescents living and working on the streets and social service practitioners. There were two main themes, three sub-themes and nine categories which emerged in relation to push and pull factors for adolescents living and working on the streets. The combination of the rights-based approach, the strengths-based perspective, the resilience theory and the empowerment approach informed the current enquiry and facilitated the interpretation and analysis of the findings.

Table 4.1: Participants' views of the push and pull factors

THEME	SUB-THEME	CATEGORY
1. Children's experiences of push and pull factors for living and working on the streets	1.1 Emotional deprivation	1.1.1 Absence of one or both biological parents
	1.2 Peers and drugs as pull factors provided a perceived escape experience	1.1.2 Drug abuse by parents

2. Push and pull factors highlighted by social service practitioners	2.1 Socio-economic factors	2.1.1 Peer pressure 2.1.2 Poverty 2.1.3 Sexual abuse 2.1.4 Family disorganisation 2.1.5 Poor parenting 2.1.6 Domestic violence 2.1.7 Children used and exploited by adults to commit crime

4.2 THEME 1: CHILDREN'S EXPERIENCES OF PUSH AND PULL FACTORS FOR LIVING AND WORKING ON THE STREETS

A myriad of factors have led adolescents to leave their homes to live and work on the streets. A study conducted by Skhosana (2013:37) on social welfare services rendered to children living and working on the streets in Pretoria, South Africa, revealed push factors such as abuse of alcohol and drugs by parents, financial problems, poverty, family violence and family break-up, poor family relationships, parental unemployment, physical and sexual abuse of children, parents' absence from home because of personal or financial reasons, collapse of family structure and parents affected/infected by HIV/AIDS, the influence of peers and kin on the streets, as well as the freedom and need to find a source for food and money.

Similar push factors were found in Mauritania's Maghreb region in North-West Africa such as being unwanted by stepparents, family break-ups, unemployment, poverty, emotional neglect by parents and poor parenting skills (Ballet et al. 2013:398). In Ghana, children are pushed to the streets because of the death of their parents, poverty, sexual abuse, violence in the home, neglect and parental divorce (Orme & Seipel, 2010:498). Furthermore, the findings of the case study conducted in Uganda revealed that pull factors included children's perceptions that life on the streets would be easier and that it would provide access to the means of living; for example,

seeking a better life, employment and money (Weber 2013:33). These findings showed that adolescents had moved away from vulnerability to resilience and were able to overcome situations of serious adversity (Skovdal & Daniel 2012:154).

4.2.1 Sub-theme 1.1: Emotional deprivation

Emotional deprivation refers to a "lack of warmth, affection and interest by the care givers to the child" (McGraw 2013:1). This occurs when a parent deprives a child of warmth and affection. Children who are exposed to extreme conditions of material, social and emotional deprivation are likely to leave home for the streets (MacDonald & Terblanche 2011:73; Dladla & Ogina 2018:6).

Deprivation can be conceptualised and measured in relation to material deprivation, referring to dietary, clothing, housing and home facilities, the environment, location and paid and unpaid work (Krieger 2001:93). Therefore, material hardship is a major factor in putting children at high risk of turning to street life (Volpi 2002:6; Murray, Singh, Surkan, Semrau, Bass & Bolton 2012:4). Material and emotional deprivation in the family led seven participants to run away from home.

> *After the death of my mother my father married another woman, I was not happy with my stepmother because she told me that she is not my mother. She was not willing to take care of me instead she was spoiling my stepsister because she is her child. I was angry because my father was not protecting me instead, he allowed my stepmother to treat me badly (*Male, 17 years).

> *Eish!!! my father was aware that my step-mother is not treating me well, he kept quiet (*Male, 16 years).

The finding highlights the importance of children's safety, security, care and protection as pivotal for their upbringing. The researcher is convinced that there are various factors contributing to the high number of adolescents living and working on the streets, and child neglect by parents, either biological, foster, step- or adoptive is among other factors. The findings confirm the view held by Korf (2016:2) that stepmothers are often inactive in caring for their stepchildren. Children need to be protected and loved, and because of the failure of parents to protect them, the children become vulnerable (Bradley 2005:78). Furthermore, some children end up

on the streets because the adults are unable to provide in their basic needs (Rurevo & Bourdillon 2003:2).

Therefore, Roper (2017) warns that the stepmother's role is unnatural and thus, it is unrealistic to expect stepmothers to act in the same way as biological mothers would. Paternal involvement is associated with positive outcomes for children, including increased protection (Mavungu 2013:65). Some biological fathers fail to protect their children after the death of or separation with the mothers. Consequently, the children become vulnerable and are likely to be involved in risk taking. Hence, the fathers' involvement with their children is linked to improved social and emotional well-being and fewer incidences of delinquency (Cobb-Clark & Tinkew 2011:2).

One participant indicated that:

> *I felt bad after going to the streets and decided to go back home the following day. My stepfather chased me away. I went back to the streets where I joined the gangsters* (Female, 17 years).

The latter shows that being raised by step-parents is not an experience children wishes to encounter. It is pivotal that children raised by step-parents be approached in a very sensitive manner to avoid them having the feelings of not being loved, rejected and neglect which might lead them to living on the street. The findings reveal that some stepfathers are not keen to take care of the stepchildren; instead, they discriminate against them and chase them away. All parents face difficulties now and then but when someone is a stepparent, those obstacles are compounded by the fact that stepparents are not birth parents (Kidshealth 2018:2). Step-parenting is one of the most difficult roles any adult will ever assume. Pain can be avoided if stepparents could agree on some very basic definitions of that role and be alert to sensitivities coming with it (McGraw 2013:26).

When children experience rejection from abusive families when they are chased away, they are presented as surrendering to the temptations of street life. Hence, the stepmother or stepfather should actively support the child's relationship with the biological mother or father no longer in the home (De Moura 2002:358; McGraw 2016:1). Notable is that biological mothers are expected to protect their children

when they are involved in new relationships. When children experience rejection and neglect from their own mothers, the stepfathers often take advantage of such situations and exploit them. In such situations, the rights of children are violated and are against the United Nations Convention on the Rights of the Child (UNCRC)'s right-based approach which seeks to protect the rights of children.

Children need to be protected from exploitation and abuse in order for them to realise their rights to survival, growth and development. Children need to grow up in a safe environment. Therefore, a child's right to family and parental care places a duty on parents and families (UNICEF 2009:4). The Children First organisation (CSA and UNICEF Ethiopia 2018) supports these views by stating that the rights of children living and working on the streets in Africa are violated. However, despite the implementation of various international instruments and legislations mentioned above children's rights are still violated in South Africa.

> *I ran away from home because my grandmother was always shouting at me, saying that I am useless I do not have a future and I will die like my mother. My mother died because of TB and Pneumonia. I did not like that (what the grandmother said). I thought my grandmother hates me because she indicated that she needs her space and freedom* (Female, 17 years).

This finding suggests that the grandmother was not helpful in raising the child. Similarly, several studies documented that some children living in the home of grandparents suffered from some form of trauma or verbal abuse (Ncube 2015:86; Sampson & Hertlein 2015:82). Therefore, in cases where the parents have died, the stress of dealing with their children can create a tense environment for grandparents. In such instances, the grandchildren have no option but to run away from home. Furthermore, the death of parents disrupts children's social roles as well as their rights and obligations (Barnett & Whiteside 2006:223).

4.2.1.1 Category 1.1.1: Absence of one or both biological parents

In South Africa, the proportion of children living with both parents is low and has been declining since 2002 from 39% to presently just below 35%. About 50 000 households are headed by children or youth. These households comprise only of individuals aged 18 or younger. In most cases, the members of these child-headed

households are poor, since about 43.5% of children live below the median income per capita (DSD, Annual Performance Plan 2019/20:8). Similarly, Meintjes and Hall (2013:86) indicate that 39% percent of all children live with their mothers in the absence of the fathers and only 4% of children live with their fathers in the absence of the mothers within South African families in 2011.

In general, household structures are severely disrupted and this affects children profoundly. Only one-third of children live with both parents, while 24% live with neither parent, with only 3% of children who live with their fathers and 39% who live with only their mothers. About 8% of children live in skip-generation households with their grandparents. Again, between 2002 and 2010, the percentage of children living in child-headed households has consistently remained below 1% for all children. Approximately 0.5% of children (100 000 children) lived in child-headed households in 2010, but there have been as many as 170 000 at a time (Stats SA 2010).

Notwithstanding, South Africa is one of the countries with the highest number of HIV-affected persons compared to other countries in the world (Avert: Global Information on HIV/AIDS 2020:1). It was estimated that, in 2011, globally about 16.6 percent of the population aged between 15 and 49 years were living with HIV, and 5.4 million people living with HIV lived in South Africa (Stats SA 2011). Furthermore, Braitstein, DeLong, Ayuku, Ott, Atwoli and Galarraga (2021:1) estimated that 16.6 million children were orphaned because of parental deaths due to HIV/AIDS in sub-Saharan Africa. Similarly, the study conducted by Mhizha et al. (2021:68) in Zimbabwe revealed that parental deaths due to HIV/AIDS caused the children to leave their homes and live on the streets.

With regard to children affected by HIV/AIDS, their psychological well-being and their behavioural and social competence appropriate to their developmental stages are affected significantly, causing resilience in the adversity of parental death (Chi & Li 2013:2554). Children depend on their parents for protection and to have their needs met. These needs, which only parents or caregivers can provide, include social support, socialisation as well as coping and life skills. Hence, when parents are no longer part of the child’s life due to death, the child is often deprived of his or her basic needs and is unable to cope with the hardships of life (Greenberg 2007:4; Kailaheimo-Lönnqvist & Erola 2016:3).

Children who live and work on the streets come from diverse backgrounds. Most of them come from families where the parents' marriages have broken down or one or both parents have died (Roper 2007; Khanyile 2018:2).

The following quotes from the participant children's stories indicate that they have experienced lack of physical, material and emotional care due to the absence of their parents or abuse or poverty, also in informal substitute care of extended family members. These issues are interrelated and best reported in a coherent way.

The following excerpt represents several participants who have lost their parents:

> *My mother passed away in 2010. After the death of my mother the owner of the house came to claim the house, family (three members) had no option but to move out to stay with my grandmother in Alexandra* [township situated towards the north of Johannesburg]. *I ran away from home because my grandmother was always shouting at me because she was unable to provide me with food and clothes* (Female, 17 years).
>
> *My parents passed away and there was nobody who was willing to look after me; originally I am from Limpopo, our next door neighbour volunteered to look after me later she relocated with me to Johannesburg, she was drinking and neglected me hence I decided to run away from her place* (Female, 17 years).
>
> *My parents passed away and my uncle was abusing me sexually hence I decided to run away* (Female, 16 years).
>
> *From my experience is really painful to live on the streets, one of my friend was staying on the streets because his mother passed away he had no sister or brother to stay with the only alternative was to stay on the streets eventually he was killed by a car on the streets* (Male, 17 years).

The findings show that children who experience the death of a parent are at a high risk of encountering detrimental life experiences such as loss of hope. Ensuring that orphans regain hope is quite critical and should be priorotised by the child's relatives and the social workers as their support systems. Therefore, their situation necessitates immediate and appropriate intervention by social service practitioners

to ensure that adolescents receive high-quality social and emotional care. Furthermore, these findings are consistent with those of Mhizha et al. (2021:52) in their study conducted in Zimbabwe. It revealed that the death of parents was the main cause that pushed the children to live and work on the streets. Furthermore, the findings showed the complex or developmental trauma experienced by these adolescents after the loss of their mothers.

In South Africa, over 80% of children who do not have biological parents anymore, live with their grandparents (Stats SA 2012). Similarly, the study conducted in South Africa in Thohoyandou (Damian 2017:35) revealed that grandmothers experienced financial burden which resulted in their inability to care for their grandchildren. In addition, Sampson and Hertlein (2015:76) warned that grandparents were poor and experienced disproportionately high poverty rates.

Furthermore, the findings revealed that, after the death of their parents, children became destitute; especially in the cases where parents had no succession plan. Succession planning means putting plans in place for the eventuality of a parent or guardian's death for their children. These children became vulnerable and desperate. Grandparents were forced to take care of them. Caring for grandchildren added a considerable demand on the grandparents' life. Exertion and stress associated with fulfilling those demands exacted a health toll on the grandparents (Musil, Gordon, Warner, Zauszniewski, Standing & Wykle 2011:86).

Again, the South African government, in terms of the Social Assistance Act 13 of 2004, seeks to support children when caregivers are too poor to support them adequately (DSD Violence Against Children in South Africa 2012:23). Despite the DSD programmes and social support mechanisms that are initiated by the government, grandparents are not well-informed; hence, they are overwhelmed by the upbringing of their grandchildren. Notwithstanding, the rights-based approach requires that grandmothers be empowered to recognise their access to rights and resources (Walsh-Dilley, Wolford & McCarthy 2013:33).

The following excerpt represents a participant who has lost his mother and stays with the stepmother:

> *I was told that my mother died because of food poison, I was hurt and after the death of my mother my elder brother Tshepo* (not his real name) *was placed in the shelter Kids Haven* [a shelter situated in Benoni for children living and working on the streets]. *I was very close to my brother therefore I was lonely at home because after the death of my mother my father married another woman. I was not happy with my stepmother because she told me that she is not my mother. She was not willing to take care of me instead she was spoiling my stepsister because she is her child. I was angry hence I ran away from home* (Male, 17 years)*.*

The finding concurs with that of Jensen and Howard (2015:50) that the relationship between stepparents and stepchildren contains severe conflict due to harmful communication such as verbal aggression. The stepchildren are likely to be discriminated against. Stepmother-stepchildren relationships have the potential to be particularly problematic for both stepmothers and stepchildren, especially when the stepchildren reside with the father and his new wife and they have their own biological child or children. Therefore, the presence of a stepparent has implications for interactions with stepsiblings when they reject each other (Pace et al. 2013:4).

Despite the changing roles of men and women, women bear the primary responsibilities for everyday care and nurturing the children. Stepmothers are not excused from these responsibilities. Nevertheless, stepmothers report lower marital satisfaction when they assume the primary responsibility for the care of their stepchildren (National Stepfamily Resource Center 2015:2). This finding shows resilience by striving for autonomy. The migration to the street may in fact suggest an act of personal resilience. Therefore, adolescents in these kinds of relationships believe that they have a better chance to further their lives in positive ways by leaving their homes (McAlpine et al. 2010:30). The finding also shows that adolescents have resilience and a need for independence to survive under harsh circumstances (Woan, Lin & Auerswald 2013:319).

Some of the children who live and work on the streets come from families where they have lost their mothers and stay with their stepfathers (Mthombeni 2010:34). The following excerpt represents a participant who has lost his mother and stays with his stepfather:

> *My mother has passed away in 2005, I was still young. I was left with my stepfather I do not know my real father. At home I was staying with my stepfather and two brothers; Sthembiso and Thabang* (not their real names) *in Boksburg. I was attending church on regular basis and enjoyed singing in the choir* (Female, 17 years).

This finding shows that adolescents living on the streets are resilient despite their family's deficiencies, as they are able to overcome the hardships suffered during their childhood (Walsh 2016:6). The findings further reveal the importance of integrated services to early intervention in relation to adolescents living and working on the streets. The participant's response confirms that stakeholders such as church or religious institutions, among others, have a pivotal role to play in ensuring that the children cope with the loss of their parents. Some authors also mention that an overwhelming number of children living and working on the streets in major cities are orphaned because both caregivers have died or because one parent has died and the whereabouts of the other is unknown (Orme & Seipel 2010:489; Ward & Seager 2010:87).

4.2.1.2 Category 1.1.2: Drug abuse by parents

Drug abuse in South Africa is fast becoming a problem (Peltzer, Romlagan, Johnson & Phaswana-Mafuya 2010:2221; Romlagan, Peltzer & Matseke 2010:172; Tshitangano & Tosin 2016; Van Zyl 2013:581). Similarly, Business Technology (2015:1) reveals that the prevalence of cocaine use in South Africa has risen from 0.8% in the population in 2009 to over 1.02% in 2011, confirming a sizeable and expanding consumer market for the drug. Sewpaul et al. (2012:247) assert that substance abuse is self-destructive. Many adolescents use such substances, especially glue and marijuana, to escape the harmful effects of street life. Therefore, this has resulted in an increase in the crime rate, especially among poor unemployed South Africans. One of the major causes why children run away to the streets is substance abuse in the family (Raleigh-DuRoff 2004:562; Sharma & Joshi 2013:137).

Two participants reported the abuse of alcohol and dagga by their parents and the consequences thereof on their lives:

My mother is drinking alcohol and smoking dagga, and she always beat me up when she is drunk. My mother was arrested for shoplifting and I was left alone at home. I stayed alone for three weeks in a shack. My uncle was staying next door and he was providing me with food. I was removed by the social worker from Child line because my I was raped by the neighbour when I was six years old. The social worker placed me with my aunt at Natalspruit [township in the East Rand of Gauteng] *in 2012 the social worker was not happy with the placement and she removed me in 2013 and I was placed at The House Shelter for Girls in Berea Johannesburg. I absconded and I ran away in 2014* (Female, 14 years).

I think the other thing that pushes us to run away from home is because our parents are drinking a lot and even today they are still drinking, is sad because I run away from home thinking that I will survive if I stay at home I will suffer for the rest of my life; but ended up being a criminal, I never thought that I will suffer (Male, 17 years).

The findings show that adolescents growing up around alcohol are affected emotionally and physically. Adolescents often experience domestic abuse from their parents and are caught up within impoverished families who cannot care for them. Again, parents are likely to provide less nurturance to their children. Due to the harsh conditions adolescents often feel helpless and run away from home. Therefore, the participants ended up living a dangerous and unhealthy lifestyle which exposed them to different forms of exploitation such as sexual abuse. These findings confirmed those of Nhedzi (2014:78) in the study conducted in the Ekurhuleni Metro in the Gauteng Province. She found that some parents were abusing alcohol and were therefore unable to take care of their children. Furthermore, the findings confirmed the views that children on the streets were indeed not criminals, but many ran away from their homes which were multi-problem households with elements such as alcohol abuse (McAlpine et al. 2010:32).

When parents neglect their children, especially when they are young, these children may be tempted to run away to explore life on the streets. According to Section 150(1) (i) of the Children's Act 38 of 2005, a child is declared to be in need of care if the child is being maltreated, abused or deliberately neglected or degraded by a

parent, a care-giver, a person who has parental responsibilities and rights or a family member of a child or by a person under whose control the child is. The participants are therefore declared to be in need of care and protection.

Furthermore, family members who have faced various problems and challenges may have strengths and resources which social workers need to identify and utilise to help them alleviate social problems (DSD 2010a:44). Despite legislation and programmes initiated by the government children are still neglected and abused by their parents. A family-centred approach recognises the crucial role of the family in the care and support of children (DSD, 2010b:12).

In situations where there are a lack of care and support and parents abuse alcohol, children become vulnerable, like in the following instance:

> *I do not know my father, my mother raised me single handily. I am angry because she was drinking, she was ill-treating me after drinking she was always stating that I am useless that is why my father abandoned me. That statement made me angry hence I have decided to run away we are not communicating I ran away to the streets* (Female, 14 years).

The finding shows that children, when they are raised by single parents who use alcohol, become vulnerable. Therefore, due to the circumstances prevailing in the household, children are abused emotionally and have no option but to run away from home. Hence, many children living in a home where there is addiction are depressed because the caretakers are unable to meet their developmental needs (Lander, Howsare & Byrne 2013:194). Changes in an individual's immediate environment cause them to leave their homes for the street, and their survival and adaptation on the street depend on how they interact with different ecologies (Asante 2015:3).

4.2.2 Sub-theme 1.2: Peers and drugs as pull factors

Drug abuse is an individual-based "pull" for children to become homeless (Martinez 2010:41). Some children find themselves on the streets because of their peers encouraging them to leave their homes (Martinez 2010:42; Sharma & Joshi 2013:137; World of Street Children 2013:4).

A male participant indicated that he was forced to run away from home due to peer pressure. The following excerpt encapsulates his views:

> *I ran away from home because I wanted to join my friends on the street, I thought street life is cool. I realized later that is difficult on the streets. Basically, is a peer pressure because my friends forced me to join them when I was 10 years old* (Male, 16 years).

Most adolescents experience negative influences of peer groups in their lives because they seek acceptance and recognition. Adolescents may be influenced by friends to reject any form of adult authority. Hence, the participant ran away from home to join his friends on the streets. The finding concurs with those of the study conducted in Mumbai which reveals that the most common reason for adolescents to run away from home is peer pressure (Gaidhane, Zahiruddin, Waghmare, Shanbhag, Zodpey & Joharapurkar 2008:42). In other instances, children were influenced by friends to make money on the streets (Ward & Seager 2010:87). In a study conducted in Pretoria, Gauteng Province, children went to the streets due to peer pressure, to seek a better life and to search for their parents (Skhosana 2013:39).

The following storyline from a female participant illustrates her experiences:

> *I ran away to stay at my friend's place. We used to roam in the streets and go to taverns to drink. It was cool because the rough three gangsters were protecting me providing food and were buying dagga for me, I enjoyed being high. I was not scared to hang around with the gangsters. There was no food after I ran away from home; my friends (gangsters) were providing food* (Female, 17 years).

This finding confirms the view of Tshitangano & Tosin 2016 that, in most cases, children start dabbling in alcohol at the age of 12 years and 60% of teenagers regularly drink alcohol. In most cases, gangs are often linked to adolescent substance abuse (Jordan 2013:2). In India, it was found that adolescents living and working on the streets abused nicotine and alcohol (Sharma & Joshi 2013:137;

Lakshmana 2016:338). Similarly in South Africa, most of the adolescents on the streets abused alcohol and drugs (Peltzer & Phaswana-Mafuya 2018:2).

In South Africa, there are several policies and programmes in place to protect children from substance abuse. These include a national strategic action plan for the prevention of substance abuse among youth in South Africa, a national drug master plan aimed at reducing the demand for and supply of illicit drugs and the Prevention of Drug Abuse and Treatment for Substance Abuse Act 70 of 2008. Additionally, the government has initiated a number of policies and programmes to protect children from substance abuse however, these policies and programmes are mostly benefiting all the children except those living and working on the streets.

Another participant indicated that she was forced to run away from home due to her addiction to substances. The following excerpt encapsulates the views of the participant:

> *I ran away from home. My friend requested me to join her in the Pink House. I was smoking dagga … The owner of the building is from Nigeria has employed girls as prostitutes. During the day he was providing us with drugs, with thirty rand per day to buy food. In the evening we were instructed to go out near the building, it was a spot where the clients choose the girl for the night. The girls were given the drugs called "rock and tie" brown in colour the other drug is called 'cat', white in colour and crystal (*Female, 14 years).

The finding shows that the environment may have a negative impact on children where they lived. They would indulge in substance abuse to numb the uneasiness or resort to fleeing from home and going to the streets to fend for themselves. Drug use by children living and working on the streets is common, as they look for means to numb the pain and to deal with the hardships associated with street life (Tudoric-Ghemo 2005:100; Abdulmalik, Omigbodun, Beida & Adedokun 2009; Maarefvand, Daneshmand, Shariatirad & Choolabi 2015:120). According to the National Coalition for the Homeless (2009:1), addiction to drugs generates most of the visible presence and interactions of street homelessness.

Furthermore, in South Africa, the government has initiated an operation called "Operation Feela" meaning "to clean up". The purpose of this operation is to raid all the hotspots where organised crime groups traffic drugs. The South African Police Service (SAPS) are responsible to carry out the operation. The social workers employed by the Department of Social Development (DSD) have removed children who are victims and placed them in temporary safe care in terms of Section152 (1) (ii) of the Children's Act 38 of 2005. The social workers play a more active role in the process of empowerment by acting as advocates to address the needs of these adolescents (Walsh 2016:10). Despite the initiative implemented by government girls on the streets are sexually exploited and used by organised groups as prostitutes.

A young participant indicated that, after she had run away from home, she tried to go back home; unfortunately, her stepfather chased her away.

> *I felt bad therefore I decided to go back home the following day. My stepfather chased me away. I went back to the streets where I joined the gangsters* (Female, 17 years).

Difficulties in establishing family relationships that are solid, continuous and lasting seem to be the cause for children leaving home (Thomas de Benitez 2011:20). Notably, when children are unable to establish good relationships with their stepfathers, they perceive street life as an alternative option.

In South Africa, children are growing up within a progressive rights framework based on the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on Rights of the Child (Department of Women, Children & People with Disabilities 2013). While realising that much progress has been made by the government and parents in the past decade, there are still many challenges to tackle to ensure that all children's rights are realised (Monson et al. 2006:6). There are children who are neglected by their biological mothers; therefore, the stepfathers deprive them of their rights as enshrined in the UNCRC (Article 27) which recognises the rights of the children to an adequate standard of living, and places emphasis on parents to provide sufficient shelter (Greenberg 2007:40).

4.3 THEME 2: PUSH AND PULL FACTORS HIGHLIGHTED BY SOCIAL SERVICE PRACTITIONERS

The participating social service practitioners indicated that the key factors for children to resort to life on the street were the following (Ward & Seager 2010:87; Stephen & Udisi 2016:21):

- Breakdown of family relationships
- Poor parenting
- Poverty
- Abuse
- Alcoholism
- Children used by adults to commit crime
- Peer pressure
- Domestic violence

Children are used by adults to commit crime and are sexually exploited. Hence, the girls living and working on the streets are reduced to living in situations of extreme sexual and emotional abuse. Due to their vulnerability, they are forced to be prostitutes because of poverty and unemployment (Johnston 2007:1; Mathur, Rathore & Mathur 2009:907).

4.3.1 Sub-theme 2.1: Socio-economic factors

In South Africa, the phenomenon of adolescents living on the streets is attributed to socio-economic factors such as peer pressure, poverty, sexual abuse, poor parenting, family disorganisation, domestic violence and children used by adults to commit crime (Molahlehi 2014:13; Makomane & Makoae 2015:2; Friberg & Martinsson 2017:13). Similarly, Kgothadi (2015:24) asserts that socio-economic factors result in vulnerability of many children in South Africa. Maemunah and Sakban (2020:364) indicate that lack of economic factors in Indonesia cause adolescents to live on the streets.

4.3.1.1 Category 2.1.1: Peer pressure

Adolescents in South Africa often lack stable supportive home environments; therefore, they tend to turn to their peers to gain a sense of security and belonging

(Cape Business News 2016:2). Three practitioners indicate that children are influenced by peer pressure to live and work on the streets:

> *In most cases it is a peer pressure, friends are influencing each other negatively without adult supervision. As a result, they are starting to be streetwise to the extent that parents are unable to control them and eventually they are chased away from their homes because of their behaviour* (Social worker 1).

> *Peer pressure and mixing with a wrong crowd. On the street there is no parent to say what is right or wrong. In their minds children do not know what is right or wrong. If peers do something, they want to be part thereof without realising that they are misled* (Social worker 2).

> *I realised that most girls run away from their homes because of peer pressure, especially those who are from rural areas. Their friends come to urban areas and recruit them promising them better jobs, telling them that there is a lot of money; luxurious lifestyle and fun in the city. The girls are tempted and run away from rural areas thinking that life is great in the cities* (Outreach worker 1).

The findings concur with those of Cupelli (2015:9) that millions of adolescents are drawn by the prospect of a better life in which they can share in the opportunities that city life offers. According to the situational analysis report in Pakistan, most children moved to the city in search of economic opportunities (Ali, Shahab, Ushijima & Muynick 2004:1707). Another study conducted in Uganda revealed peer pressure as an important factor pulling children to the streets (Weber 2013:36).

4.3.1.2 Category 2.1.2: Poverty

Poverty is defined as lack of opportunities, education and emotional instability (Serumaga-Zakes & Serumaga-Zakes, 2006:3). A large segment of the South African population live in poverty. The number of those living below the breadline has increased to 15.8 million in 2009 from 12.6 million in 2006 before it dropped to 10.2 million people in 2011 (Stats SA 2014). Former president Zuma, in the State of the Nation Address of 2014, acknowledged the triple challenges of poverty as

inequality, poverty and unemployment. Poverty plays a major role in the existence of the phenomenon of children living and working on the streets (Martinez 2010:40; Zarezaden 2013:1433; Bhunu 2014:432). Poverty may force children to work on the streets to support themselves and their families (Kopoka 2000:8).

Three practitioners indicated that poverty causes children to turn to living and working on the streets. The following are the views of these practitioners:

> *Other children run away from home because of poverty. Parents are unable to meet their basic needs such as food; children are therefore forced to go out to beg for money to buy food. During school holidays it has been noticed that some children work in the streets. Some beg on the streets and late in the afternoon go back home. Some children end up on the streets because they want food* (Social worker 1).

> *In poverty-stricken families, children turn to be vulnerable and end up living and working on the streets* (Social worker 2).

> *As I indicated earlier on, is dysfunctional family, can I elaborate further is where parents are drinking alcohol, poverty-stricken families, no proper socialisation, children are living in horrific conditions. If the family is dysfunctional that cause orphanages, they turn to be vulnerable and end up living and working on the streets* (Social worker 3).

The incidence of poverty depicted by parents' failure to provide the basic needs may lead children to run away from home. Poverty may also lead to hopelessness and frustration which cause adolescents to leave their homes. Furthermore, the inability of parents to care for and protect their children, especially in situations where parents use alcohol, may also cause children to leave home. The findings show that, due to the challenges they experience at home such as poverty, adolescents run away from home to live on the streets where they develop their resilience to cope or even thrive in difficult circumstances (Thomas de Benitez 2011:6). These findings also support the notion that poverty is a major cause of children leaving their homes and going to the streets to beg or work (UNICEF 2012:39). For instance, the study conducted Mishra and Kiran (2016:741) in Nigeria by showed that some factors pushed adolescents into street life, and among these, poverty was prominent.

Kaneva and Corcoran (2020:294) also urgued that families living in porverty caused children to leave their homes. Poverty, as a push factor, was identified by various authors in different contexts such as South Africa, Ghana, Mauritania, South Asia, Iraq and India (Orme & Seipel 2010:498; Ballet et al. 2013:398; Skosana 2013:37; Nasir & Khalid 2015:320; Basu, Biswas, Pisudde & Mondal 2021:40; Saeed & Al-Dewachi 2021:567). It is a form of child abuse that leads to hunger, lack of facilities for child development, inadequate shelter, lack of nutrition and medical care (Obioha, Cassiem, Perry, Sadan & Streak 2000:114; Poulin 2005:278).

Furthermore, it has been observed that some children beg on the streets during school holidays and return home at night. Poverty is related to begging which is a practice whereby a person obtains money and/or food on request from people they encounter (Yusuf, Bello & Ahmed 2012:115). Therefore, most children resort to begging in order to meet their basic needs (Abebe 2008:282; Namwata & Mgaba 2012:30). According to Cape Business News (2016:1), more than three million children live in poverty in South Africa.

Poverty is also related to children's social and emotional development. Children in poverty have a greater risk of displaying behaviour and emotional problems such as disobedience, impulsiveness and difficulty getting along with their peers (Moore, Redd, Burkhauser, Mbwana & Ashleigh 2009:4). In South Africa, much progress has been made by government in the past decade to protect children but there are still many challenges such as poverty that children are experiencing (Child Gauge 2006:6). Similarly, Delany, Jehoma and Lake (2016:2) confirm that 63% (9 387 000) of South Africans still live in poverty. It means that poverty threatens every right children have, depriving them of the capabilities they require to survive (UNICEF 2005:36). Therefore, the National Development Plan 2030 (2013:24) indicates that the economy must grow faster and in ways that benefit all South Africans so as to eliminate poverty.

4.3.1.3 Category 2.1.3: Sexual abuse

According to the World Health Organization (WHO), sexual abuse is the involvement of a child in a sexual activity that he/she does not fully comprehend (UNICEF 2012:15). Research shows that teenagers perpetrate a considerable proportion of child sexual abuse. Sexual abuse is a problem affecting the psychosocial

development of many children all over the world (Kacker, Varadan & Kumar 2007:5; Pellai & Caranzano 2015:25). Sexual abuse means sexually molesting, encouraging, inducing or forcing a child to be used for the sexual gratification of another person and giving a child, or anyone else, money or other rewards for the child to perform sexual activities, including prostitution and pornography (Alaggia & Millington 2008:266; Jamieson et al. 2013:9).

Nevertheless, adolescents are rights-holders as stipulated in the UNCR (1989) which provides a rights-based framework for intervention in the lives of all children whose dignity and physical and psychological integrity should be respected (Ruiz-Casares, Collins, Tisdall & Grover 2016:1). Therefore, it is against the UNCR (1989) rights-based framework that the rights of children living on the streets are violated. Dysfunctional family dynamics and household adversities such as childhood abuse are the key reasons for South African adolescents to abandon their homes for the streets (Fromke 2018:4).

Two practitioners indicated that sexual abuse in the home causes children to turn to living and working on the streets:

> *Some children run away from home because of sexual abuse. Most of the girls who are sexually active on the streets are victims of rape. Therefore, the said girls due to post traumatic disorder they began to display sexual acting out behaviour. They started to sleep around with different boys on the street* (Social worker 1).

> *I think when the children are in streets, we need to develop systems of monitoring what is happening in their homes, because there are people that are abusing children sexually and exploit them with drug trafficking* (Social worker 2).

Sexual abuse of children is one of the brutal forms of abuse, especially in cases where children are abused by one of their family members. The study shows that female existence on the streets is a prominent issue that has emerged as a cause of sexual abuse. These findings support the view that children run away from home due to sexual abuse (Raleigh-DuRoff 2004:562). Girls are particularly vulnerable to sexual harassment, as some end up with unwanted pregnancies or contract sexually

transmitted diseases, including HIV/AIDS (Orme & Seipel 2010:489). Sexual abuse is a serious societal issue, with estimates indicating that 12% to 35% of all females are sexually abused (Kress & Adamson 2010:243).

Similarly, Bal, Mitra, Mallick, Chakraborti and Sarkar (2010:1669) asserted that Kolkata (India) had an estimated number of 10.714 million children living and working on the streets, and most of them are girls because they are mainly victims of sexual abuse. Interestingly, according to the study conducted in South Africa by National Youth Victimisation revealed that 88% of sexual assault victims knew their perpetrators. Of these perpertrators, 29% were friends or acquaintances of the victims and 11% were relatives or household members (UNICEF 2012:16). In 2010/11, the South African Police Service (SAPS) recorded a total of over 50 000 crimes against children. More than half (52%) of all reported crimes against children were sexual in nature. According to the reports provided by Childline, a 24-hour helpline for children, 1 048 calls related to sexual abuse were reported over the course of a month (Childline Report 2007:8).

The researcher has observed that more girls in South Africa run away from their homes because of sexual abuse. In some instances girls are sexually exploited by their biological fathers who are supposed to be protecting them. It is against Article 19 and 37 of the UNCR which stipulate that children have the right to be protected from all forms of abuse, including sexual abuse. In the South African context, there is legislation such as the Children's Act 38 of 2005 and the Child Justice Act 75 of 2008 in place to provide care for and protection of children. These laws afford a South African child the right to be protected from abuse, including sexual abuse. However, most cases of child sexual abuse are not reported because the perpetrators are unknown.

4.3.1.4 Category 2.1.4: Poor parenting

Parenting is an activity central not only to the functioning of families but also to whole communities (Whittaker & Cowley 2012:138). Families provide a structured environment in which a child lives while parents serve as role models (Krause & Dailey 2009:1). According to the case study on risk factors leading to children to work in the streets conducted by Yilmaz and Dulgerler (2011:129) in Izmir, Turkey, poor parenting caused them to work on the streets. The study also revealed that

single parents were unable to provide the basic needs for children. Single parenting increased the risk for poor behavioural outcomes because single parents were more likely to be living in poverty and unable to care adequately for their children (Ward, Makusha & Bray 2015:69).

One practitioner indicated that:

> *Poor parenting is a push factor; for example, if the family of four is living in one room and the mother is a single parent unavailable and unable to provide the basic needs to children, teenagers would not cope and that push them out of the house they decide to run away from home* [to the streets] *because they are not coping at home* (Social worker 1).

Poor parenting often leads to poor outcomes where adolescents are seen as being at risk of neglect and maltreatment. Some children run away from home due to poor parenting where parents are unavailable, do not provide support, reject the child and have histories of maltreatment. Some children run away from home due to poor parenting where parents are unavailable, do not provide support, reject the child and have histories of maltreatment. The aforementioned are confirmed by Thompson, Bender, Windsor, Cook and Williams (2010:195) that homeless adolescents are more likely to come from families with lack of parental responsiveness and social support. Strengthening families and encouraging parents to take responsibility for raising their children always have positive outcomes (Nhedzi 2014:16).

Ward et al. (2015:71) indicated that parenting was indisputably key to young people's development. Equally important is the support provided to families by the broader context in which they live. All families need some support such as finances in order to fulfil the basic tasks of providing for the children; some may even benefit from parenting support such as parenting programmes. In South Africa, there are policies containing provisions for parenting support such as the Constitution of South Africa, Section 28 (1) (c), which gives children the right to basic nutrition and shelter, the Children's Act 38 of 2005 and the White Paper on Families in South Africa (2013). Despite the legislation some parents are unable to provide for the basic needs of the children.

4.3.1.5 Category 2.1.5: Family disorganisation

The study conducted with adolescents in Ghana identified disorganised and broken homes as factors that push children to the streets (Asante 2016:33). Several children living on the streets come from families where parents' marriage had broken up and members of the household had dispersed to stay with relatives or a child's friends (Ritzert 2015:87). Some adolescents become children living and working on the streets because of lack of adequate family functioning and support. However, the family system provides a context to understand the dynamics of the family's functioning and underlying parental behaviours on their children to inform intervention services (Randolph et al. 2009:57).

Two practitioners indicated that some children were living on the streets due to family disorganisation:

> *Lastly is family disorganization. If parents are not in healthy relationships, abusing substances children are suffering because they are in between. In some case when the parents are separating the children are used for instance the other parent will block the access of the child to the other parent. Sometimes one parent will dump the child to the care of the other parent and would never come back, as a result the poor child will be bitter. If the children found out why they are denied access they rebel. As a result, many children have anger because of family disintegration* (Social worker 1).

> *From my perspective, I think most of the children admitted in the facility are from dysfunctional families, parents drink a lot and failed to provide food, shelter and education for the said children. Poverty is rife and nobody cares for them, everything is chaotic in such families hence the children turn to live and work on the streets* (Social worker 2).

It has been observed that most of the children living and working on the streets come from dysfunctional families. In such cases, parents are unable to meet the basic needs of the child. Therefore, the child will have no option but to run away from home to fend for himself/herself. The family is expected to provide for the basic needs of food, shelter and clothing. Notably, the inability of many people to secure employment has led to families facing additional burdens due to limited or no income

to secure family livelihood (White Paper on Families in South Africa 2013:39). Notwithstanding, empowering parents to create positive parenting environment is associated with improved child outcomes (Piotrowska, Tully, Lenroot, Kimonis, Hawes, Moul, Frick, Anderson & Dadds 2017:147).

4.3.1.6 Category 2.1.6: Domestic violence

Yilmaz and Dulderler (2011:139) indicated that domestic violence and tense relations at home constituted significant risk factors that were found to push many children onto the streets. Domestic violence is a pattern of coercive and assaultive behaviour that includes physical, sexual, verbal and psychological attacks and economic coercion that adults or adolescents use against their intimate partners (Kaur & Garg 2008:73; Devaney 2014:480). Furthermore, the Child Welfare Information Gateway (2015) revealed that children who had been exposed to domestic violence experienced emotional, mental and social damage that could affect their developmental growth.

Two practitioners indicated that domestic violence caused children to run away from home:

> *Some children run away because of domestic violence; children have reported that parents are fighting especially when the mother is unemployed and the father is the sole bread winner in the family. The father will abuse alcohol and when he arrives at home, he will beat the mother in the presence of the children. Therefore, the children have no choice and helpless hence they run away from home* (Social worker 1).
>
> *I think there are some families that are not valuing the children, you may find that when domestic violence takes place children are always in between and are suffering the consequences thereof hence they run away from home (*Social worker 2).

Domestic violence is also found to be associated with the cause for children to run away from home. Children turned to be affected when they experience domestic violence in the household. They perceive the tension and fear of abuser and do not feel safe in that environment, turned to be helpless and run away from home.These

findings confirm the view held by Grovert (2006:19) that some children who are exposed to domestic violence in some way display emotional and behavioural problems. Similarly, the adolescents who were representatives from Bangladesh during the seventeenth session of the United Nations General Assembly Human Rights Council in 2011, indicated that sometimes children lived on the streets because they were facing domestic violence.

However, domestic violence is now widely acknowledged as being a significant social, health and legal issue (Devaney 2014:480). Similarly, the study conducted by Nasir (2015:313) in South Asia, revealed that South Asia had encountered a number of challenges such as domestic violence. The latter is a critical issue in the phenomenon of children living and working on the streets.

Furthermore, the study conducted by Hussain and Khan (2013:118) in Pakistan revealed that more than 170 000 children across the country are victims of domestic violence. However, the findings of the case study conducted at Mpemba in the Blantyre district in Malawi revealed that poor living conditions create pressure on families so that stress on the parenting in those families may cause the children to experience domestic violence (Kanchiputu & Mwale 2016:12). Therefore, the risk factor of domestic violence causes children to experience poor outcomes (Devaney 2015:88).

Children in the current study did not mention this factor. This is a concern because social service practitioners have attested that factors such as domestic violence, poverty and family disorganisation cause adolescents to run away from their homes.

4.3.1.7 Category 2.1.7: Children are used and exploited by adults to commit crime

According to Jamieson et al. (2013:8), to exploit children is to take advantage of them and treat them unfairly. Children living and working on the streets are often exploited and abused (Merril, Njord, Njord, Read & Pachano 2010:142).

Similarly, the study commissioned by the Community Law Centre at the University of the Western Cape on child consultation to explore the issue of children being used by adults to commit crime, which engaged 541 children, revealed that adults

involved children in crime through direct and indirect means. The direct involvement of children by adults in crime was noted by 30 of the 41 groups and described as engaging children as accomplices in the commissioning of criminal acts. This included committing crime together, children acting as look-outs, adults taking children to the scene where the children were then expected to commit crime, adults overseeing the commissioning of the crimes and adults paying children for the carrying out criminal acts. This also involved using children to sell drugs.

Furthermore, 32 of the 41 groups described how adults were indirectly involved in engaging children in criminal activities. This would include buying stolen goods, showing children how to commit crime and providing the means to do so (Frank 2006:1).

Three social service practitioners indicated that children who were used and exploited by adults to commit crime turned to living and working on the streets.

> *The girls are also used by adults to commit crime. In my experience, for example, recently the children were forced to do many things that are traumatic; one of the young boys was forced to get in the shop to steal at a gun point. The young girls are used by foreigners* (Nigerians) *to work as prostitutes is sad because they are not paid instead the Nigerians provide them with drugs after the act. The abovementioned abuse is not known because there is no documentation of such incidence. The children as victims are not reporting their experiences instead, they open up to few individuals whom they trust* (Outreach worker 1).

> *Boys are used by adults to sell drugs and sexually abused by the older boys in the streets. Girls are used by Nigerians as prostitutes on the street. Is sad for girls because after the act they are not getting any salary, instead they get drugs because of their addiction* (Outreach worker 2).

> *Children Living and Working on the Streets are vulnerable; we are breeding criminals because they are used by adults to commit crime. Therefore children living and working on the streets are exposed to abuse and therefore as a community we are breeding criminals and the age group of children Living and Working on the Streets is dropping to 13-18 years and if as service*

provider we are not doing anything we will experience a lot of problems in future (Social worker 1).

Children who participated in the study were exploited in different ways such as child prostitution, sexual exploitation, child labour and using children to commit crimes. However, it is against Articles 19 and 37 of the United Nations Convention on the Rights of the Child which stipulate that children have a right to be protected from all forms of abuse, including exploitation and sexual abuse. Furthermore, the International Labour Organization (ILO) Convention 182 of 1999 stipulates that adults using children to commit offences are regarded as a form of child labour.

Within the South African context, Section 54 (1) (*a*) of the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007 stipulates that "[a] person who has knowledge that a sexual offence has been committed against a child must report such knowledge immediately to a police official" (p.4). In South Africa, adolescents living and working on the streets are still sexually exploited and used by adults to commit crime and most cases are not reported as stipulated by this law. Nevertheless, personal empowerment, as a resilience-generating process, promotes recovery and growth after sexual violence to maintain the long-term psychological well-being of adolescents (Pessoa, Coimbra, Noltemeyer & Bottrel 2017:5).

4.4 CONCLUSION

In this chapter, the researcher's findings were presented. The researcher started by providing the factors that contributed to the phenomenon of children living and working on the streets as provided by the participating children and social service practitioners. Interestingly, the push and pull factors mentioned by the children were not highlighted by the social service practitioners.

The following chapter will present the researcher's findings and demographical data of the children. An overview of the themes with related sub-themes, which emerged during the data analysis process and complementary storylines, will also be detailed.

CHAPTER FIVE

RESEARCH FINDINGS ON THE EXPERIENCES OF ADOLESCENTS LIVING AND WORKING ON THE STREETS

5.1 INTRODUCTION

The findings obtained from 12 adolescents are presented according to themes, sub-themes and categories in this chapter. The findings are confirmed by direct storylines from the transcribed semi-structured interviews. The themes are compared and contrasted with views of various authors to establish the credibility and the trustworthiness of the findings (Creswell 2003:196). The biographical data of the participants are presented, using alphabet letters to conceal the identity of the participants (De Moura 2002:353; Christians 2005:145; Berk 2013:66).

5.2 DEMOGRAPHIC DATA OF THE PARTICIPANTS

Prior to data collection the researcher determined the criteria for choosing the suitable participants to be interviewed. The sample, as discussed in Chapter One, included 12 participants consisting of both boys and girls. Their inclusion in the study enabled the researcher to gather information on different experiences and perspectives on life on the streets.

During the interviews two girls and two boys were admitted to a shelter for two weeks while eight boys were living and working on the streets of Benoni and Johannesburg. One-on-one semi-structured interviews were conducted with the participants over a period of seven months from October 2014 to April 2015.

[2]Table 5.1: Biographic particulars of the participants

PARTICIPANT	AGE IN YEARS	GENDER	AREA	GRADE PASSED	CONTACT WITH FAMILY
A	17a	M	Jhb	8	None
B	17b	M	Jhb	9	Sporadic
C	17c	M	Jhb	7	None
D	17d	M	Jhb	11	None
E	17a	F	Benoni	8	Sporadic
F	17b	F	Benoni	8	Sporadic
G	16a	M	Jhb	6	None
H	16b	M	Jhb	7	None
I	16c	M	Jhb	5	None
J	15	M	Jhb	5	None
K	14	F	Benoni	6	None
L	16d	M	Jhb	8	Sporadic

Key: Jhb = Johannesburg; Gender M = Male; F = Female

[2] Age in years: The alphabet letters represent the number of participants with similar age.

At the time of the study the ages of the participants ranged from 14 to 17 years with a mean age of 16 years. In South Africa, the ages of most children living and working on the streets range between ten and 17 years (UNICEF 2009:85). Researchers are of the view that children younger than ten years are not capable of coping with the kind of work children living and working on the streets do (Bourdillon 2001:519; Volpi 2002:6). Moreover, those aged 14 and 15 years are able to endure the hardships. This is attributed to the fact that children younger than ten years are not streetwise and thus unable to cope and to fend for themselves. Eight participants were adolescents and they were characterised by the emerging need for autonomy, self-definition and experimentation of new challenges and opportunities (Craig & Baucum 2002:407; Pfeifer & Berkman 2018:159).

Worldwide literature shows a higher incidence of boys living and working on the streets than girls (Mufune 2000:232; Volpi 2002:3; Nanda & Mondal 2009:18; Bengtsson 2011:10; Bourdillon 2011:519). For instance, the study by Sharma and Joshi (2013:137) revealed that 10% of the world's children live on the streets in India and of those, more than two-thirds were boys. In Seattle, BC, adolescents were leaving home at an increasingly earlier age and stayed on the street (Raleigh-DuRoff 2004:561). An estimation was that before the age of 18, one youth in eight would run away from home to live on the street. Of the children living on the street, 40% do not return home (Raleigh-DuRoff 2004:561).

In South Africa, most children living and working on the streets are adolescents who had left their homes at an early age, and they stayed on the streets for longer (UNICEF 2009:84). After children have adjusted to street life, it becomes difficult for them to return home because of lack of adult control, discipline and supervision; thus, they seem to enjoy their independence.

However, there are no accurate statistics worldwide in relation to the number of girls who live and work on the streets (Mufune 2000:236; Volpi 2002:6; Murray et al. 2012:1). It is difficult to estimate the number of girls living and working on the streets in South Africa due to the nature of the work they do such as being helpers for families, barmaids and the likelihood of engaging in prostitution (Cross 2007:10; Ward, Seager & Tamasane 2007:2; UNICEF 2009:84). Their lifestyles expose girls to teenage pregnancy, contracting sexually transmitted infections (STIs) and the

human immunodeficiency virus (HIV), considering that they are highly susceptible to sexual exploitation and being raped by gangs (Volpi 2002:2; Motala & Smith 2003:66; Rurevo & Bourdillon 2003:2; Woan et al. 2013:317).

Of the 12 participants, only one had passed grade 11 (highest) while another had passed grade 5 (lowest). Regarding contact with families, four participants had sporadic contact while eight did not. This was consistent with the findings of a study conducted in Ghana that some of the children living and working on the streets maintained contact with their families and received support from them but many were without contact (Orme & Seipel 2010:490). It was established that children who had experienced hostility, rejection and/or abusive avoided contact with their family members (Ward 2007:85; Davies 2008:326; MacDonald & Terblanche 2011:80; Muchinako, Chikwaiwa & Nyanguru 2013:97).

Table 5.2: Themes, subthemes and categories emerging from data analysis

THEME	SUB-THEME	CATEGORY
Theme 1: Realities of life on the streets – survival of the fittest	Sub-theme 1.1: Abuse by older boys and gangsters Sub-theme1.2: Hardships on the streets	1.2.1: Lack of shelter and food 1.2.2: Cold weather conditions 1.2.3: Violation of children's rights by police
Theme 2: Suggestions for interventions by professionals on behalf of children living and working on the streets	Sub-theme 2.1: Children need to be protected and loved by God Sub-theme 2.2: Children need protection in shelters Sub-theme 2.3: Children prefer government protection and provision of shelters Sub-theme 2.4: Children need assistance to attend school Sub-theme 2.5: Children prefer to be protected by social workers and child and youth care workers	

5.3 THEME 1: REALITIES OF LIFE ON THE STREET –SURVIVAL OF THE FITTEST

The children living and working on the streets have a high drug consumption. Because of lack of safety children are more vulnerable to pressure from street gangs, police and other street children (Ribeiro 2008:89; Embleton et al. 2012:1235; Jordan 2013:2; Sharma & Joshi 2013:137). Children often suffer from health problems due to lack of personal hygiene, skin infections and malnutrition (Moolla 2012:100). Furthermore, children who spend time on the street are at the risk of increased aggression, experiencing hopelessness and becoming sex workers (Bengtsson 2011:11; Murray et al. 2012:1).

Adolescent girls are more vulnerable on the streets compared to boys (Setyowati & Imron 2016:564). Most of them are not visible on the streets because they engage in prostitution. Due to their lifestyles on the streets, the prevalence of sexually transmitted diseases is higher among girls on the streets compared to those living at home with parents.

Adolescents on the streets are highly mobile and often difficult to reach. They are recognised to be vulnerable to substance, physical and sexual abuse (Motala & Smith 2003:66; Rurevo & Bourdillon 2003:2; Gaidhane et al. 2008:42; Nanda & Mondal 2009:19). During their daily life on the streets children focus on eating, sucking glue-soaked rags as well as obtaining money from people even though many children value their freedom and the relatively abundant food on the streets (Kudrati, Plummer & Yousif 2008:439). Due to lack of money to buy food, adolescents utilise available resources such as restaurants to get leftovers from customers and/or waiters. Most adolescents living and working on the streets in Makutano, Kenya, know the restaurant employees very well and have formed special relationships with them, ensuring that leftovers are reserved for them (Davies 2008:318).

5.3.1 Sub-theme 1.1: Abuse by older boys and gangsters

The sexual activity of the children on the streets starts very early when they are raped and end up as prostitutes. It becomes so natural that, when they meet someone, they have a sexual relationship with that person (De Moura 2002:361;

Subedi 2002:37; Karabonow 2006:54; Johnston 2007:1; Nanda & Mondal 2009:19). Therefore, organised crime groups exploit girls on the street to become involved in organised prostitution rings (Motala & Smith 2003:66; Rurevo & Bourdillon 2003:2; Nanda & Mondal 2009:19; Moolla 2012:100).

Sexual abuse and exploitation are major challenges for boys and girls who live and/or work on the streets in Harare (Muchinako et al. 2013:108). According to Vagnerova, Csemy and Marek (2014:83), it is mostly drug addicts who are caught up in prostitution. Money is the primary reason for the girls to become exploited as a way of acquiring the necessities of life. Several studies (Knight et al. 2002:122; Substance Abuse and Mental Health Services Administration 2007) have documented a close link between sexual abuse and substance use.

The following excerpts encapsulate the emotion expressed by two participants:

> *It was bad, I was sleeping around with boys eventually my friends requested me to join them in the Pink House. The pink house* [the place where girls are kept for prostitution] *is next to Kids Haven* [the shelter for children living and working on the streets in Benoni]*, is where the girls stay, during the night we parade in the streets to get clients. The owner of the building is from Nigeria has employed girls as prostitutes. During the day he was providing us with drugs. The owner* [drug dealer who abused girls as prostitutes] *was not staying with us in the building* [the place where girls are kept for prostitution] *he was providing us with thirty rands (R30.00) per day to buy food. There was nothing nice because I was eating once a day and I was smoking dagga and cigarettes. During the day the owner of the Pink House Jermaine* [not real name] *from Nigeria was instructing us to smoke rock and tie* [the crystal drug that is smoked by the girls]*. Eish!!! mama I was not smoking but the girls were parading half naked in the evening to entice the customers. The girls were instructed to parade next to the Pink House, is where men pick a girl for the night as prostitute* (Female, 14 years).

> *…sometimes I felt bad after smoking rock and heroine because when I was high, I was sleeping around with boys not knowing what happened. When I was high the gangster took advantage. I would wake up early in the morning*

and realised that I slept with one of them, but I would not know how many boys I slept with (Female, 17 years).

The findings show that adolescents who are living on the streets experience risky sexual behaviour due to lack of protective parents. These accounts by the girls on the streets indicate how powerless they are on the streets. They are involved in commercial sex work in the evening and at night. Furthermore, the boys living on the streets and some community members take advantage of these girls and use them as prostitutes. Therefore, they suffer psychological trauma often resulting in low self-esteem and low self-confidence. These findings confirm those of Moolla (2012:100) that the girls living on the streets of Hillbrow in Johannesburg are exploited by different individuals who offer them money in exchange for sexual favours. Furthermore, a survey of children working on the streets in all the main centres in Zimbabwe showed that girls who were homeless were taken to brothels by older females to be used as prostitutes to make money (Bourdillon 2001:519).

Sexual abuse is a serious problem with long-term consequences. The findings of a study conducted in Avon, England, confirmed the links between child sexual abuse, mental health, family organisation, parenting behaviours and adjustment in offsprings (Roberts, O'Connor, Dunn & Golding 2004:545). The researchers found that child sexual abuse had long-term repercussions for adult mental health, parenting relationships and child adjustment in the succeeding generation (Roberts et al. 2004:545).

The complex nature and impact of overwhelming experiences of sexual initiation are traumatic for adolescents and may have an adverse effect on their adjustment, resulting in depression (Epstein et al. 2018:822). Furthermore, a plethora of information attests to the fact that child sexual abuse survivors appear to be particularly vulnerable to victimisation (Paolucci, Genuis & Violato 2001:17; Bloom 2003:405; Ahmadkhaniha, Shariat, Torkaman-Nejad & Moghadam 2015:24).

Section 110 of the Children's Act 38 of 2005 requires "any person who on reasonable grounds believes that a child is in need of care and protection may report that belief to the provincial department of social development, a designated child protection organisation or a police official" (p. 160/201). The girls

who choose to live on the streets independently have shown that, like their boy counterparts, they manage within networks that provide them some protection even though they are highly susceptible to sexual exploitation and often raped by gangs (Motala & Smith, 2003:66; Ruvero & Bourdillon 2003:2). Despite the provisions of the Act the rights of children living on the streets are exploited through sexual molestation and many people do not report these matters to the police as required by the laws of the country. Therefore, adolescents on the streets do not enjoy government and civil society protection.

The findings of the study in Johannesburg indicated that girls who became prostitutes were less likely to access shelter services because they had a source of income (Cross 2007:10). Conversely, the service providers in Cape Town indicated that a small number of girls who were employed as domestic workers had escaped forced domestic labour situations and eventually they were subjected to sexual harassment from their employers.

Adolescent boys living and working on the streets endure beatings from older boys (Ward et al. 2007:20; Human Rights Watch 2014:1). In most cases, older boys living and working on the streets are hardened and exposed to dangerous criminal activities (Ward et al*.* 2007:20). In turn, they exploit the younger children.

> *When the gangster went outside to rob people, they forced me to join them. I was instructed to rob girls. I had a relationship one of the gangsters, the gangster was very cruel; they turned against me one day my boyfriend was not around; one of his friends forced me to have sex with him in the streets and beat me (*Female, 17a years).

> *I live and work on the streets, and I experienced lot of problems. In the streets you do anything that you like nobody care sometimes is difficult to fend for food and you are vulnerable, elder boys abuse you sexually. For example, I was sleeping in Park Station next to Devoirs store, the sympathiser a decent man approached me and offered me an accommodation in his house, and I was very excited and agreed. To my surprised when I arrived at his place, he attempted to abuse me sexually I managed to run away. I run away from home because I was a slow learner, my parents were unable to support they*

ill-treated me and comparing me with my elder brother he was intelligent at school. Therefore, I decided to run away because I was avoiding hating my brother (Male, 17a years).

For me there was nothing nice on the streets because the older boys were abusing and beating me up forcing me to beg for money. I was very frustrated fortunately a met a concern mother I shared my experiences and she referred me to the social workers. The social worker was planning to reunify me with my family members, I refused to return home because I was staying with abusive stepmother, and hence she recommended to placed me in the shelter (Male, 16b years).

Personally I think we are not safe and protected, in the streets older boys use dangerous weapons such as broken bottles to step us, they can step you in the stomach and you will die is really scary is not safe because you don't know who will kill you (Male, 16c years).

The findings reveal that both boys and girls live on the streets because of multiple difficulties at home such as family dysfunction. Again, the experiences of parental neglect, physical abuse and sexual abuse at home increase the vulnerability of these adolescents. Furthermore, the findings reveal that the younger boys are harassed and abused by older boys. Beatings and robberies carried out by older boys on younger boys and gang-related violence are also reported. The findings confirm those of the study conducted by Asante (2015:34) which showed that living conditions of homeless children might compel them to exhibit violent behaviour, with one of the most often reported violence-related behaviour being sexual harassment.

Similarly, Motala et al. (2003:66) argued that children were vulnerable to rape on the streets by other street youths or gang members, although this was more common among girls. These girls also suffer violence and abuse at the hands of gangsters. All adolescents living and working on the streets complained about beatings by older boys on the streets (Ward et al. 2007:20); Human Rights Watch 2014:1)

The findings of the study by Mufune (2000:233) revealed that younger boys on the streets practised petty theft such as stealing food from shops and markets, while

older boys engaged in more confrontational activities such as pickpocketing and robberies.

Street work includes odd jobs, petty trading and services (Volpi, 2002:6). Therefore, many children make a living through illegal activities such as begging and petty theft (Panter-Brick 2002:151; West 2003:2; Trent & Von Kotze 2009:187; Zarezaden 2013:1432; Maulana, Noegroho & Tedja 2020:1; Basu et al. 2021:2260). Due to lack of parental supervision and guidance on the streets adolescents become involved in petty crimes such as pickpocketing and snatching handbags (Love 2008:81; Martinez 2010:40; Embleton et al. 2012:1235; Maciel, Mello, Fossaluza, Nobrega, Cividanes, Mari & Mello 2013:166).

One participant explained that he was begging and committing petty crimes on the streets as illustrated by the extract below:

> *During the day we beg on the streets with my friends, sometimes we snatched the bags of young ladies, we stole the parts of the scrap cars in the neighbourhood and sold them in the scrap yard, and we were offered R1000.00* (Male, 16a years).

The prevalence of substance abuse by street-involved children and youth in low- to middle-income countries has been well-documented. Street life may result in adolescents being subjected to begging and drug use to which they may become addicted, indulge in sexual activities and commit crime (Embleton et al. 2012:1; Idemudia, Kgokong & Kolobe 2013:162).

The following excerpt encapsulates the view of one participant:

> *I bought food and the dagga, and the older boys were taking our money forcefully. In the evening the older boys abused us sexually. I was abused once by two older boys and the following day I went to the clinic got medication and I am fine now. The older boys forced us to join them to rob the shops in the evening the other day they instructed me to jump inside the shop through the window because I am short and thin. They instructed me to take boxes of shoes and I did as instruct, and I was scared. Instead they took*

the boxes and ran away. They did not offer me even a pair of shoes. I felt very bad, but I was helpless (Male, 16c years).

The finding demonstrates resilience which let the participant cope to overcome the hardships he has suffered in the streets. The study shows the difficulties that young children experience while living on the streets are exacerbated by abuse and exploitation by older boys. The above narrative indicates the lifestyle of this participant revolves around drug use; hence, the older boys take advantage of his situation and use the participant to commit crime. Futhermore, because of his vulnerability, he has also been exploited sexually.This view confirms those found in a study conducted in India by Mathur, Rathore and Mathur (2009:907) where the adolescents living and working on the streets also reported experiences of abuse. Gender differences were significant in health and overall abuse, showing boys to be less abused than girls.

Children's rights are violated globally; however, issues of children's rights require action by a number of stakeholders who should participate in the protection of children across various geographical and political boundaries but to date this has not been implemented in sub-Saharan African countries (Dinbabo 2013:284). Despite the challenges adolescents face living and working on the streets, they are resilient and adapt to develop positive well-being in the face of chronic stress. Resilience in children depends not only on what is built inside them but also on what is built around them (Ungar, 2005:429; Alliance for Children and Youth, 2009:10).

5.3.2 Sub-theme 1.2: Hardship on the streets due to lack of shelter and food and drug abuse

Reflecting on the hardships of living on the streets, the participants indicated that they no longer regarded the streets as an alternative for 'home'. Many of them rummaged through garbage to find food; others go hungry for several days, drinking water or taking drugs to diminish the hunger pangs. Hence, most of them suffer from severe malnutrition and various kinds of deficiencies (World of Street Children 2013:5). The UNICEF report of 2011 confirmed the challenges facing street children in Africa (CSA and UNICEF Ethiopia 2018). It was indicated that these children had already been forced from the protection of their homes, only to be subjected to even greater risks on the streets (CSA and UNICEF Ethiopia 2018). However, regardless

of the risky circumstances, adolescents showed resilience by being able to sustain themselves. Notably, most of the children on the streets demonstrated their strengths in the sense that they could read and write.

5.3.2.1 Category 1.2.1: Lack of shelter and food

Adolescents living on the streets are presented with daily hardships; yet they are able to cope with their daily struggles that enable them to be resilient (Skovdal & Daniel 2012). Adolescents wake up every day having to face the devastating impact of disease and poverty.

The concept of *resilience* is currently being debated. The different definitions of resilience are similar in a sense and refer to the positive adaptation of people in difficult situations. Boyden and Mann (2005:20) worked with children in poor-resourced settings and argued that resilience assists children to overcome difficult situations.

Reflecting on current trends in resilience research in relation to children facing hardship, Boyden and Mann (2005:10) highlight several limitations. One of these is that resilience refers to the ability of some children facing hardship to cope better than expected. It is argued that hardship and resilience have to do with perceptions and of facts pertaining to situations (Boyden & Mann 2005:10). They also provide examples of how some cultures actively encourage stealing (Boyden & Mann 2005:10). The conclusion drawn from the limitations is that there is a need for greater attention to children's perspectives on how they address hardship in particular contexts. For instance, looking at how the environment enables or limits their capacity or ability to cope successfully with hardship through interaction with their surroundings.

Some studies emphasise the resilience of adolescents on the streets and their dedication to meeting their basic needs (Mtonga 2011; Skovdal & Daniel 2012; Monn, Casey, Wenzel, Sapienza, Mack & Hinz 2013; Awatey 2014). Children living and working on the streets are poverty-stricken, and their needs and problems are the result of wanting to meet their basic needs for survival. They go through the struggle of providing themselves with basic things such as food and shelter.

Furthermore, in most cases, the children may be more vulnerable to physical and sexual abuse than children having adult protection. As children living on the streets it may mean that they lack emotional support and guidance (Cassiem, Perry, Sadan & Streak 2000:114; Ennew 2000:42; Huang, Barreda, Mendoza, Guzman & Gilbert 2004:822; Embleton et al. 2012:1234).

Two participants shared their experiences of life on the streets as follows:

> *It is not nice in the streets. I am suffering; there is no food every day I am planning about how and where to get food, where to sleep and what to wear. In the streets is the survival of the fittest… there are some children who commit suicide in the streets because nobody is available to share our painful experiences* (Male, 16b years).

> *I think the girls that are staying on the streets, are not staying there by choice, staying on the streets is not nice. (pause) I did not choose to stay in the street the circumstances forced me because I was abused and raped at home hence I resorted to stay in the streets* (Female, 16 years).

The findings demonstrate resilience to cope with adversity such as sleeping under bridges, in dilapidated buildings and in open parks. Furthermore, the findings show that difficulties at home encourage children to start sleeping on the streets and make the streets their permanent base. Children on the streets are sleeping under bridges, in dilapidated buildings and in open parks. During the day they don't know where to get food; so, they beg on the streets for survival (O'Haire, 2011:3; Murray et al. 2012:3). The aforementioned confirms the findings of the study conducted by Ward and Seager (2010:92) to examine the current status of adolescents living and working on the streets. The study revealed that, in South Africa, adolescents congregated in places such as specific street locations, parks, unoccupied buildings and taxi ranks. Similarly, the cross-sectional study on the characteristics of children living and working on the streets in Cameroon revealed that adolescents were sleeping in parks, bus stations, train stations and in front of shops (Cumber & Tsoka-Gwegweni, 2016:5). Some of the children from poor families find their way to the streets where they depended on the mercy of friends for food (Ayuku, Koplan, Baars & De Vries 2004:25; Schimmel 2006:214).

A participant expressed her emotions as follows:

> *There was no food and shelter after I ran away from home; my friends (gangsters) were providing food. At first, I was scared because they are dangerous, especially when they started to smoke dagga in my presence I was panicking and smoke dagga to calm down. They were open they indicated that they don't want me to take nyaope because is addictive and dangerous. Instead, they organize dagga for me* (Female, 17a years).

The finding demonstrates resilience which involves ways of coping with adversity such as substance abuse. Children on the streets struggle to find shelter and food. Besides begging for food they use drugs to avoid facing the difficult circumstances on the streets. Therefore, the use of substances is seen as a safety net. Finding food is consistent with a study conducted by Mhizha, Muromo, Matika, Chikoko and Mudenda (2020:6) which indicated that substance abuse was related to resilience for children living on the streets in Zimbabwe. Their findings also confirmed those in the report published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2011 which stated that more than 10% of adolescents between the ages 12 and 17 in the USA were using illicit substances to cope with the hardships on the streets. Lack of nutrition and their homelessness contributed to early smoking behaviour (Hakim & Talukder 2016:4). Adolescents resorted to drug abuse for survival. Due to their vulnerability they were forced to hang around with gangsters for protection. Again, the fundamental needs of children are not met; hence, they are forced to seek protection from gangsters.

With regard to children living without their fundamental needs being met, the study conducted in Kolkata Metropolitan City indicated that adolescents living and working on the streets suffered from severe malnutrition, especially in their early life, resulting in cognitive, social and behavioural deficits (Nanda & Mondal 2009:19). In Harare, Zimbabwe, most of the adolescents living and working on the streets lived from hand to mouth with no idea where their next meal would come from (Muchinako et al. 2013:103). In Gauteng, the researcher observed that adolescents begged for small amounts of money to buy food. Therefore, most of the children living and working on the streets are malnourished and are unable to eat a balanced diet; hence, their health is compromised (Woan et al. 2013:316).

The South African Constitution protects the rights of the child in an effort to secure the optimal development of future generations in this country. Several government policies and programmes such as the DSD National Strategy and Guidelines for Children Living and Working on the Streets (2010b) help to ensure this. Initiatives are geared to ensure access to adequate nutrition and access to basic services and infrastructure for children. However, although the government has tried to put measures in place to protect children, there are still children on the streets who lack adequate shelter and food.

5.3.2.2 Category 1.2.2: Cold weather conditions

In South Africa, during harsh weather conditions, children as young as ten years old were seen huddling under a worn blanket, trying to deal with the cold (Mokgopha, 2020). Many children sleep under bridges and in open parks; therefore, they are exposed to cold weather conditions during all seasons.

Literature shows that resilience is the individual's capability to bounce back from adversity or the capacity to recover or adapt and remain strong within the context of risk (Pharoah, Richter, Killian, Foster & Germann 2004:42; Boyden & Mann 2005:6; Garrett 2016:1909). Some of the children who participated in this study managed to attain positive outcomes despite the adversity they were facing. Due to these harsh conditions adolescents are exposed to diseases such as pneumonia and rheumatism.

The following excerpts encapsulate their views:

> *During winter period is bad on the streets because we are exposed to very cold conditions*, *sleeping in the park is cold in the evening* (Male, 17 years).
>
> *Eish life on the streets you do not sleep comfortable, I was sleeping in the park and was very cold* (Male, 16b years).
>
> *Mama is not safe in the streets, there is no shelter, food and clothes instead children are sleeping in horrible conditions under the bridge especially during winter seasons. The streets are cold in winter (*Female, 17b years).

*If you stay on the streets either you die, or you are arrested. Life on the streets you don't sleep comfortable I was sleeping in the park is very cold (*Male, 16 years).

The findings show the resilience as adolescents bounced back from adversity and adapted to risky conditions. The aforementioned is confirmed by Malindi (2009:63) in the study conducted in South Africa which revealed that some children living on the streets were forced to sleep under bridges and in parks, and yet they survived. In contrast, the findings of the study conducted by Bwambale, Bukuluki, Moyer and Van den Borne (2021:15) in Uganda revealed that children living on the streets there lived in temporary shelters, dilapidated buildings, shacks and open markets and on shop verandas.

Furthermore, the findings of the study conducted by Connelly, Miller, Gerry and Bickel (2009:787) in Kansas City, USA revealed that certain weather changes affected the health of children there. Notably, the main health risks faced by children living and working on the streets lie in their lack of shelter and in the resultant exposure to cold and damp conditions (Cross 2007:28; Ward et al. 2007:233; DSD National Strategy and Guidelines for Children Living and Working on the Streets 2010b:13; Edusei & Amoah 2014:70).

5.3.2.3 Catergory 1.2.3: Violations of children's rights by police

In addition to the hazards of living on the streets, street children in Kenya are subjected to frequent beatings and extortion by police (Human Rights Watch 2016). Insults, exploitation, harassment, threats as well as physical and sexual abuse may be carried out directly by the police (Setyowati & Imron 2016:565). Police officers are expected to safeguard children; however, they are responsible for gross violation of children's rights as perpetrators of abuse and violence against them. Some of the police officers are guilty of using their power to extort sexual favours, money or free child labour from adolescents living and working on the streets. They often harass, beat and torture them into submission.

For many children living and working on the streets assault by police officers is a routine part of their lives. This is mentioned by UNICEF in their State of the World's Children (2006:3) report in which it is stated that many people tend to see

adolescents living and working on the streets as little more than petty criminals who deserve the harsh treatment that they get from the police and other authorities.

Four participants indicated that they had experienced violation by police officers:

> *The police are also harassing us, and they blame us if any crime is committed in the streets, we are always the suspects. Eish!!! Mama I was once beaten by police suspecting that I was involved in the burglary. Police are not protecting us instead they think that we are criminals on the streets* (Male, 16c years).
>
> *The police are always blaming me and my friends, and shop owner reported to the police that we are stealing and is the older boys who break in the shops. The police beat us and insisted that we stole the goods in the shop* (Male, 16 years).
>
> *In the streets I am scared of the police because they were searching us and they are beating us, they said we are responsible for burglary. Again, the older boys on the streets are beating us, they burn our clothes and blankets, they are also bullying us and the police are not protecting us* (Male, 17d years).
>
> *Police are harassing us on the streets and they blame us for stealing. Mama normally the older boys do burglary in the shops; when police arrives, they say we are the suspects and beat us* (Male, 15 years).

The findings show that the rights of adolescents living on the streets have been violated by policemen who are expected to protect them. The participants reflect on the relationship with policemen as most toxic. Adolescents reported that policemen were harassing and beating them brutally, blaming them for committing crimes. A study conducted by Cross (2007:28) showed that children reported harassment and assault perpetrated by both the SAPS and community members. Another study stated that adolescents living and working on the streets in Sudan reported that the police would catch them, beat them and take their money before releasing them, while the girls were raped by the police (Sewpaul et al. 2012:249).

In Sao Paulo, a study done by Ribeiro (2008:89) found that adolescents living on the streets portrayed the police as an enemy, a fearful figure and one of the most agonizing street experiences. The hostile behaviour of policemen pointed to the state of vulnerability of adolescents living and working on the streets. In Hillbrow, Johannesburg, the police who should protect citizens against criminal actions were found to be harassing innocent adolescents living and working on the streets (Moolla 2012:98).

Children's rights are being violated, since they are harassed by the police and security companies who are supposed to offer them protection (Kilbride, Sadu & Njeru 2000:124; Moolla 2007:65; Henry, Morgan & Hammond 2010:32). The researcher attributes this maltreatment of adolescents by the police as lack of *Ubuntu,* respect for children and the violation of children's rights as provided for by South Africa's Constitution and the United Nations Convention on the Rights of the Child. It is expected that such violations be reported by citizens who witness them but sadly they are often also the perpetrators of abuse against these children. This is a clear indication of moral decay which calls for the enhancement of the moral regeneration movement initiated by government to rededicate and recommit to building a caring society.

5.3.3 Theme suggestions for interventions by professionals on behalf of children living and working on the streets

Participants suggested a concerted effort by educational and spiritual leaders, social workers, childcare workers and teachers for care, protection and development of adolescents living and working on the streets. The social service practitioners play an advocacy role by communicating with other members of the community about the rights of children. The goal of advocacy is to eliminate some of the causes of the problems and to reduce the prevalence of adolescents living on the streets by persuading individuals, organisations and government to change their policies and strategies (WHO 2010:30).

In the study conducted in Pretoria, Gauteng, Harper (2003:32) maintains that in recent years more attention has been drawn to the existence of adolescents living and working on the streets. Many welfare organisations, social workers and religious organisations have responded by providing intervention strategies and programmes

to address the basic needs and support these children require. Despite the interventions provided the phenomenon of these children is still highly visible in Gauteng.

Furthermore, the Human Rights Commission report (2011:14) has indicated that the rights of children living and working on the streets should be upheld. Similarly, the interventions based on the child-centred approach should assist these children to have full access to basic services such as psychosocial counselling and trauma therapies.

5.3.3.1 Sub-theme 2.1: Children prefer to be protected and loved by God

Organised religious institutions make a significant difference in meeting the various needs of homeless and destitute adolescents living and working on the streets. They devote time to empower and respond by providing intervention strategies and programmes to address these children's basic needs for food and shelter (Harper 2003:32; Moolla 2012:120; Berckmans, Velasco, Tapia & Loots 2012:1262; Malindi 2014:39).

Three participants indicated that they attended church on a regular basis because they liked to be protected and loved by God.

> *I would like to be protected by God. Shoo!!! Mama is painful to live in the streets but God is always protecting us. I also want to share the testimony about my experiences in the streets. To encourage the children that nothing is impossible with God. I have realized that is difficult to live in the streets but God is protecting us. I want to work for God, to share the Gospel, mama I feel that I have a calling to minister to people. When I am ordained as a pastor, I will provide food to children living and working on the streets and to the elderly people* (Male, 16b years).

> *Shoo!!! Mama I think the right person to protect me is God. I am praying every day, attending the church regularly at the church called Mountain of Healing. I am happy with the pastor because I am telling him all my problems and he prays for me, the pastor is listening attentively when I share my problems but the social workers are always busy mama they rush to attend to other*

children. Shoo mama is painful to live on the streets but God is always protecting us (Male, 16c years).

I want to work for God, to share the Gospel, mama I feel that I have a calling to minister to people. When I am ordained as a pastor, I will provide food to children living and working on the streets. To encourage the children that nothing is impossible with God. I have realized that is difficult to live in the streets, but God is protecting us (Male, 16a years).

The findings above demonstrate the strengths of local churches in supporting adolescents to cope with the difficulties they are experiencing on the streets. Furthermore, these extracts reflect how children acknowledge care and protection from God. The participants believe in the existence of God and that He needs to be served and worshipped. The participants seem to have faith in God in that He would help them to overcome the challenges that they experience on the streets. Furthermore, the participants acknowledge the psychosocial support provided by local churches. The same sentiments have been expressed by children in Ghana who rely on God for protection from harm and to help them work through challenges, as uncovered in the study by Orme and Seipel (2010:494). Bringing together 'love' and 'God' is a reasonable starting point for children exploration (Garfat & Fulcher 2012:68).

In the study conducted by Malindi (2009:194) in the Free State and Vaal Triangle, South Africa, the participants mentioned their belief in the healing power of prayer to bring about success in their lives, a belief in God's plan for their lives, a belief in the supportive role of the church in difficult times and in receiving guidance. Adolescents living and working on the streets are often heartbroken due to their experiences because they are exploited sexually and used by adults to commit robbery and car theft. They attend church and believe that God will protect and heal their hurt. Unfortunately, due to their lifestyle, most of them are discriminated against in some churches.

5.3.3.2 Sub-theme 2.2: To be protected in the shelter

A shelter is required by all, as it protects people against harmful natural elements such as rain, wind, cold and heat, and from societal threats and violations. Access

to shelters and to security constitutes fundamental rights that children living on the streets are denied. Section 12 2 (b) of the South African Constitution states that everybody has the right “to security in and control over the body” and Section 26 1 states that “[e]veryone has the right to have access to adequate shelter”. These rights are affirmed in the Universal Declaration of Human Rights which states that “[e]veryone has the right to life, liberty and security of person” (Sewpaul et al. 2012:241).

Two participants indicated that they would like to be protected in shelters:

> *Mama I think children living and working on the streets need to be removed from the streets and to be protected in the safe environment such as a shelter. Again, they also need to be provided with education. In the shelter, the social workers can link children us to the relevant schools* (Male, 16b years).

> *The shelter must identify children who are coping at school and those who are willing to go back to school but because of the age for example if the child has drop-out of school for more than five years is difficult for him or her to join younger children in grade 2.I think the best option is that such children should be encouraged to go to vocational training* (Female, 17a years).

Adolescents living on the streets are often denied opportunities to stay in the shelters. To access shelter is a challenge due to their mobility. However, the participants mentioned that adolescents needed to be removed from the streets and placed in the protected and safe environment of the shelter. Participants demonstrated the empowerment provided by the shelter such as linking children to appropriate schools and vocational training. Similar are the findings of the study conducted in a survey of South African adolescents living on the streets (Ward & Seager 2010:93). These findings revealed that most children reported that they would like to return to school. While many of these adolescents were not more than one or two years older than would be expected for their grades, they would have had a long period of disrupted schooling prior to taking to the streets. Adolescents who have learning difficulties or fall behind with their grades are coping well in the vocational training facilities available to them.

Another participant indicated that the shelter should assist in tracing family members and reuniting the child with the family.

> *Mama children should be placed in the shelter, the shelter must ask the children about whereabouts of their families, and assist in tracing the family members if the family members are keen to accept the child, the child must be reunified with the family, but if the circumstances are bad the child can be placed in the shelter. To assist children to cope after they are discharged from the shelter* (Female, 17b years).

This extract clearly indicates that the social service practitioner should strengthen reunification services. Adolescents need to be removed from situations where they are either physically or emotionally abused. The participant also mentioned that after-care services should be conducted to ensure that children adjust well after being reunited with the family. From the above findings it would appear that, to promote successful and enduring reunification, there is a need to strengthen family ties. Reunification with the family, where it exists, and reintegration in the community are important aspects of the service delivery to children. (Berry, Cash & Brook 2000:191; Spath & Pine 2004:58; Fernandez & Lee 2013:1375). The findings confirm those of the study conducted in Toronto, Karabanow (2006:55) revealed that children had some understanding of the support services that existed for them in the shelter. Shelters offer short-term care to street children and should not become permanent places to stay. Similarly, the study conducted by Nair (2013:10) in Durban, South Africa confirmed that, in shelters, children were offered services for care and protection in meeting their basic needs such as food, clothing and short-term accommodation. In contrast, the majority of children living and working on the streets go back to the streets; therefore, the shelter approach has major drawbacks if they do not render reunification and reintegration programmes as stipulated in Section 194 (i) of the Children's Act 38 of 2005.

5.3.3.3 Sub-theme 2.3: Government is to protect them and provide more shelters

Proudlock et al. (2007/2008:28), in the South African Child Gauge, indicate that the state is obliged to provide mechanisms to protect all children. Social services protecting against any form of abuse and neglect should therefore be directed both

at children who live in family environments and children who do not. Thus, adolescents living and working on the streets are to be protected and empowered in the shelters by the prescripts of the Constitution and relevant legislation, for example the Children's Act 38 of 2005 and the Child Justice Act 75 of 2008. Child protection ensures that children are safe and their developmental needs such as physical, emotional, spiritual, economic, social, mental and cultural needs are met. Furthermore, these Acts target children who are uniquely vulnerable to abuse like those living without adequate parental care and who are separated from their families (UNICEF 2009:1).

The former president, Jacob Zuma, announced that government would protect the most vulnerable children in South Africa (South African Broadcasting Corporation [SABC]) on Universal Children's Day in 2016.

Two of the participants indicated that government should play a leading role in issues of child protection. The following excerpts encapsulate the views of these participants:

> *I think the Government must build more Places of Safety and force all the children that are living and working on the streets to stay on those facilities* (Male, 17d years).

> *Mama I strongly feel that the government can assist in protecting children living and works on the streets by establishing more shelters. Currently the government is assisting in funding the shelters, but we need more shelters* (Male*,* 16c years).

The government of the Republic of South Africa is committed to create an inclusive social protection system that addresses all areas of vulnerabilities and is responsive to the needs and conditions of those who are most at risk, including adolescents living on the streets. Therefore, Section 192 (1) of the Children's Act 38 of 2005 makes provision that the Minister of Social Development, after consultation with interested persons and ministers, must include a comprehensive national strategy aimed at ensuring an appropriate spread of child and youth care centres in their departmental strategies. Shelters are referred to as child and youth care centres in terms of Section 198 of the Children's Act 38 of 2005 throughout the Republic,

providing the required range of residential care programmes. Despite the provisions of the law of the country, as stated above, shelters for children living and working on the streets are limited.

5.3.3.4 Sub-theme 2.4: Children need to be assisted to attend school

With the broad field of education commitments in South Africa to ensure education access for all children by 2015 many adolescents living and working on the streets are not accessing education (Thomas de Benitez 2011:45). Some of the children living and working on the streets are out of school by force of circumstances (UNICEF 2009:63; Rafi, Ali & Aslam 2012:194). Education of underprivileged children, including adolescents living and working on the streets, is critical (Awaezuoke & Ifeoma 2021:169). Therefore, adolescents on the streets have a right to obtain a basic education and learn to read and write to help unfold their potential and develop skills to secure productive work (Howard & Johnson 2000:321; Jamiludin, Darnawati, Waode Ade Sarasmita Uke & Irawaty 2018:103; Saeed & Al-Dewachi 2021:570).

Four participants emphasised that children need to be assisted to attend school.

> *Mama I think the schools can assist children to pursue their studies, for example the majority of children in the streets ran away from home because they were not coping at school, I think the schools can assist by requesting the teachers to identify such children to be placed in vocational training, the schools must build more vocational training facilities. Another problem is that children ran away when they see their previous class teacher because of the previous experience; for example if the child was not coping in the class and the teacher was not supporting the child, the child ran away because he or she was frustrated if the child meet that teacher he or she will run away. Therefore, mama the teachers must also be sensitized about children who are not coping in the class and must support them* (Female, 17a years).

> *Mama most of the children living and working on the streets have dropped out of school, I think the schools can protect the children living and working on the streets by providing a mobile library and encourage the children to read books and magazines* (Male, 16a years).

Eish mama the schools can also assist in protecting children living and working on the streets to pursue our studies our future will be bright because we will be able to acquire skills and in turn be employable. Currently I have dropped out of school I need to be assisted to go back to school (Male, 16b years).

I can be happy if more place of safety is provided for to accommodate children living and working on the streets, because we will be able to go to school. At home we are not supported and encouraged going to school like in the Place of Safety (Male, 17d years).

The findings demonstrate that adolescents need to be empowered with resources and skills. Some adolescents living on the streets are school drop-outs who have lost hope in furthering their education and have low morale. Therefore, the participants are of the view that schools can assist in identifying adolescents who are willing to go back to school to further their studies. They also mentioned that schools should establish mobile schools and encourage adolescents to read books and magazines. The United Nations Convention on the Rights of the Child (1995) , as presented in the Parliamentary Monitoring Group of the Department of Women, Children & People with Disabilities (2013), recognises the right of a child to education (Al-Dien 2009:39; Setyowati & Imron 2016:563). Governments are obliged to realise this right progressively on the basis of equal opportunities for all children to ensure that primary education is compulsory and available and free to all children (Article 28). Education is a key component of the right to survival and development stated in Article 6.

The South African Schools Act 84 of 1996 stipulates that school attendance is compulsory for children between seven and 15 years of age. The findings of the study conducted in India carried out by Dutta (2018:72) confirms that adolescents living and working on the streets have a right to access education.

According to Save the Children (2006:42), getting an education can leverage significant improvement in the lives of children. Having an education reduces the risk of engaging in risky or exploitative work. The researcher observed that children who had an opportunity to attend school were able to live an independent life and

fend for themselves when they were discharged from the shelters. Therefore, children on the streets have a right to obtain a basic education (Howard & Johnson 2000:321; Cronje 2009:34; Malindi & Machenjedze 2012:73).

5.3.3.5 Sub-theme 2.5: Children rather protected by social worker or child and youth care workers

The State of the Social Service Workforce Report (2015:5) asserts that social service workers help vulnerable individuals to assert their legal rights and protect them from future harm. Four participants have indicated that they prefer to be protected by qualified social service practitioners such as social workers and child and youth care workers. The following excerpt encapsulates the views of these participants:

> *I would like to be protected by a social worker. The social workers are trained on how to counsel the children. Mama the social worker has assisted me to accept my situation that my father's whereabouts are unknown. It was difficult to accept that but through the assistance from the social worker I am coping* (Male, 17a years).

> *I would like to be protected by the child and youth care workers. The child and youth care workers have linked me to the life skills programme called "Lumka Programme" Mama Susan* [not real name] *the child and youth care worker taught us that is not good to take drugs, and share with us the practical examples of the children who were taking drugs. She indicated that most of them are died. She is also teaching us on how to spend money wisely, encourages us to save money* (Female, 17b years).

> *I think the child and youth care worker can protect me. Shoo!! Mama, the child and youth care worker is able to talk to me she is always guiding me about good and bad things. Mama Lucy* [not real name] *the child and youth care worker is always advising me about the importance of completing school. She was impressed about my school report; she encouraged me and made me to realize my potentials* (Female, 17a years).

> *I want to be protected by Sister Jane* [not real name], *she is one of the child and youth care worker; because I requested her to assist me when I was staying in the pink house. She has advised to come to the shelter. On admission in the shelter she provided me with food and clothes. I love Sister Jane because my life changed, I am no longer staying with prostitutes in the pink house* (Female, 14 years).

The findings show that social service practitioners promote problem solving and psychosocial support as well as provide liberation and empowerment to adolescents living on the streets to enhance their well-being. The participants mentioned that they preferred to be protected by social service practitioners because they offered psychosocial support and linked them to appropriate programmes such as life skills programmes. According to Schimmel (2008:214), the successful rehabilitation of children living and working on the streets requires an intentional emphasis on building emotionally intimate, supportive relationships between children and social workers. The author cited the humanistic psychology Carl Rogers (1987) which centres on the prerequisite of unconditional positive regard for healthy human development.

Similarly, James-Wilson (2007:11) indicates that qualified staff, social workers and child and youth care workers are critical to address the needs of the child holistically. However, Setyowati and Imron (2016:564) argue that lack of support of human resource development performance of the shelter management results in the ineffectiveness of a shelter to empower children. According to the DSD Policy for Social Service Practitioners (2013b:19), the competencies and skills of the social service workforce must be aligned to the needs of the groups the sector seeks to serve. The social workers are expected to render therapeutic and psychosocial services as well as teaching life skills to children living and working on the streets.

The child and youth care worker is expected to work in the life space of children and adolescents (Jamieson 2013:2). However, during the social service workforce conference held in Cape Town, South Africa in November 2010, the gap was identified to develop a framework for strengthening social services to include strategies for planning, developing and supporting the social service workforce.

5.4 CONCLUSION

In this chapter, the researcher's findings were presented. The researcher started by providing the demographical data of children living and working on the streets who participated in the study. An overview was presented of the three themes with related sub-themes, categories and where applicable, the sub-categories which emerged during the data analysis process. The complementing storylines from the transcripts were subjected to literature verification.

The following chapter will present the researcher's findings and demographical data of the social service practitioners rendering services to adolescents living and working on the streets.

CHAPTER SIX

EMPIRICAL FINDINGS ON THE EXPERIENCES OF SOCIAL SERVICE PRACTITIONERS RENDERING SOCIAL WORK SERVICES TO CHILDREN LIVING AND WORKING ON THE STREETS

6.1 INTRODUCTION

The findings obtained from 19 social service practitioners are presented in this chapter. The researcher and an independent coder analysed the qualitative data independently for credibility of the findings. This was followed by a discussion among the researcher, the independent coder and the research supervisor to reach a consensus on the four themes and 18 sub-themes presented in this chapter. The findings are presented according to these themes and sub-themes and confirmed by direct storylines from the transcribed semi-structured interviews.

The researcher was able to achieve the objectives of the study based on the overarching research goal by employing a qualitative research approach in support of exploratory, descriptive and contextual research designs. The overarching research question for social service practitioners was the following:

> *Taking into consideration the views of the children and service providers what are the social realities of children living and working on the streets?*

The objective of the study that led to the findings of this chapter was to explore and describe the views of service providers involved with rendering social work services to children living and working on the streets about the conditions of and need for the protection of children living and working on the streets.

The findings of this chapter are valuable by means of formulating, improving and strengthening existing guidelines which will inform intervention strategies for social service practitioners and protection programmes for children living and working on the streets.

In order to obtain the required information, semi-structured interviews and two focus group discussions with adolescents and social service practitioners were conducted, aided by open-ended questions contained in an interview guide. The researcher reached data saturation after 19 participants were interviewed as guided

by the principle of data saturation. Thematic analysis was utilised, following Tesch's eight steps (in Creswell, 2009:186) to analyse data while Guba's classic model (in Krefting 1991:214-222) was employed for data verification. The study adhered to ethical standards such as confidentiality, informed consent, anonymity and management of information.

6.2 DISCUSSION OF FINDINGS

Data gathered from social service practitioners who took part in the study are presented below. All the participants were employed by four non-government organisations that had received subsidies or funding from the Provincial Department of Social Development (DSD).

Three groups of social service practitioners took part in the study, namely social workers, auxiliary social workers and outreach workers. The social service practitioners mentioned are directly involved with children living and working on the streets. Their findings are critical to inform the intervention and protection programme for children living and working on the streets. The social service practitioners are also distinctively positioned to work with other stakeholders to provide effective and efficient services.

Table 6.1: Biographical data of the participants

PARTICIPANT	AGE	GENDER	HIGHEST GRADE/ QUALIFICATION	POSITION	YEARS OF EXPERIENCE	NUMBER OF INTERVIEWS
A	58	F	BA(SW)	Social worker	18	2
B	54	F	BA(SW)	Social worker	22	3
C	49	M	BA(Hons)	Manager outreach worker	14	3
D	45	F	BA(SW)	Social worker	15	3
E	42	M	Grade 12	Outreach worker	11	3
F	40	M	Grade 10	Outreach worker	5	3
G	40	F	BA(SW)	Social worker	18	2
H	38	F	Grade 10	Outreach worker	6	3
I	38	F	BA(SW)	Social worker	10	2
J	38	F	BA(SW)	Social worker	10	3
K	37	F	Grade 8	Outreach worker	5	3
L	35	F	BA(SW)	Social worker	5	2
M	35	M	Grade 8	Outreach worker	6	3
N	32	F	Grade 12	Auxiliary social worker	5	2
O	32	F	BA(SW)	Social worker	5	2
P	30	F	Grade 12	Auxiliary social worker	5	2
Q	29	F	Grade 12	Auxiliary social worker	3	2
R	25	F	BA(SW)	Social worker	1	2
S	24	F	BA(SW)	Social worker	1	2

The ages of participants ranged from 24 to 58 years with a mean of 41 years. Twelve participants were between 24 and 38 years. According to Eric Erikson's model of life development, individuals who are between 20 and 30 years are in a critical age of development which requires individual relationships (Crawford & Walker 2010:29).

During the interviews, it was observed that this group was vibrant and energetic to express their views regarding the phenomenon under study. The participants demonstrated their ability to engage with adolescents and understand their needs. This did not suggest that older practitioners did not have a good working relationship with the adolescents or an understanding of their plight but due to the age difference and cultural norms adolescents were likely to bond with younger practitioners (Pattison, Robson & Beynon 2015:233). It was also assumed that due to the generation gap between adolescents and some older practitioners the former might not feel at ease to divulge some of their personal challenges such as sexual matters, as they might deem such to be disrespectful. Seven participants were between 40 and 58 years of age. Their psychosocial development fitted Erik Erickson's stage of generativity vs stagnation in which middle-aged adults (40-60 years) began contributing to the next generation, often through love and caring for others (McLeod 2013:4).

When individuals have a strong sense of caring and love they are likely to guide adolescents. Moreover, acceptable professional attachment bonds are formed and valued, given the social service practitioner's positive attitude (Pattison et al. 2015:233).

Social work is a female-dominated caring profession (Dewane 2008:38; Whalley 2011:1). Hence, 12 women and only four men took part in the study. There is a general outcry for a shortage of social workers in South Africa brought about by the fact that some have ventured into establishing businesses while others have migrated to other countries (Beddoe & Fouché 2014:193). There is a view that such shortfall has been alleviated by government initiatives of introducing the recruitment and retention strategy to address the shortage of social workers in South Africa (DSD Recruitment and Strategy for Social Workers 2009:18).

The combination of the integrated approach, the ecological systems theory, the strengths-based perspective, the resilience theory and the empowerment approach informed the current enquiry and facilitated the interpretation and analysis of the findings.

6.3 THEMES AND SUB-THEMES ON THE VIEWS OF SOCIAL SERVICE PRACTITIONERS

Themes and sub-themes that emerged from the data analysis are presented in Table 6.2.

Table 6.2: Themes and sub-themes

THEME	SUB-THEME
1: Services provided to adolescents living and working on the streets	1.1: Awareness campaigns 1.2: Referral of children to appropriate programmes 1.3: Removal of children from the streets 1.4: Outreach programmes 1.5: Assessment of children 1.6: Therapeutic services and life skills programme 1.7: Family reunification and after-care services 1.8: Family reunification of children with their families and rehabilitation
2: Benefits of services offered during early intervention phase	2.1: Services provided to children with educational support and economic opportunities 2.2: Benefits from therapeutic and life skills programmes
3: Challenges experienced by practitioners when rendering services to adolescents	3.1: Substance abuse 3.3: Criminal activities
4: Suggestions on the improvement of early intervention	4.1: Strengthening a multisectoral approach 4.2: Preventative services 4.3: Strengthening early intervention services 4.4: Increase financial resources for services for the children 4.5: Collaboration with other government departments and stakeholders

6.3.1 Theme 1: Services provided to children living and working on the streets

The government of South Africa views the plight of children living and working on the streets as a key priority issue as presented in the Children's Act 38 of 2005. The Children's Act seeks to protect children from abuse, neglect, maltreatment, harmful labour, trafficking and commercial exploitation. A study conducted in Brazil revealed that the existence of children living and working on the streets was viewed as a significant problem that stripped children of their humanity and burdened the everyday concern of survival (O'Haire 2011:1).

The social services rendered to adolescents living and working on the streets are discussed below.

6.3.1.1 Sub-theme 1.1: Awareness campaigns

Several studies have found that social service practitioners working with adolescents living on the streets raise awareness by empowering themselves and others (peers, colleagues, students, teachers, family members) through educational talks (Amod & Harris 2004:4; Bal et al. 2010:1677; Shiluvane, Khoza, Lebese & Shiluvane 2012:182; Mukherjee 2014:92). Therefore, the families and communities are informed about the prevalence of adolescents living and working on the streets through awareness campaigns (Amod & Harris 2004:4; DSD National Strategy and Guidelines for Children Living and Working on the Streets 2010b:25).

The following excerpt encapsulates how awareness campaigns have been conducted to sensitise the community about the phenomenon of adolescents living and working on the streets:

> *We render awareness campaigns. We realised that some parents are sitting with problems, they do not know how to deal or whom to contact, therefore we realise that prevention is better than cure hence we conduct awareness programmes. Media to be involved to sensitise the community about the prevalence of children living and working on the streets* (Outreach worker).
>
> *We are also conducting awareness programmes at schools, where we talk about the realities and risks of living and working on the streets. Based on our*

findings we discovered that children think it is "nice and cool" to live and work on the streets. We identify the school children who are at risk of living and working on the streets we prioritised for awareness campaign (Outreach worker).

In the facility we have tried to embark on the awareness campaign with the motorists on the busy interactions, the pamphlets were distributed. The effort was to push children away from the streets by not providing them with money. Again, we need to use the media effectively (Social worker).

Awareness campaigns are conducted to inform children about their rights enshrined in the constitution as endorsed by UN Convention on the Rights of Children. Again, the communities establish the networks to ensure that children are safe on the streets (Outreach worker).

The findings demonstrate the strengths of social service practitioners in empowering and sensitising communities about the phenomenon of children living and working on the streets (Hepworth et al. 2010:44). Again, the social service practitioners revealed that they empowered and advocated for the rights of adolescents living on the streets as enshrined in the Constitution and UN Convention on the Rights of Children in order to emphasise that they had rights – the exact same rights as every other child. Furthermore, the study conducted in Nepal and Kathmandu revealed that there were 5 000 to 6 000 children living and working on the streets there (Ghimire 2014:3). The prevalence is high due to a lack of awareness of the phenomenon of children living and working on the streets among the parents there (Ghimire 2014:3).

The researcher was invited by SABC1's *Daily Thetha* (meaning "engagements and discussions") programme on 7 June 2018 to engage, sensitise and empower parents and families about the phenomenon of children living and working on the streets through information sharing.

6.3.1.2 Sub-theme 1.2: Referral of children to appropriate programmes

There are a number of important issues to consider when making referrals to other service providers and linking children and their families with available resources. The

practitioner should ask herself if the service provider is one of the best to refer a service user, check if the needs of the service user will be adequately met and follow specific protocols from the intake social worker to ensure effective referrals (Community Door 2013:1; Coren, Hossain, Ramsbotham, Martin & Pardo 2014:24).

The following excerpts reflect the referral process of adolescents living and working on the streets to appropriate interventions:

> *Children are referred to local hospital in Benoni, as I indicated that there are children who are sexually abused, such cases are referred to Themba Rape Centre, the said centre deals with sexual abuse cases, they conduct clinical assessment and refer the confirmed sexual abused cases to the court, in the facility we render counselling services to the victims after the court case is finalised we link the children to the programme. We have realised that most of the children who are victims of sexual abuse have learning difficulties* (Social worker).

> *Most of the children who are referred to the facility there is a medical form to be completed. Children are expected to be taken to the health professionals for medical assessment. Normally we ask children if they take any medication. To share about their allergies, or chronic illness. But they are generally assessed by the general practitioner in the clinic. When they come we ask more questions. In case of sexual abuse, the police officer goes to the clinic to sign form J88. Even when we refer the child to the clinic, we complete that form. When the police try to handle criminal case, they are requested to do that* (Social worker).

> *We work with the Department of Health where we refer the child for medical assessment. Another service professional are Teddy Bear Clinic and Sophia town Community psychological services. Children are referred to Teddy Bear clinic when they are suspected to be abused sexually. The centre has employed senior social workers who conduct group therapy and individual sessions with the children. For instance, there was a case where the child was suffering from attention-deficit hyperactivity disorder (ADHD). The centre managed to do a good job to contain the child* (Social worker).

> *Fortunately, we have a psychologist on the premises, when we realise that the child needs psychological assessment, we refer the child to the psychologist. The social workers provide therapeutic programmes and life skills programme. The child and youth care workers deal with the protection and socialisation of the children* (Social worker).

The findings demonstrate the strengths of social service practitioners in implementing the integrated approach through involvement of other professional teams and relevant departments to address adolescents' psychological, physical and social challenges. The storylines above suggest that the social workers are making the necessary referral links for other support services to address the needs of the children.

The findings confirm a statement made in the annual narrative report of Childhope Asia Philippines (2007:6) that outreach workers depend heavily on referrals to public clinics and government hospitals for all health and medical needs of the children living and working on the streets.

Drop-in centres are facilities where adolescents can stay for few hours to be with a caring social service practitioner. These facilities provide services such as bathing, meals, non-formal education, support to complete formal education, developmental and vocational training as well as counselling services (Olivet et al. 2010:55; Lotko et al. 2016:9; Mahery et al. 2011:10).

A social worker indicated that children are also referred to the drop-in centres.

> *Children are also requested to attend services offered in the drop-in centre where they are provided with food, clothes and a shower. When the children attend the drop in centre the social worker based on the programme provide counselling services and conduct the intake to compile their background information specifically about their home address, information about their parents whether they are employed or not. After gathering information, the social worker conducts the home visit* (Social worker).

The services provided by the drop-in centres, as explained by the participants, are consistent with the prescript by the Children's Act 38 of 2005. Section 213 of this Act

makes provision for the drop-in centres to offer any prescribed programmes which are appropriate for the developmental needs of the children attending the centres. Programmes such as counselling and psychological support, social and life skills, school holiday and educational programmes, primary health care collaboration with local health clinics, outreach services, reporting and referral of children to social workers or other social service professionals, and prevention and early intervention programmes are provided in the drop-in centres.

The study conducted in Nkangala, Gauteng, revealed that the services received in the drop-in centre there had positive outcomes on the adolescents' self-esteem. Moreover, the adolescents' self-image improved due to the enhancement in their personal hygiene (Kgothadi 2015:108). Similarly, another study conducted in the Free State province and Vaal Triangle in the North-West Province on antecedents of resilience among children living and working on the streets revealed that participants frequented a drop-in centre for their physical needs such as food, clothing, bathing and medication (Malindi 2009:39).

Several studies have found that drop-in centres have the potential to reunite adolescents with their families (Slesnick, Glassman, Garren, Toviessi, Bantchevska & Dashora 2008:727; Mahlase & Ntombela 2011:196; Wilson 2015:6). The DSD's Strategy on Services for Vulnerable Children in Drop-in Centres (2014:17) stipulates that programmes be based on the developmental needs of children. All staff working in drop-in centres, including volunteers, cooks and gardeners, are screened for protection and care of children in terms of the National Child Protection Register (NCPR) and Sexual Offences Register (Jamieson & Berry 2012:42).

The following excerpts encapsulate how adolescents were referred to appropriate programmes:

> *The facility is also facilitating the process of reunifying the children with their families and placing children back in school. The schools assist in identifying orphan and vulnerable children. The said children are linked with the community development section in the department and they are provided with school uniform and linked to social security grants. We are also in the process of*

establishing a working relationship with clinics. As I have indicated that clinics are not allowing our children to access their services because they indicated that they are always dirty (Outreach worker).

When we identify such learners on the street; we conduct the home visits immediately to ascertain the circumstances that are prevailing in their homes. We negotiate with the child that we would like to involve the parents. When they agree we share the information with their parents because they reported that parents are not providing their basic needs, therefore the poverty pushes them to the streets. We also visit the school to check if the child is attending school on regular basis while on the street. We have found that most of the said children are not attending school regularly instead they are banking classes. In some of the schools we engage with a particular educator who is assigned to address the issues of vulnerable children. In our discussion we draw up a plan on possible intervention strategies to resolve their problems and we involve the parents during such discussions. The said children are taught about the risks and dangers of living and working on the streets. And the team members assess the conditions at home (Outreach worker).

The findings show that the social service practitioners acted as brokers by linking adolescents to relevant departments such as the Department of Education and the Department of Health for further intervention to address their needs. Furthermore, the implementation of the integrated and developmental approaches was demonstrated by the social service practitioners when addressing the challenges experienced by adolescents and their parents. It goes against the United Nations Convention on the Rights of the Child (UNCRC) which seeks to provide a rights-based approach framework for intervention of children, including children living and working on the streets. Furthermore, the rights-based approach emphasises that adolescents living and working on the streets are entitled to certain rights such as the right to access education (McEvoy, Morgan, McCready, Bennett & Henry: 2013:233). The researcher has observed that the rights of children living and working on the streets are often violated and these children are unable to access basic services such as access to education.

Two practitioners indicate that adolescents are informed about their rights and responsibilities.

> *In-care in the CYCC where children are admitted from the streets. We give them that information and encourage them to take decision pertaining to their rights. Normally we tell them what their expectations are. Most of them say they want somebody who is caring. I talk about trustworthy because that is a huge concern. I discuss about a filing issue, why I am taking notes to make them to feel more comfortable. I tell them that when I take notes I file to the soft copies and hard copies and nobody has access to files except social workers. Tell them about setting of the meeting. I talk about all those things to let them know what is going on to build trust with them. Try to handle information in a sensitive way. And inform them that the case will be taken to the outside practitioner* (Outreach worker).

The researcher has noted that the participants have expressed concerns that some health professionals are depriving the children of access to the clinics.

> *As I have indicated that the clinics are not allowing our children to access their services*. The *challenge that we are experiencing is that other clinics and hospitals are denying access of services. The constitution of the country stipulates that every child has a right to access the services but on the ground is the different story children living and working on the streets are discriminated* (Outreach worker).

The findings show that adolescents on the streets are well-informed about their rights. For, instance the social service practitioners have demonstrated that they empower them with adequate information to ensure that they make informed decisions. However, in some instances, the rights of children are violated when institutions deny these adolescents access to services. The findings also confirm those of a study conducted in Ibadan in Nigeria where it was found that children living and working on the streets had limited access to protection and basic services such as health care (Ogunkan & Adeboyejo, 2014:39). The assessment of the sexual and reproductive health status of adolescents living and working on the streets in Addis Ababa led to the

recommendation that, to improve access to health services for children living and working on the streets, the service provider should first address the sociocultural and environmental factors that restrict access to health care services (Habtamu & Adamu 2013:19).

Notwithstanding, the recommendation by the UN committee on economic, social and cultural rights that primary health care be available, accessible, affordable and of good quality (Jamieson, Berry & Lake 2017:112). Despite the promotion of the rights of children to health care services through various pieces of legislation in South Africa, such as the United Nations Convention on the Rights of the Child (1989), The African Charter on the Rights and Welfare of the Child, Section 28 (1) (c) of the Bill of Rights in the Constitution, the National Health Act 61 of 2003 and the Children's Act 38 of 2005, the researcher has observed that the rights of adolescents living and working on the streets are violated in that they are denied access to primary health care services.

6.3.1.3 Sub-theme 1.3: Removal of children living and working on the streets

Removal of adolescents living and working on the streets from the streets by social service practitioners to reunite them with their families reduces the number of adolescents living and working on the streets (Trent & Von Kotze 2009:183; Bhunu 2014:429). In most cases, the children have no say in the planning of their futures. The study conducted by Trent and Von Kotze (2009:184) in Durban, South Africa, on strengthening livelihood opportunities for children living and working on the streets one participant reveals that

> *… it would be difficult for him to return home until things were better. How could he go home if they had nothing to bring? Whether having left voluntarily or having been pushed out to fend for her/himself, there is a sense that a homecoming with dignity requires arriving with gifts and contributions.*

The participants have mentioned how adolescents are removed from the streets.

> *In the facility we are also working with relevant stakeholders such as the police, schools, and clinics. The police assist the social service practitioners with the removal of children from the streets. The said children are placed in the shelters.*

In some cases, when we realised that children are living under risky conditions especially when they are used by adults to commit crime, we report the matter to the police and request them to assist in removing (Social worker).

The guidelines must assist and encourage the outreach workers to remove all the children from the streets, because we take them from the streets and later they run away back to the streets (Outreach worker).

The findings demonstrate the strength of social service practitioners when they remove adolescents from risky conditions in the streets. Furthermore, the social service practitioners have applied an integrated approach by involving relevant service providers to ensure that adolescents expereince positive outcomes. In contrast, the study conducted in Lima, Peru, by Aufseeser (2014:873) on protecting the children living and working on the streets there argued that the language of children's rights had been manipulated to justify the removal of children from public spaces being enforced by Peru's law on anti-begging. However, because many of the people working on children's rights legislation are not simply motivated by revanchist policies and rights themselves, they can be employed and interpreted in multiple ways. They also offer greater possibilities for more inclusive social policies. Therefore, the children's rights framework may offer possibilities of formal regulations.

6.3.1.4 Sub-theme 1.4: Outreach programmes

Outreach services assist in engaging with adolescents on the streets in a caring and supportive manner whereby the social service practitioners provides physical, mental health and social services as well as resources in non-traditional settings (Payne 2009:513; Gibson 2011:13; Demartoto 2012-107).

Participants mentioned how outreach programmes were offered to adolescents living and working on the streets as follows:

In the facility Kids Haven we conduct the outreach program called where we reach out to the children on the streets, those who died are reported to the police; we build a relationship with the boys who are at risk, before removal. The boys who are willing to be removed from the streets are removed but we are not

removing them forcefully. In the Drop-in Centre we are offering counselling and the boys are requested to take a shower and are provided with food and clothes. When the boys agreed to be to be removed from the streets; are admitted to the shelter (Outreach worker).

We are offering an outreach services and street work. Normally we visit the hotspot where children are living and working. Most of them are sleeping under the bridge and in the park but they work {begging} on the busy intersections. When we reach them we start by building a relationship. After we establish trust, we interview them to find out where they come from. Subsequently we offer the life skills services while on the streets. During the deliberations we share about the dangers of living and working on the streets. The dangers of abusing substances. We touch on issues of sexual abuse, rape and HIV/AIDS. Children are encouraged to go to the clinic, for medical assessment (Outreach worker).

We are offering a street work programme where we interact with the children living and working on the streets. We provide life skills with them and the risks that are linked to begging in the streets. We also invite them to the centre where they benefit from our Drop-in services (clean clothes, food and shower) (Outreach worker).

The facility reaches out to children on the streets; and provides life skills service during their time off when they are not working on the streets. Is difficult to engage with children who are working on the streets during the peak hours in the intersections. Normally we visit them during off peak and render the life skills. We are also encouraging them to visit Kids Haven for further intervention where we engaged with them to try and remove them from the streets. On arrival we provide them with clothes, food shower in a Drop-in Centre. And when they are ready to be removed from the streets they are removed and reunited back to their family members when the conditions are conducive (Outreach worker).

The findings show that the outreach services rendered by social service practitioners to adolescents living and working on the streets are aligned with the empowerment approach in the sense that their services revolve around individual and socio-political

empowerment in the streets. For instance, the outreach workers recognise the resilience of adolescents living on the streets and focus on their potential and strengths rather than their limitations (Grant & Cadell 2009:425). The findings confirm those of an overview of programmes offered by shelters for children living and working on the streets in South Africa. These findings reveal that outreach workers routinely visit the hotspots with the aim of maintaining contact with the children on the streets and providing information about shelters as alternatives to living on the streets (Makomane & Makoae 2017:381).

Similarly, the study conducted in Harare, Zimbabwe, showed that researchers were able to conduct outreach services to girls, both during the day and at night, to observe their working and living conditions (Rurevo & Bourdillon 2003:2). In contrast, the outcome of a study on the implementation of a social enterprise intervention with homeless adolescents on the streets in Los Angeles revealed that, based on outreach services, many adolescents were able to meet their basic needs but still maintained their high-risk survival behaviour and continued living and working on the streets (Ferguson 2007:105).

The state of homelessness is likely to bring changes within the ecological environment which affect the lifestyle of these vulnerable adolescents, including survival and adaptation on the streets (Asante 2015:3).

Children living on the streets should be seen in totality, meaning that the application of the ecological systems theory should serve as the roadmap to address the child-concerned situation. The ecological systems theory conforms to the concept of person-in-environment (p-i-e), a foundational conception in social work practice based on understanding the dynamics of human behaviour (Sheafor & Horejsi 2012). The concept of *person-in-environment* is grounded on the idea that an individual and his or her behaviour cannot be understood sufficiently without reflecting on the various aspects of that individual's social, political, familial, temporal, spiritual, economic and physical environment (National Association of Social Workers 2005; Kondrat 2011). Person-in-environment also interlocks with empowerment, since empowerment is embedded in the idea that a joint effort with children living on the streets and various stakeholders should be enhanced.

6.3.1.5 Sub-theme 1.5: Assessment of children

Assessment is defined as the first activity that a designated social worker undertakes after a case has been reported, to get a concise picture of the child's circumstances and main reasons for being on the streets (Makomane & Makoae 2017:381). The goal of assessment is to identify the needs, strengths and weaknesses of the service beneficiary in order to develop an appropriate intervention plan so as to provide a concise picture of the person's needs, strengths and weaknesses within his or her unique circumstances (Kivnick, Jefferys & Heier 2010:7; Taylor 2011:733; Smith 2013:31; Inter-Agency Standard Operating Procedures (SOPS) for SGBV Prevention and Response in Lebanon 2014:8).

Assessment is acknowledged to be a continuous, fluid and dynamic process recognising that changes and developments occur in a person's life that may have a significant impact on how their situation is seen or responded to (Seden 2007:1). The primacy of assessment is a tool to enable practitioners to find out what is happening to children and their families, and how they might best be helped to identify the full range of their needs (McCormick & Ridsdel 2011:9; DSD Guidelines for the Prevention of and Response to Child Exploitation 2015:13).

Assessment begins with the identification and analysis of relevant human rights issues before the application of social work ethics (Reichert 2011a:209). In addition, assessment considers the identification of vulnerabilities such as risks and harm factors as well as the strengths of the child and his/her family (Ministry of Gender, Labour and Social Protection of Uganda 2016:45).

Furthermore, the person-in-environment is also critical to assess the environment where these adolescents come from, and to ascertain as to whether the environment is conducive to their growth and development. The client system assessment is one skill social service practitioners are expected to use during interventions with service users throughout the intervention process, focusing on the person and their environment (Cleak & Egan 2004:113; Seabury, Seabury & Garvin 2011:250; Rathod & Warbhe 2014:136).

As a product, assessment results in an actual formulation or statement regarding the nature of a person's circumstances (Hepworth et al. 2006:180). Three of the practitioners indicated that they assess adolescents who were previously living and working on the streets to ascertain if they were attending school.

> *We are also rendering the panel discussions before the child is admitted to the facility where children are assessed. After assessment we design the Independent Development Programme (IDP) for each child. The panel discussions consist of parents, outside social worker (case manager), social workers from Kids Haven and teachers rendering services in the bridging school. The teachers assess children to ascertain if the child in question was attending school previously, and those with learning difficulties are referred to the Department of Education for assessment* (Social worker).

> *The health care professionals assist with the medical assessment and the age estimation of the child. The health professional assesses children to establish whether they are sick, because most of the children confirms streets live a risky life style. For instance, they sleep around* [are promiscuous] *without any protection. As a result, they are at risk of contracting diseases such as STDs and HIV/AIDS. After we receive the medical report, we check if the child has any medical condition* (Social worker).

> *The children who are admitted to the facility are assessed and linked to appropriate programmes to address their needs. All the children are referred to Primary Health Care Clinics for medical assessment. The children who display post traumatic disorder are referred to the psychologist* (Social worker).

The findings demonstrate that the social service practitioners have applied the multi-disciplinary approach by involving a team of professionals when assessing adolescents living on the streets to address their needs. The findings also confirm those of a study conducted among homeless adolescents in Los Angeles in which case managers assessed and referred adolescents for health services, HIV/STD counselling and testing (Ferguson 2007:105).

Generally, the health condition of these children living on the streets is poor, as many suffer from chronic diseases such as leprosy, liver and/or kidney problems, sexually transmitted infections and HIV/AIDS; hence, there is a need to refer them to health care services for further intervention (Shiluvane et al. 2012:175).

The findings concur with those of Woan et al. (2013:319) that adolescents living on the streets have poorer outcomes, particularly regarding infectious diseases such as sexually transmitted infections (STIs) and the human immunodeficiency virus (HIV). The findings are also consistent with Rose's (2002:15) study that the medical community accepts the responsibility for caring for children of the streets. She argues that the plight of children living and working on the streets might have to fit a medical paradigm such as disease prevention, environmental health or clinical treatment (Rose 2002). Therefore, p-i-e is critical to assess the risk factors and environment where the adolescents are living to implement proper interventions and referral systems. Furthermore, adolescents could be empowered by social workers through training in gaining power, taking over control of their lives and gaining greater access to social resources such as health care services.

6.3.1.6 Sub-theme 1.6: Intervention services and life skills programme

Therapy and life skills can be greatly beneficial in interventions with teenagers experiencing life challenges due to the transitional phase (Möller 2018:8). Therapy can also assist adolescents to deconstruct, reconstruct and construct their life experiences (Setlhare-Meltor & Wood 2016:65). Several studies recommend that counsellors can use therapeutic stories as a supplemental technique within any traditional counselling framework (Kress & Adamson 2010:243; Lewis 2011:4).

On the other hand, life skills programme for adolescents seek to build their capacity to make decisions and take actions that positively impact their lives and the lives of those around them (Global Women's Institute 2013).

Three participants shared how intervention services and life skills programmes were offered to adolescents.

In the life skills programme children are sensitised about peer pressure and bullying. The social workers share with children about the negative impact of peer pressure. Children are also taught about social skills such as interpersonal skills on how to engage with other people, and how to interact and communicate with others (Social worker).

When I engage a child in therapy, I start with the ice breaker to assist the child to interact. Normally, I identify a tool to assist the child to cope with anger management. I use the puppets and request the child to identify any puppets of his/her choice. After identification. Subsequently the child is requested to reflect how he or she reacts when he or she is angry. Then child will be given an opportunity to come up with alternative ways on how to deal with anger. The ongoing process of anger management assist children to be able to deal with their emotions (Social worker).

We are offering therapeutic services, behaviour modification programmes and parenting skills where parents are taught on how to deal with a difficult child. Children who are addicted to drugs are referred to the rehabilitation centre in SANCA. We are also rendering life skills programme (Social worker).

The findings show the strengths and resources that the social service practitioner use to support and reinforce the child functioning and combat perceived problem. Providing social skills seems to be effective for adolescents living and working on the streets. The findings confirm those of Kress and Adamson (2010:246) in their study on the use of therapeutic stories in counselling child and adolescents sexual abuse survivors. The study revealed that providing therapeutic stories to adolescents in the therapeutic setting can enhance therapeutic rapport and client motivation (Kress & Adamson 2010). Furthermore, these stories could assist clients with problems such as poor self-esteem, intolerance, an inability to cope with trauma and anger, and offer a way to accept change rather than resist it (Kress & Adamson 2010).

Similarly, the study conducted by Muchinako et al. (2013:110) on issues and challenges of children living and working on the streets in Harare concluded that social workers had a critical role to play. Therefore, they were called to redouble their efforts

to ensure the fulfilment of their mandate which demanded that they rolled out appropriate interventions, targeting the children living and working on the streets in Harare (Muchinako et al. 2013).

Furthermore, life skills programmes empower adolescents to cope with challenges that they experience on the streets such as substance abuse and criminal activities. Therefore, adolescents are equipped with skills such as decision-making, creative thinking and communication as well as knowledge to be able service providers to render effective services to these adolescents.

6.3.1.7 Sub-theme 1.7: Family reunification and after care services

Various authors have found that family reunification is the process of returning children from CYCCs to their families of origin (Child Welfare Information Gateway 2011:2; Mackey 2013:2; Balsells et al. 2014:2; Wilkins & Farmer 2015:3). Similarly, Feeny (2005:25) has indicated that family reunification means reunifying the child with his or her actual family and/or extended family, while facilitating fostering and adoption processes or enabling the child to live independently in the community. Therefore, early emphasis on reunification as the most desirable permanency goal requires an adequate assessment of the strengths and needs of these children and their families (Child Welfare Information Gateway 2011:2).

After-care services are defined as “supports designed to maintain gains following from running away from home and to prevent the need for additional placements in the facilities such as CYCC” (Tyler et al. 2014:220).

Sekerci, Karatas, Güven, Demir and Güven (2021:75) state that it is important to keep track of and provide follow-up and support services to children living and working on the streets. Furthermore, several studies have found that it is important for social service practitioners to understand family receptiveness toward reunification, reintegration and after-care services (James-Wilson 2007:11; Ward 2007:31; Carnochan et al. 2013:179).

Two participants explained the process and importance of family reunification as follows:

The facility is also offering family reunification services. On admission children are assessed to establish what the problem is. We build trust with the child because children who were previously living and working on the streets lack trust. They do not trust anybody, and they feel guilty about their past street life. We are not judging them. After building a relationship we gather information and probe about their background. During that process the case manager [social worker based in the community] *is requested conduct the home visit to establish the home circumstances. When the case manager report that the circumstances are conducive at home the child concerned is reunified back with the family and the aftercare services are conducted to ensure that the child adjust well at home* (Social worker).

Conduct intake to compile their background information specifically about their home address, formation about their parents whether they are employed or not. After gathering that information, the social worker conducts the home visit. The purpose of the home visit is to verify the information provided by the child. To assess if the parents have reported the missing child. To establish what actions have been taken after the child ran away from home. When the child is willing to go back home; the social worker render the reunification and reintegration services. After care services are rendered to assess if the child is adjusting well at home (Outreach worker).

The findings above demonstrate that the information gathered during the family reunification process helps the social service practitioner to identify the family's strengths in order to assess and evaluate possible solutions for reunification (Rapp & Lane 2013:154). Furthermore, the findings confirm those of Balsells et al. (2014:817) in their study conducted in Spain. Those findings reveal that there is a need for empowerment support to develop strategies to help parents adapt to ensure that children adjust well at home after family reunification (Balsells et al. 2014).

Resilience is also a pillar of supportive relationships by parents and significant others. It helps people overcome the inevitable obstacles in their lives. Full support from the family can assist children living on the streets to cope with their challenges. Resilience

is found in a variety of behaviours, thoughts and actions that can be learned and developed across the lifespan of the individual.

Similarly, the findings by Kanjanda and Chiparange (2015:315) in the city of Mutare in Zimbabwe recommend that organisations that deal with children living and working on the streets should focus their programmes on family tracing and family reunification.

Furthermore, the researcher is of the view that it is imperative for the social service practitioner to understand the relevant “push” and “pull” factors that contribute to adolescents living and working on the streets and their current significance to the possibility of family reunification.

6.3.1.8 Sub-theme 1.8: Reunification of children with their families and rehabilitation

Several studies have found that family reunification meets the needs of adolescents when they are reunified with their families of origin and rehabilitated. It is the most important aspect of service delivery to children (Berry, Cash & Brook 2000:191; Spath & Pine 2004:58; Goodyer 2011:63; Mahery, Jamieson, Scott & January 2011:45; Fernandez & Lee 2013:1375).

Two participants explained how adolescents were involved in reunification and rehabilitation.

> *Again, the fact that some children were genuinely lost and we need to trace their families and to reunite them with their family members. Some children get rehabilitated and are re-integrated in their communities. They become part of the mainstream life activities unlike before where they have been relegated to be the outcasts of the society* (Social worker).

> *Children are prepared for independent living after they are discharged from the facility. Therefore, they can adjust well to normal life and become responsible adults. Children are reunited with their family members if the conditions are conducive at home. After care services are rendered, to ensure that children are adjusting well with their family members* (Social worker).

The findings demonstrate the strengths of social service practitioners when they provided reunification and after-care services to ensure that adolescents adjust well with their families and in the community. Therefore, the return home of adolescents is more likely to be stable when the decision to reunify is based on clear evidence of parenting capacity and strong provision of support services to assist parents and adolescents alike. These findings confirm those of Mnisi (2015:115) that eight adolescents who had participated in the study conducted in CYCCs in Pretoria, South Africa, indicated that they wished to be returned home. Similarly, the findings on the Retrak technical brief by Smith and Wakia (2012:27) revealed that several organisations were able to reunite children with their families between 2006 and 2009.

In contrast, Feeny (2005:4) indicated that the concept and practice of family reunification for children living and working on the streets had revealed that rushed family reunifications drew heavy criticism from various human rights groups and non-governmental organisations (NGOs) and from the children themselves. Feeny (2005) cited the storyline of one child who participated in the study in India. The child expressed his views as follows: “The government policy makers have taken the time out cleaning children off the streets, but they have not thought about what they should do for their children’s future.”

Therefore, children have a right to have their views heard and taken seriously by social service practitioners during their interventions despite the fact that the South African government has formulated legislation and policies such as the Children’s Act 38 of 2005 as guiding tools to assist social service practitioners on how to reunite and rehabilitate children back to their families and society. The Children’s Act, as a law of the country, is not fully implemented to attain the objectives of the policy document (Sibanda & Lombard 2015:1).

6.3.2 Theme 2: Benefits of services offered during early intervention phase

A range of services are offered to adolescents to meet their needs such as providing food parcels and referring them to SASSA to apply for the child support or foster care grant. Ferguson and Xie (2008:6) are of the view that the array of services available to

homeless youth are able to meet their basic needs while maintaining their survival behaviours and continued living on the streets.

The following excerpts encapsulate how adolescents benefitted from a range of services offered:

> *We render after care services to establish if the child is coping at home. In some cases, we work closely with the schools and request them to assist in readmitting the child back to school. The families who are poverty stricken are provided with food parcels for three months. During that period* [when the child is placed back into his/her family of origin] *the family is referred to South African Social Security Agency (SASSA) to be linked to appropriate grants such as child support grant and foster care grant. The facility provides the food parcels on short term basis to discourage the culture of dependency* (Social worker).

> *Personally, I have realised that most of the children who are living and working on the streets are bitter because they run away from home because of poverty and unemployment of the parents. In such cases we provide the children with food and clothes* (Outreach worker).

6.3.2.1 Sub-theme 2.1: Services provided to children with educational support and economic opportunities

Various studies have found that adolescents living and working on the streets encounter several challenges such as lack of educational and economic opportunities (Ampiah & Adu-Yeboah 2009:4; Madjitey 2014:8; Shephard 2014:349). However, they are not able to begin schooling or to stay enrolled in school due to lack of response from the education authorities regarding the teaching of children living and working on the streets (Dladla & Ogina 2018:3). Therefore, this discrimination violates their right to education as stipulated in the United Nations Convention on the Rights of the Child (1989).

Similarly, Bal Yilmaz and Dulgerler (2011:130) indicated that, in Turkey, the prevalence of children working on the streets increases during the summer holidays. Therefore, they prioritise working on the streets more than their education to the point that they

drop out of school. Education is an investment in the adolescents on the streets, producing direct benefits on externalities economically and politically (Mishra & Kiran 2016:742).

The following excerpts demonstrate how education support and economic opportunities were provided to adolescents:

> *In some cases, those who are removed from the street successfully they do benefit; in such cases children can go back to school to complete their studies. For example, one of the boys was removed successfully from the streets. He managed to pursue his studies; he is doing a course in hospitality management. We provided the said child with the school uniform because he was expected to dress formally. We have victory; I wish we could have duplicated such effort and have more success stories* (Outreach manager).

> *Children who are admitted at Kids Haven come with no hope but when are discharged they live with hope. The practical example is that recently one child who was the most difficult child was removed from the streets and admitted to Kids Haven. The said child was transferred to one of the CYCC in Pretoria to be able to complete his studies. The said child is now doing second year in medicine at the University of Natal. I met him over the weekend he told me that if it was not our early intervention in his life, he would not be able to make it in life. Shoo!!! I was so proud* (Social worker).

The findings demonstrate the empowerment and benefits of adolescents through educational support and economic opportunities. Furthermore, the social service practitioners revealed how early intervention services yielded positive results byh enabling the adolescents to pursue their studies for greater employment and financial opportunities. The findings are consistent with those of Strehl (2010:72) in the study conducted in Lima and Cusco. The study revealed the children who had participated in the study agreed that school was very important to them and the only way to improve their lives and escape their marginalised situation. Similarly, the findings of the study by Ali et al. (2004:1712) conducted in Pakistan in the cities of Rawalpindi and Islamabad revealed that 44% of 108 children who had participated in the study

mentioned that, in order to achieve their ambitions, education was an absolute must. In addition, more than half were willing to go back to school if given the chance.

The United Nations Convention on the Rights of the Child (1995), as presented in the Parliamentary Monitoring Group of the Department of Women, Children & People with Disabilities (2013), recognises a child's right to education. Governments are obliged to realise this right progressively on the basis of equal opportunities for all children to ensure that primary education is compulsory and free (Article 28). Education is a key component of the right to survival and development as stated in Article 6. In South Africa, legislation seeks to promote the rights of children to education such as the South African Schools Act 84 of 1996 which stipulates that school attendance is compulsory and includes the provision that no learner should be excluded on the basis of non-payment of fees. Despite this kind of legislation in South Africa access to education for adolescents living and working on the streets has not improved over the decades (Dladla & Ogina 2018:3).

6.3.2.2 Sub-theme 2.2: Benefits from intervention and life skills programme

Adolescents living and working on the streets are benefiting from intervention and life skills programmes such as counselling services. Therefore, narrative counselling processes guide clients' distinctive individual realities and in so doing, adolescents develop an appreciation for their past experiences that then motivate them to deconstruct, reconstruct and construct their life experiences (Setlhare-Meltor & Wood 2016:65). Kress and Adamson (2010:243) have indicated that counsellors may use therapeutic stories as a supplemental technique within any traditional counselling framework to create altered perceptions that facilitate change. The researcher has noted that intervention services such as counselling may be helpful with adolescents living and working on the streets because of their characteristics of denial and self-blame.

Four social service practitioners have indicated that they render therapeutic and life skills to children living and working on the streets.

> *Children are really benefitting with the services we are offering. After the life skills are offered, most children realised the dangers of living and working on*

the streets and they request the outreach workers to remove them from the streets (Outreach worker).

When we deal with a child, we involve the family in family therapy because we have realised that the family struggles to contain the behaviour of the difficult child as a result the said child ran away from home. The family is taught about on how to deal with a difficult child. We are also teaching the family about conflict resolution skills (Social worker).

The facility provides the life skills where we share with the children about how to cope with life. The facility also is rendering awareness campaigns to sensitise the children about the risks of living and working on the streets. The children also experienced love and care which they could not find at home and their interest are taken into consideration (Outreach worker).

The therapy also helps to ease the pressure, for them to know that they are accepted and not judged. Children want to know why certain things happen to them; we can assure them that can happen to anybody. And they are encouraged to adjust and be focus in their lives. Therefore, the anxiety of what to expect is no longer there. Children can focus on their schoolwork. When the child feels accepted is where change happens. They have anger about their experiences on the streets, therefore they are sent for anger management to enable them to deal with anger. During the involvement in group therapy, they realise that they are not the only person who is going through that. They realised that they could adjust and feel better. Others report that they do not have any hope, after the sessions they feel better (Social worker).

These findings demonstrate the strengths of social service practitioners in seeking to develop their clients' natural abilities and capabilities. The findings also confirm those of Childhope Asia Philippines' (2007:5) annual narrative report on the benefits of reaching out to and protecting children living and working on the streets. A total of 1 194 children were assisted by community outreach programmes in Childhope's report. Four hundred and seventy-three (473) were girls and 721 were boys. Of the total number of children assisted, 42% were street-based children. The report concluded

that it was imperative for children to receive intervention geared towards behaviour modification to help them cope with their challenges of street life. Furthermore, the report recommended individual and group counselling to focus on raising awareness on the risks and hazards of staying on the streets and on planning their life goals.

6.3.3 Theme 3: Challenges experienced by practitioners when rendering services to adolescents

In the South African context, there are life experiences that place adolescents living and working on the streets at risk. Factors such as substance abuse when they use drugs such as dagga, nyaope, nicotine, heroine and alcohol, and crime. Subsequently, their health is at risk of deteriorating due to their substance abuse (Reddy et al. 2003:47).

Several studies have documented that adolescents on the streets are exposed to severe behavioural problems such as committing crime and gangsterism (Clarke, Clarke, Roe-Sepowitz & Fey 2012:271; Karabanow 2012:52; Nanda & Mondal 2012:1; Shiluvane et al. 2012:176; Asante 2015:1). Six social service practitioners indicated that they had experienced several challenges when they rendered services to adolescents living and working on the streets.

6.3.3.1 Sub theme 3.1: Substance abuse

Various studies have found that substance abuse is also a major issue among street-involved children worldwide (Sharma & Lal 2011:47; Embleton et al. 2012:1235; Jordan 2013:2; Sharma & Joshi 2013:137; Swahn, Haberlen & Palmier 2014:290; Bhukuth & Ballet 2015:140). Substance abuse among children has in recent years become a subject of concern, not only in terms of the increasing number of children involved but also because of the type and variety of substances now easily available on the streets.

Substance abuse has been documented as a socio-behavioural problem commonly associated with adolescents living and working on the streets (Bal et al. 2010:1669; Maciel et al. 2013:166; Snell, Radosevich & Feit 2014:565 Cumber & Tsoka-Gwegweni

2016:169). The following relevant sub-themes and storylines presented below were uncovered:

> *Challenges with regard to adolescents living and working on the streets they are addicted to substance abuse problem with serious issues of trust, and as results the fact that they don't trust you they don't open up therefore that hinder progress relating to our intervention. Some have serious health problem issues. In that instance we facilitate process of accessing to health-related issues* (Outreach Worker).

> *Some have high addiction difficult to get rid of it. I think the dangerous one is "nyaope" we were told that when children are addicted to this drug is difficult to help them. Previously this "nyaope" was not declared as a drug. Due to the lot of combination of substances it is now classified as a drug. When children are reached in the morning and encouraged to access services to the drop-in centre, those who are taking nyaope refused because they want to fix their addiction. Unfortunately, is difficult for them with intake of nyaope they don't eat in the morning. Otherwise their stomach won't digest anything* (Outreach Worker).

The findings show that the most prevalent substance used by adolescents on the streets is Nyaope which carries great health concerns with it. Nyaope is the drug cocktail mixed with cannabis, heroine and antiretroviral (ARV) drugs. It is estimated that about 15% of South Africa's youth are susceptible to this drug which poses a significant health and social problem (Fernandes & Mokwena 2016:153). The findings of several studies show that adolescents use substances to cope with the stressful environment of street life. The researcher has observed that the use of nyaope has been gaining popularity among adolescents living and working on the streets and that it has exposed them to higher risk-taking related to criminal behaviour that claims their lives and poses a serious health risk.

Furthermore, the findings confirm those of Gaidhane et al. (2008:50) in their study conducted in Mumbai. It revealed that most of the children who lived on the streets alone were at a greater risk of abusing substances compared to children having

parental guidance. In South Africa, some adolescents living and working on the streets are using dagga, glue and other drugs to cope with the hardships of street life. Similarly, the findings of the survey conducted in Cape Town by Reddy et al. (2003:47) revealed that 31.8% of adolescents were substance abusers, the highest number.

Therefore, p-i-e is critical in assessing the environment and assisting the adolescents to cope with the hardships they face on the streets. Therefore, various programmes such as education programmes and therapeutic methods are being developed to assist individuals living a healthy lifestyle away from addiction (Tshitangano & Tosin 2016). Despite the efforts initiated by government and private institutions the number of children involved in substance abuse in the streets has increased. Furthermore, in South Africa, the amendment of the Drugs and Drug Trafficking Act 140 of 1992 classifies the street drug nyaope as of 28 March 2014 as officially illegal (Health24 2014). Nevertheless, young people usually use illicit drugs as a way of avoiding different stressors such as poverty and lack of support from family members in their lives and to create a sense of happiness (Mudavanhu & Schenck 2014:3).

Another practitioner highlighted the new drug used by adolescents living and working on the streets as follows:

> *Another method that adolescents are using in the streets is "blue toothing" which complicates the whole process of substance abuse where adolescents are using injections. They inject themselves to get a fix and draw a blood from others who are using injection and distribute blood among themselves. They say they save money because it is expensive to buy drugs. In this method they inject one who has taken drugs and distribute that drug through injecting themselves. Imagine the risk that they are taking, such as HIV/AIDS infection. Due to lack of funds, they don't get enough money from begging they resort to this method called "blue tooth". As outreach workers we need training on how to deal with such adolescents especially when they are high it is very risky to engage with them* (Outreach Worker).

The finding demonstrates a new kind of drug use by adolescents living and working on the streets is called "blue toothing". Injecting the drug among these adolescents is

reported as a serious health problem which needs urgent early intervention by social service practitioners to protect the adolescents before they fall through the cracks.This finding is consistent with that of Dhawan, Pattanayak, Chopra, Tikoo and Kumar (2016:390) in their study conducted in India. The study revealed that injection drug use among adolescents placed them at a high risk of getting HIV. Furthermore, Sevak and Lal (2020:36) indicated that adolescents living and working on the streets needed to be empowered through health education about the complications of substance abuse. In addition, Basu et al. (2021:2259) argued that children living and working on the streets were being marginalised and not covered adequately by the health system. Therefore, the researcher is of the view that the team of professionals could integrate and make a joint effort to empower and educate adolescents about the complications caused by substance abuse.

6.3.3.2 Sub-theme 3.2: Criminal activities

Various studies have indicated that adolescents living and working on the streets are involved in petty crimes such as pick pocketing and snatching handbags (Martinez 2010:40; Malindi 2014:36; Bhukuth & Ballet 2015:141). Similarly, the study by Ward and Seager (2010:87) revealed that criminal activities were amongst the livelihood strategies used by homeless young people. They are neither the primary, nor the only ones involved in this behaviour. In the current study it appears that criminal activities might be survival strategies.

Two practitioners indicated that adolescents on the streets were engaging in criminal activities.

> *They are used to issue fending for themselves they look for the opportunity of how to make money by committing petty crimes. They steal from the facility and request other children to sell the staff at school. Is amazing that children are loyal to one another, they will sell the stolen goods without reporting to the facility* (Social Worker).

> *I think the Biggest challenge I can say is children relapsing back to their previous behaviour in respective of to the services we have rendered make all means to ensure that children attend programmes therapeutic, developmental find child*

*go back to the streets go back to the street, for me is disappointing because you invest a lot of time and resources but outcome not positive when they go back to that environment. Try to bring them back they refuse girls go back to their boyfriends go back to the street to abuse substances (*Social Worker).

The findings demonstrate resilience which involves ways of coping with adversity such as petty theft. Some adolescents living and working on the streets survive through criminal activities such as petty theft and robbery that bring them into conflict with the law (Walakira, Ddumba-Nyanzi, Lisshan & Baizerman 2014:338; Suha & Sik 2021:40). In South Africa, the Child Justice Act 75 of 2008 aims, amongst other things, to establish a criminal justice system for children who are in conflict with the law in accordance with the values underpinning our Constitution and our international obligations.

6.3.4 Theme 4: Suggestions on the early intervention programmes for adolescents living and working on the streets

The suggestions made by social service practitioners in this study are valuable even though they lack depth. They suggested that the following services on early intervention programmes be made available:

- To strengthen a multisectoral approach
- Early intervention to be preceded by prevention services
- To strengthen early intervention services
- To increase financial resources
- To collaborate with other government departments and relevant stakeholders.

6.3.4.1 Sub-theme 4.1: Strengthening a multisectoral approach

Many successful programmes for children living and working on the streets are multisectoral in nature because the health, education, survival and emotional needs of these adolescents are often impossible to address separately (Brooks 2006:70; DSD Strategy and Guidelines for Children Living and Working on the Streets 2010:29; Molahlehi 2014:20).

The following excerpt encapsulates how a multisectoral approach can be strengthened:

> *I am identifying a gap in service delivery with regards to children living and working on the streets; there is vast information on the challenges faced by children living and working on the streets. However, there is limited information on what happened in their minds and how to cope with the situation. Therefore, I am suggesting that we need to mobilise all professionals such as psychologists, social workers and psychiatrist to come up with multi-sectoral approach to address the needs of children living and working on the streets. We can also engage with the children who lived and worked on the streets to get the inputs from them on how they survived. We need to request them to share their experiences, challenges and the attitudes of the community members when they were still on the streets. I think is important to get that information to assist in the planning of intervention strategies* (Social worker).

A coordinated team of individuals providing services to adolescents living on the streets is always assumed advantageous. Social work is an integral part of the multi-sectoral team. They provide a holistic service with the ability to see an individual as a unique and complete entity. The multi-sectoral approach also seeks to understand the interconnectedness of people's lives and support them to address constraints and discrimination they experience in society. To holistically observe a child living on the streets as a complete person is to view him/her from a person-in-environment perspective (Kirst-Ashman & Hull 2012:4). This perspective is based on the notion that an individual and his or her behaviour cannot be understood adequately without consideration of the various aspects of that individual's social, political, familial, temporal, spiritual, economic and physical environment.

The person-in-environment approach is said to provide an adequate framework for assessing an individual and his or her problems and strengths rather than an approach that focuses solely on changing the individual's behaviour or psyche, or one that focuses solely on environmental conditions (Kondrat 2011:4). The combination of skills and expertise offered by social workers makes a unique contribution to the

psychological and social aspects of the multidisciplinary professional team caring for these adolescents, their families and social service practitioners.

6.3.4.2 Sub-theme 4.2: Preventative services

Several studies have found that it is imperative to develop and implement prevention services to adolescents living and working on the streets in order to eliminate their numbers and to review the origins of homelessness among these adolescents (Balachova, Bonner & Levy 2009:6; Ward & Seager 2010:85). Furthermore, Dybicz (2005:765) categorized the possible prevention interventions into the following three broad groups: *Primary prevention interventions*

Similarly, Balachova et al. (2009:6) have proposed a model in which existing institutions and professionals are supported in facilitating an integrated system of primary, secondary and tertiary prevention. This includes improving child protection services and interventions to prevent children leaving their homes, early identification of children who are becoming involved in street life and a continuum care for children who cannot return home.

The following excerpts encapsulate how preventative services should be rendered:

> *I think we need to street work-specific programme, in which various stakeholders get involve. Our early intervention programme should be preceded by prevention programmes and awareness campaign targeting schools, churches, youth groups, community groups. This approach will make our early intervention to be more effective* (Social worker).

> *Personally, I think for early intervention the social workers need to prioritise the prevention programmes, followed by early intervention, reintegration and aftercare work for children living and working on the streets. I think for the prevention programme the schools must engage with teenagers' boys and girls they need to be taught about parenting issues. Again, pregnant mothers need to have special health intervention programme where they are sensitised about proper diet and the danger of taking substance abuse when they are pregnant* (Social worker).

> *The communities must establish the safety network, safe house whereby children who are at risk or found roaming around the streets should be taken for protection. There should be 24 hours open line phone service to protect children at risk like the Child line where the depressed child or parent can phone the counsellor* (Outreach worker).

These views demonstrate that preventative services strengthen and support families with children and build relationship with significant others (Jamieson & Berry 2012:26). The findings are in support of UNICEF and Save the Children's national study on children living and working on the streets in Albania (Di Giglio, Kore, Bolduc, Bocaj, Majko, Hima & Jonuzaj 2014:65). The study recommends that prevention intervention is the best practice intervention for children living and working on the streets. In South Africa, the White Paper for Social Welfare (1997:50) acknowledges the phenomenon of street children and recommends that vulnerable adolescents be prevented from living and working on the streets through the development and implementation of relevant programmes. However, due to lack of appropriate programme to address the needs of vulnerable adolescents the prevalence of children on the street is high. These adolescents can do better in the long run when they are helped to identify, recognise and use the strengths and resources available in their environment (Malekoff 2015:20).

6.3.4.3 Sub-theme 4.3: Strengthening early intervention services

According to Section 143 of the Children's Act 38 of 2005, "early intervention programmes" means programmes provided to families where there are children identified as being vulnerable or at risk of harm or removal into alternative care. Early intervention services seek to help individuals and their families who are at extreme risk of this happening to them (Gaetz & Dej 2017:44; Schwan et al. 2018:10). Conversely, early intervention provides activities, programmes and initiatives designed to modify the behaviour of individuals who show signs of an identified problem and/or who exhibit risk factors or vulnerabilities for an identified problem (New South Wales [NSW] Interagency Guidelines 2019:3).

Furthermore, early intervention is a level of intervention which includes intensive support, capacity building, social relief, home-based development support and

therapeutic programmes. The early intervention services can be rendered by multi-disciplinary teams and a variety of stakeholders (DSD Integrated Service Delivery Model 2006:20; DSD National Strategy and Guidelines for Children Living and Working on the Street 2010b:26). Early intervention before adolescents have been on the streets for a long time is the most likely strategy to be successful in addressing the prevalence of children living and working on the streets (DSD National Strategy and Guidelines for Children Living and Working on the Streets 2010b:26).

The following excerpts demonstrate how adolescents benefitted from a range of services offered:

> *Early intervention programmes should be strengthened and implemented effectively to ensure that children are protected from the risky conditions. Therefore, should a child be found in the community and the society in general needs to be sensitized to rally around and make noise to the law enforcement agencies and government departments with immediate effect* (Outreach worker).

> *Early intervention must be strengthened; the challenge is we don't know when to intervene. It is still a grey area. We need to involve the families like in other countries for example in England they involve family sectors. In our country we still lacking in child protection procedures, not known by relevant stakeholders like police, teachers and social workers. If child protection procedures were implemented in the country early intervention procedures would be included in all levels. We need to develop family sectors, in England for instance instead when removing a child from the abusive environment they remove the adult, he or she is not treated like a criminal or prosecuted but they are linked to training programme, about family preservation. The family members are empowered, and children are sensitized about their rights. If parents are empowered at that level where a child is still young* (Social worker).

The findings show that early intervention services should be strengthened to empower adolescents and their families to understand the structural inequalities and obstacles brought about by the community. Moreover, they can be supported by social workers

to transition from passivity to activity regarding the situation deemed problematic (Rivest & Moreau 2015:1859). Similarly, the findings confirm those of Murray et al. (2012:10) who conducted a study in the Republic of Georgia on adolescents living on the streets and who are institutionalised. This study revealed that early intervention could help stop cyclical problems such as violence within families. Furthermore, the study conducted by Wakia and Corcoran (2013:4) revealed that there was a need to strengthen early intervention services such as outreach work to target younger children and those who have recently arrived at the streets. Reintegration services assist children to re-enter formal education, both through education and skills programmes.

6.3.4.4 Sub-theme 4.4: Increase financial resources for services towards the children

The Department of Social Development remains the custodian of adolescents and is accountable for the public matters relating to the implementation of early intervention services. Therefore, social service practitioners have a responsibility to access funding to render services to children, including children living and working on the streets, from the national, provincial, local and international funds made available for this purpose (Hendrickse 2008:4).

The researcher has observed that the funding allocated to the NGOs by government assists in closing the gap that could not be serviced by government. Nevertheless, NGOs have the ability to reach deep rural areas that are not easily accessible. A government resourcing strategy does not mean that all funds must be sourced from the public fiscal; it merely allows for the allocation of resources by private entities. The DSD National Strategy and Guidelines for Children Living and Working in the Streets (2010b:33) asserts that there should be a commitment to funding for appropriate developmental and protective services to children living and working in the streets.

Furthermore, the DSD Policy on Financial Awards (2008) is aimed at guiding the country's response to financing service providers, including those rendering services to children living and working on the streets. Similarly, the Public Finance Management Act, as amended by Act 29 of 1999, promotes good financial management in order to provide service delivery through effective and efficient use of available financial

resources. The PFMA prescribes measures to establish financial operational procedures, ensure transparency and accountability, and to eliminate waste and corruption in the use of public finances and assets.

Furthermore, the UNICEF report (2004:3) stipulates that the protection of children's well-being requires sufficient resources and internal capacity for, among others, strategic planning, policy development and execution, programme implementation as well as monitoring and evaluation. Similarly, the report highlighted that NGOs must ensure there is proper financial management which involves attention to projects and organisational objectives. The participants have mentioned lack of financial resources as a hindrance to provide quality services to adolescents living and working on the streets.

The following remarks are illustrative of this finding:

> *…we are trying to give children love and guidance to have the sense of belonging. We experience several challenges in the facility; we are trying our level best to ensure that there should be no difference between the girls that are admitted in the shelters and those in the children's homes. The facility is struggling to maintain that because of lack of resources* (Social worker).
>
> *The funding that is allocated to the shelters is not sufficient to cover the administrative cost. The children's homes are allocated sufficient funding compared to shelters* (Social worker).

The findings demonstrate the challenges experienced by social service practitioners due to lack of adequate funding to provide quality services to adolescents living on the streets. Furthermore, the social service practitioners have raised concerns that the shelters rendering services to adolescents living on the streets are marginalised because they are allocated less funding compared to children's homes.These findings concur with those of a South African study by Sibanda and Lombard (2015:5) which revealed that a significant number of professionals faced various challenges in the implementation of the Children's Act 38 of 2005. Similarly, the findings confirm those of Makomane and Makoae (2017:384) in their study on an overview of programmes

offered by shelters to children living and working on the streets in South Africa. The study revealed that the NGOs rendering services to these children were facing serious financial and human resource constraints that hampered the effective implementation of programmes and services for children.

6.3.4.5 Sub-theme 4.5: Collaboration with other government departments and stakeholders

Collaboration minimises the duplication of effort, maximises information-sharing and builds capacity (Nelson-Nuñez & Cartwright, 2018:1). A collaborative approach implies that services be rendered in an integrated and holistic manner which reflects partnerships among government departments and between government and civil society (Children's Act 38 of 2005; DSD Manual on Family Preservation Services 2015:47). The Department of the Presidency and the National Planning Commission (2011:337) stipulate in the National Development Plan 2030 that government has adopted a partnership model of service provision and relies mainly on NGOs to provide social welfare services.

Four practitioners have indicated that, to render effective services to children living and working on the streets, there must be collaboration between the relevant stakeholders and government.

> *We need more stakeholders to assist to channel the children to proper resources. There is also a need for professionals to be patient when they engage with the said children, I have noted that professional who are working with them on them on the streets have attitude. There is a need of good partnership with relevant service providers to ensure that proper services are rendered to the children* (Social worker).

> *The facilities should be encouraged collaborating with relevant stakeholders such as the Department of Health, Department of Home Affairs and Department of Basic Education* (Social worker).

> *I think another important thing is child protection procedures they should include other relevant stakeholders and relevant departments not only Department of*

Social Development (social workers) for example the forum should include the Department of Education, Department of Health etc. Health and educational needs must be easily accessible to children (Social worker).

The child protection forum must be used as a vehicle to collaborate with all relevant stakeholders to address the challenges and gaps in child protection (Social worker).

The findings demonstrate that, to render quality services to adolescents living on the streets, there is a need to strengthen collaboration and partnerships with relevant government departments and stakeholders. Similarly, the study conducted by Cumber and Tsoka-Gwegweni (2016:1079) on the characteristics of street children in Cameroon emphasises collaboration between government and all relevant stakeholders working with these children, and they should design specific programmes that will involve these children.

In South Africa, social work has adopted the developmental approach to service delivery and practice which emphasises the multidimensional and integrated nature of service delivery. Moreover, the DSD's integrated service delivery model of 2013 promotes an integrated and intersectoral approach to service delivery. It clearly spells out a number of guidelines for intervention by relevant social service practitioners.

Furthermore, the study conducted by Mishra and Kiran (2016:744) to assess the level of adjustment of children living and working on the streets in India recommended that the government and relevant stakeholders concentrate on these children, and efforts be made to enhance their quality of life.

6.4 CONCLUSION

This chapter sought to explore the experiences of social service practitioners rendering social work services to children living and working on the streets. The findings of this study will assist in formulating, improving and strengthening existing guidelines which will inform interventions for social service practitioners and protection programmes for children living and working on the streets. The biographical profile of participants was presented in a table format, followed by a discussion of four themes and 18 sub-themes

aligned with storylines from the transcribed interviews while supported and contrasted with literature control.

In the next chapter, the conclusions, limitations and recommendations of the study will be presented.

CHAPTER SEVEN

GUIDELINES ON INTEGRATED APPROACH FOR EARLY INTERVENTION SERVICES FOR ADOLESCENTS LIVING AND WORKING ON THE STREETS

7.1 INTRODUCTION

The South African government has adopted an integrated approach which paves the way for adolescents living on the streets to benefit from well-coordinated service efforts. However, through this study, the researcher has determined that there are gaps in the provision of integrated and coordinated early intervention services, especially in the current DSD National Strategy and Guidelines for Children Living and Working on the Streets document (2010b). In order to meet the aim of this study, which is to proffer guidelines on integrated early intervention services to enhance the implementation of the existing guidelines for adolescents living and working on the streets by relevant stakeholders, the researcher utilised the synthesised data from the multiple participants presented in the previous chapter.

Furthermore, South African Council of Social Service Professions (2020:4) argued that an integrated approach to service delivery is crucial to address the early intervention needs of children, including adolescents living on the streets. Therefore, the focus of this chapter is mainly to describe the guidelines on an integrated approach of early intervention services for adolescents living and working on the streets. The chapter is informed by a compound of perspectives shared by social services practitioners. The researcher has also considered the existing literature in order to enhance and justify the need to address the plight and adversity of adolescents living and working on the streets.

The guidelines on an integrated approach are presented in the following sub-sections:

- Revisiting the definition of the guidelines
- Background to the guidelines
- Principles of a developmental approach
- Theoretical assumptions and principles underpinning the integrated approach of early intervention services for adolescents living on the streets

- Outcomes of an integrated approach
- Roles and responsibilities of social service practitioners
- Process of the development of guidelines
- Descriptive guidelines on an integrated approach of early intervention services
- Capacity building
- Evaluation

7.2 GUIDELINES FOR AN INTEGRATED APPROACH FOR EARLY INTERVENTION SERVICES FOR ADOLESCENTS LIVING AND WORKING ON THE STREETS

The definition of the guidelines was discussed in Chapter One, subsection 1.9.15. To refresh the reader's memory the definition for this specific guideline will be provided again.

7.2.1 Revisiting the definition of the guidelines

The guidelines are defined as pre-formulated interventions and sets of non-mandatory rules, principles or recommendations for procedures (Rosen & Proctor 2003:1; National Health and Medical Research Council 2011:1). In this study, guidelines refer to systematically developed activities for social service practitioners working with adolescents living and working on the streets in order to enhance the implementation of early intervention services.

7.2.2 Background to the guidelines

The Children's Act 38 of 2005 and the Child Justice Act 75 of 2008 primarily guide the programmes and services to children in South Africa. Section 150 (1) (c) of the Children's Act has made it mandatory that children in need of care and protection, including children living on the streets, should be given priority. The Children's Act is silent about adolescents living on the streets but generalises the children, disregarding the challenges that the adolescents may encounter which are different from other children who have not reached that stage but are in the streets. Nevertheless, the Children's Act emphasises the early intervention programmes and services.

The prevalence of adolescents living on the streets is high in South Africa due to various pull or push factors, unstable family relations and socio-economic factors (Asante & Nefale, 2021:2). Similarly, the findings of the current study reveals that factors that cause adolescents to live and work on the streets include but are not limited to substance abuse, peer pressure, poverty, sexual abuse, family disorganisation, domestic violence and children used by adults to commit crime as described in Chapter Four.

Furthermore, the Child Justice Act 75 of 2008 provides a child justice system for adolescents who are in conflict with the law. For instance, when an adolescent is found guilty of committing a crime, the matter will be dealt with in a rights-based approach through diversion programmes and restorative justice measures to assist the child to transform and become a productive member of society. This Act speaks of two types of children, namely those with criminal capacity and those without criminal capacity; however, it ignores the challenges that come with one being an adolescent.

Therefore, the current study has shown that adolescents living on the streets commit petty crimes. A social service practitioner is of the view that "(T)hey are used to issue fending for themselves they look for the opportunity of how to make money by committing petty crimes". Hence, the researcher focuses on early intervention services to intervene before they become criminals. However, due to the high prevalence of children living and working on the streets, the current study focuses on those already on the streets to be prevented from moving deeper into the child and youth care system such as court-ordered alternative care or even secure care if they have committed crimes. The target group for the implementation of the guidelines are all the stakeholders rendering services to adolescents living and working on the streets.

7.2.3 Principles of an integrated approach

An integrated approach is built on key principles to improve the services offered to adolescents living and working on the streets. The most important principles of such as integrated approach are human rights, participation, partnerships and empowerment. As discussed below, the researcher elaborates on principles of the

integrated approach to respond to the needs and social conditions of adolescents living and working on the streets.

- The principles suggested for an integrated approach for early intervention services to adolescents are as follows:

Human rights

The COVID-19 pandemic has highlighted stark inequalities among people but mostly, the adolescents living and working on the streets - one of the starkest - has been the extent to which they are able to enjoy their right to health, safety and security, especially, considering adolescents who live and work on the streets continue to struggle to access basic social and health services. Although most children, including adolescents who contract COVID-19, seem to endure mild or no symptoms, adolescents who spend large parts of their lives on the streets may be more at risk than most. Many health issues that adolescents living and working on the streets normally face could also contribute to their vulnerability during the COVID-19 pandemic.

Adolescents have a right to be part of their families and the society into which they were born and are entitled to parental care. Furthermore, adolescents need to be cared for and protected by parents or caregivers and relevant stakeholders. They should have access to basic education and developmental opportunities. Furthermore, they should enjoy civil rights such as their identity, including their nationality, name and freedom of association and expression.

Participation

Active involvement and contribution are important requirements for successful and sustainable improvements for the benefit of adolescents living and working on the streets and the implementation of developmental programmes. Reasonable children's participation can only succeed when corresponding conditions such as a safe and trustful environment, where resources are provided, where they have access to relevant and child-friendly information and all risks are evaluated are created. It is furthermore important that children realise their rights.

Partnerships and empowerment

A partnership is a highly essential and beneficial working principle for early intervention services programmes, even more so, given the complex and multi-faceted phenomenon involving adolescents living and working on the streets. Partnerships should be strengthened through collaborative working relationships with relevant stakeholders such as government, NGOs, FBOs and CBOs to deliver quality services to adolescents living on the streets. Adolescents need to be empowered by key stakeholders to have knowledge and skills in order to make correct decisions.

Services to adolescents living and working on the streets should be multisectoral in nature because it is only fair that challenges are addressed holistically. Therefore, coordination and integrated planning by relevant professionals and departments are critical to address the complex needs of adolescents living on the streets. The social service practitioners should advocate for the rights of these adolescents and coordinate the services rendered by the relevant role players.

7.2.4 Theoretical assumptions and principles underpinning the integrated approach of early intervention services for adolescents living on the streets

To understand the study phenomenon and to develop guidelines, a combination of selected approaches, perspectives and theories were considered; hence, it is unlikely that a single theory or approach could address all issues of adolescents living and working on the streets (Stryker 2008:17; Trafford & Leshem 2008:83; Ray, 2017:294). It was therefore pivotal for the researcher prior to developing and/or describing the guidelines to outline three approaches that the guidelines had drawn from on the developmental, ecological systems and strengths-based approaches.

- Developmental approach

The purpose of the developmental approach is to promote intersectoral collaboration to improve social development and to employ the multifaceted and multisectoral approaches (Patel 2015:94).

Principles of the developmental approach

The principles of the developmental approach are accessibility, appropriateness, capacity development, empowerment, partnership, participation, social justice and sustainability (Chavalala 2016:27).

- Ecological systems approach

The purpose of the ecological systems approach to social work is to integrate interpersonal interventions involving individuals, families, communities and other stakeholders (Payne 2014:184).

Principles of the ecological systems approach

Principles underpinning the ecological systems approach are the interdependence of networks, individuals striving for a good person-in-environment fit and the cyclical, non-linear nature of such an ecological process (Gitterman 2009:232). These principles are discussed in chapter two.

- Strengths-based approach

The purpose of a strengths-based approach is to focus on the strengths already possessed by the client as well as those found within his/her environment (McManus & Thompson 2008:108). Social workers and teams of professionals can see great outcomes when they work on the inherent strengths of individuals, family groups and organisations (Pulla 2017:97).

Principles of the strengths-based approach

The key principles of the strengths-based approach are strengths and capabilities, collaborative partnerships, social justice, transparency, respect and self-determination by the community (Pulla & Francis 2015:130).

7.3 VARIOUS APPROACHES ADOPTED TO DEVELOP THE GUIDELINES

The components of various approaches, including an integrated approach, were considered in the development of guidelines with regard to outreach services,

community-based programmes and a multidisciplinary approach which are major elements of the early intervention and integrated approaches. This attempts to give a clear understanding of how working with adolescents living and working on the streets can be accomplished successfully.

Table 7.1: Various approaches adopted in the development of the guidelines

	Developmental Approach	**Strengths-based Approach**	**Ecological Systems Approach**	**Integrated Approach**
Outreach services	Promote and advocate for the rights of adolescents living on the streets. Empower adolescents to overcome their situation of homelessness.	Identify the strengths of adolescents on what they can do to improve their situation of homelessness.	Assess the environment where adolescents come from and ascertain whether the environment is conducive to their growth and development.	Joint efforts with stakeholders such as professional teams, relevant departments and NGOs to assist in promoting and advocating for the rights of adolescents living and working on the streets The outreach worker in collaboration with stakeholders to identify the strengths of adolescents on what they can do to improve their situation The outreach worker in partnership with teams of professionals could assess the environment where adolescents come

	Developmental Approach	Strengths-based Approach	Ecological Systems Approach	Integrated Approach
				from to ascertain whether the environment is conducive to their growth and development. When the environment is conducive, the social workers can conduct reunification and reintegration services.

Community-focused programme	Empowerment of community to establish and identify available resources to address the needs of adolescents	Identify strengths and skills available in the community and utilise them to address the needs of adolescents living on the streets.	Integrate services rendered by veterans, youth, the religious sector, traditional leaders and community policing forums to address the challenges faced by adolescents living on the streets.	Stakeholders such as veterans, youth, the religious sector, the community policing forum and traditional leaders are to empower the community to establish and identify available resources to address the needs of adolescents. The stakeholders are to identify strengths and skills available in the community to address the needs of adolescents. Ensure that integrated services support the sustainability of intervention efforts. Involve veterans, youth, the religious sector, traditional leaders and the community policing forums to link adolescents living on the streets to appropriate interventions to enhance their well-being.

	Developmental Approach	Strengths-based Approach	Ecological Systems Approach	Integrated Approach
Multi-disciplinary team	Partnership be strengthen with the team of professionals to enable them to address the needs of adolescents living on the streets.	The professional team to identify the needs (such as health and education) and strengths of adolescents to develop an appropriate intervention plan.	To assess the adolescents living on the streets to come up with appropriate intervention strategy. Provide the team with the opportunity to understand the adolescents and their environment and how they respond to their transitioning within the environment affects their development.	Establish an integrated and joint planning action with team of professionals [3]to promote and advocate for the rights of adolescents living on the streets. Holistic integrated services can enable adolescents living on the streets to get help from the team of professionals to address their needs; Professional team to joint efforts to assess adolescents to come up with appropriate intervention strategies to tackle their challenges such as substance abuse and depression.

[3] *Teams of professionals* refers to psychologists, educators, health professionals (medical practitioners and nurses), and police officers.

7.4 OUTCOMES OF THE INTEGRATED APPROACH ON EARLY INTERVENTION SERVICES

The implementation of the integrated approach of early intervention services to adolescents living on the streets has the potential of yielding positive outcomes to benefit these adolescents. Baltruks, Hussein and Montero (2017:59) emphasise that through integrated services, outcomes that are more effective could be achieved. The outcomes can include, but are not limited to:

- The successful reunification, reintegration and sensitisation of the risks involved in substance use and substance dependency
- Psychosocial support provided by the team of professionals
- Spiritual support such as prayers and spiritual healing by the religious sector
- New life skills, business skills and empowerment
- Access to rehabilitation services

Table 7.2 below represents the roles and responsibilities of social service practitioners rendering integrated services to adolescents living and working on the streets.

Table 7.2: Roles and responsibilities of social service practitioners rendering integrated services to adolescents living and working on the streets

Social workers	• Create an enabling environment that will ensure involvement of key stakeholders in improving the care and protection of adolescents living on the streets (Zastrow 2014:44). • Act as an advocate and partner with the key stakeholders to raise awareness on the prevalence of adolescents living on the streets. • Act as a broker to link the key stakeholders to the community to address the needs of adolescents. • Facilitate the holistic services offered by key stakeholders to enhance the well-being of adolescents living on the streets. • Act as a coordinator, the role of social worker as coordinator is to mobilise help from all the relevant stakeholders to assist in rendering services to adolescents living on the streets. Kemp (2014:30) acknowledged that the role of social workers is to coordinate services rendered to children; • Act as educator, the role of the social worker as educator is to provide information to the key stakeholders about the relevant legislations pertaining to the care and protection of adolescents living on the streets such as Children's Act No.38 of 2005; • Act as negotiator, the role of the social worker as negotiator is to bring stakeholders together when there is a conflict; • Provide statutory services to adolescents who are declared to be in need of care and protection in terms of Section 150 (1) (c) of the Children's Act No. 38 of 2005; • Offer psychosocial support to adolescents living on the streets • Empower the community and encourage the veterans to take an active role in addressing the needs of adolescents at risk of running away from home; • Facilitate workshops and seminars to capacitate the key stakeholders on the legislations and policies to address the needs of adolescents living on the streets. Similarly, Dhavaleshwar (2016:62) noted that social workers facilitates benefits such as legislations provided by the government.

	• Facilitate the multi-disciplinary team to undertake assessment of adolescents living on the streets.
Auxiliary Social workers	• Assist the social worker in recruiting the key stakeholders to be involve in rendering services to adolescents living on the streets; • Partner with the key stakeholders in provision of life skills programme to adolescents living on the streets; • Assist the stakeholders with administrative duties; • Assist with monitoring and reporting of activities rendered by the key stakeholders; • Participate in multi-disciplinary team to undertake assessment of adolescents living on the streets.
Child and youth care workers	• Partner with key stakeholders to promote optimum development of adolescents through life skills programme; • Participate in multi-disciplinary team to undertake assessment of adolescents living on the streets. • Advocate for the rights of adolescents living on the streets in partnership with the key stakeholders; • Work in the life space of adolescents living on the streets to facilitate their ability to function effectively within different context; • Provide psychosocial support to families to care for adolescents and refer the cases of adolescents in need of intensive child protection services to the psychologist, health practitioners and educators for further intervention.
Community Development Practitioners	• Conduct households and community profiling and provide the key stakeholders with the report for further planning and interventions; • Community mobilisation of key informants in the community in partnership with the key stakeholders • To identify available resources and strengths of the community to develop a common understanding on how to address their needs;

	• Conduct community mapping in collaboration with the key stakeholders in the identification of households with adolescents at risk of leaving their homes and those already living on the streets; • Facilitate dialogues in partnership with key stakeholders [4]for adolescents at risk of running away from home to identify push factors that cause them to run away from home; • Involve the social worker and psychologists to provide psychosocial support • Offer outreach services by visiting the hotspot where adolescents are living; • Build a relationship with adolescents to establish trust; • After establishing a relationship conduct interviews to find out where they come from; • Offer life skills services while adolescents are still on the streets; • Share information about dangers of living on the streets such as dangers of abusing substances, sexual abuse, rape and HIV/AIDS. • Refer the adolescents to the social worker to conduct reunification services and after care services.

[4] *Key stakeholders* refers to relevant departments and NGOs, multidisciplinary teams of professionals, veterans (retired professionals), youth, traditional leaders, the religious sector and the community policing forum.

The suggested guidelines included the other categories of social service practitioners to address the complex needs of adolescents living on the streets. Services rendered to these adolescents need to be integrated by the key stakeholders to ensure that they are safe and have continuous support (Balachova et al. 2009:36). Therefore, to promote the well-being of adolescents people working at all levels of society, from local community to the national level, need to work together in a coordinated, integrated and holistic manner for the care and protection of these adolescents (Brettig 2016:6). Social service professionals should address problems encountered by adolescents living on the streets in a coordinated, coherent and continuous way (Nooteboom, Van der Driesschen, Kuiper, Vermeiren & Mulder 2020:4). Therefore, comprehensive integrated services are essential to address the needs of homeless adolescents (Hopper et al. 2009:137; Awatey 2014:170).

7.5 THE PROCESS OF DEVELOPING THE GUIDELINES

The synthesis of the empirical findings and the findings from the literature review in Chapter Six have led to four suggestions for the development of guidelines, namely outreach services, community programmes, multi-disciplinary teams and intersectoral collaborations. Another aspect important for these guidelines is an integrated approach which entails exploring individual situations from a broad perspective (Klijnsma 2016:4) such as the situation of adolescents living on the streets. It is a holistic system used to avoid fragmentation of service delivery (WHO 2007:1; Brown & Menec 2018:146; Lee et al. 2019:13). It involves partnerships between government, NGOs and other partners rendering social welfare services to vulnerable groups (Moss 2017:61).

Therefore, the stakeholders working with adolescents living on the streets should recognise that the rights and needs of these adolescents are best addressed within a coordinated and integrated approach. The suggested guidelines are based on a partnership and collaboration between government, NGOs and CBOs rendering services to adolescents living on the streets, using participants' experiences (Ntjana 2014:116).

A social worker who participated in the study asserted that there should be collaboration of services among government departments rendering services to

adolescents living on the streets. The social worker shared her view by stating that "[T]he facilities such as child and youth care centres and drop-in centres should be encouraged to collaborate with relevant stakeholders such as the Department of Health, Home Affairs and Basic Education".

Partnerships refer to collaborative working relationships to combine complementary skills and resources (Corbin, Jones & Barry 2018:5). Therefore, the social workers have a responsibility to establish partnerships to coordinate services and collaborate with other service providers to establish holistic services to adolescents living on the streets. Furthermore, partnerships are characterised by shared goals, a common purpose and a willingness to negotiate (Casey 2008:73; Gole 2018:2). The social worker could form and negotiate a cooperative working relationship with other identified service providers to share common a goal and purpose.

A successful partnership is formed when partners' core competencies and experience are combined to contribute to improved methods of rendering services, including services to adolescents on the streets (Dodds 2015:5). The social service practitioner who participated in the study stated that there is a need to establish good partnerships with service providers rendering services to these adolescents.

7.6 SUGGESTED GUIDELINES ON INTEGRATED EARLY INTERVENTION SERVICES FOR ADOLESCENTS LIVING ON THE STREETS

The synthesis of findings in chapter 6 suggest integrated early intervention services to adolescents living on the streets. The discussions below form the suggested integrated approach for early intervention services to adolescents living on the streets.

7.6.1 Outreach services

Outreach services involve work in non-traditional settings with people such as adolescents living and working on the streets who may have complex needs and where they are offered vocational training opportunities, counselling services, life skills programmes and formal or non-formal education (Olivet et al. 2010:67, Lotko et al. 2014:9). The suggested approach for outreach services follows five steps, namely to identify, assess, engage and/or negotiate and refer.

Social workers, as the custodians of the Children's Act, are mandated to ensure that care and protection of children is prioritised. As a point of departure, it is pivotal that social workers take the lead in the integration of early intervention services for adolescents living and working on the streets.

- The first step will be to **identify the problem** through scientific research to determine and to develop the database which will give guidance to various practitioners and/or stakeholders on the prevalence of the phenomenon. As part of the research, "hotspots" where adolescents are living and working should be identified for the purpose of future engagement.

- The auxiliary social workers, with the support of outreach workers, will establish a rapport with adolescents living and working on the streets and conduct a **preliminary assessment**.

- The auxiliary social workers and outreach workers, after preliminary assessment, should **negotiate** with the adolescents living and working on the streets about their being assisted with the challenges they encounter, with the intention of removing them from the streets. The removal of the adolescents is possible if the principle of a non-judgemental attitude is applied by the practitioners. The adolescents should not be made to feel as though the services were being forced onto them; hence, the concept of negotiation should be fully understood and applied by the practitioners.

- **Referral** is the final step. In the case of adolescents, direct referrals may not be easy, as they work and live on the streets. However, referrals in this situation will mean once the adolescents are convinced that they can use the services of the professionals during the negotiations, social workers and other stakeholders such as health care, safety and security officials are referred to the hotspots to offer services, including convincing the adolescents to accept moving into child and your care centres (CYCCs). Normal social work intervention processes must be followed once the adolescents have been admitted to the CYCCs. Avoidance of force will prevent abscondments from CYCCs back to the streets.

Prevention programmes form an integral part of early intervention. The stakeholders should collaborate and conduct awareness campaigns to promote care for and protection of these vulnerable adolescents. An awareness campaign is defined as "a comprehensive effort to help reach a specific goal" (Bloomfield et al 2015:1). It is through awareness campaigns that families and communities are made aware and notified of the prevalence of adolescents living on the streets, and they are also empowered on how to deal with them. Furthermore, outreach workers should develop and implement awareness and educational programmes. They need to ensure that early identification of and assistance to adolescents who are at risk of living on the streets is done.

Suggestions on skills required for outreach workers are that they need to have good communication, administration, organisational, networking, interpersonal relationship and listening skills. Furthermore, outreach workers must reach out to adolescents living on the streets, informing them about risks pertaining to substance, physical and sexual abuse as well as safe spaces for adolescents to interact with trusted adults. Children's voices and participation should be encouraged and well-structured to channel their voices into policies.

Section 150 (1) (c) of the Children's Act declares children living and working on the streets to be in need of care and protection. Where statutory intervention is required, outreach workers need to refer the adolescents who are willing to be removed from the streets to designated social workers for further intervention. This might involves a children's court process where a child might be found to be in need of care and protection to ensure that the required services are made available to the child, depending on the investigation made by the social worker. In the case of a child who has committed a crime the outreach worker or the police, through the child justice court, will need to refer such a child to a probation officer for investigation for further action such as referral to a diversion programme. Social service practitioners should be advocating for children in such circumstances.

7.6.2 Community-based programmes

Community involvement is one of the approaches on which community development is based where a community participates in the development process (Alexiu, Lazar & Baciu 2011:8; Weyers 2011:39). Subsequently, through community development,

communities can take the initiative to formulate objectives to change living conditions of vulnerable groups, including adolescents living and working on the streets (Davids & Theron 2014:106).

For the purpose of this study, community involvement is the joint planned action of community members and social service practitioners to enhance quality services to adolescents living on the streets. Similarly, the practitioners have indicated that community involvement is essential to address the complex needs of the adolescents living on the streets in early intervention services. A social service practitioner states that the media should become involved in sensitising the various communities regarding the prevalence of children living and working on the streets. Awareness campaigns could be conducted through community radio stations, television broadcasts, social media platforms like Twitter and Facebook, pamphlets and parent meetings.

The suggested approach for community-based programmes follows the five steps of receiving, assessment, intervention, referral and follow-up. The social worker, who is a case manager, should act as a coordinator and evaluate the effectiveness of the programme.

- The first step will be to **receive** the adolescents referred by the outreach worker.

- The second step is implemented when the social work case manager conducts an **assessment.** The purpose of assessment at the point of entry is to determine broadly what the adolescent's needs or challenges are, what services or programmes will be required and to ensure that the adolescent gains access to the appropriate services through intake or referral. If after assessment, agreement is reached between the adolescent and the social worker, a process of intake commences. The critical information about the adolescent is recorded and captured.

- The third step is **intervention**. Based on her assessment, the social worker should create the individual developmental plan to determine who will do what and by when. To be able to involve community members for the betterment of adolescents living on the streets, the social worker should

develop a community resource list and mobilise the community to request their participation and involvement. In this process, the social worker should identify, among others, community members like veterans, religious and traditional leaders along with community policy forums for their joint efforts to enhance services for adolescents. After identification of stakeholders, the social worker can arrange meetings to sensitise them about the needs of adolescents living on the streets. Therefore, the social worker should develop an intervention plan with the identified community members and clarify their roles and responsibilities.

- The fourth step is **referral**. Guided by the developmental plan, the social worker refers adolescents to the identified stakeholders in the community. During this phase the identified stakeholders will start with the execution of the implementation plan. The social worker should explain to the stakeholders that he/she will be available on a monthly basis to facilitate the meetings. When the stakeholders have developed and implemented the plan accurately, the social worker should terminate his/her facilitation role and hand over the project to the community members. However, the social worker should monitor and evaluate the progress monthly.

The identified stakeholders then execute the implementation plan as follows:

- **Veterans** (retired professionals) who have experience and knowledge such as veterans can serve as volunteers. The realities of returning home may make life challenging for adolescents living on the streets. Veterans may also play the role of a broker by linking adolescents at risk of leaving their homes and those living on the streets to appropriate resources while providing emotional support throughout the adjustment process. Involving veterans to support adolescents can also create the potential for mentoring relationships that will improve the social conditions where they live and work.

  - ✓ *Retired social service practitioners* such as social workers, child and youth care workers and community developers can assist in rendering psychosocial services to adolescents. The social workers could

undertake assessments to investigate the developmental needs of a child, including his or her family environment while child and youth care workers assist with supervision of children and assistance with homework. Child and youth care workers could also provide guidance to adolescents at risk of leaving their homes concerning household chores such as washing of clothing, preparing and having meals. Community development practitioners could conduct community mobilisation and dialogues to engage with the community on the strategies of preventing adolescents from running away from home.

- ✓ *Retired teachers* can also assist adolescents with career guidance, homework and tutoring while they assist in encouraging the adolescents to go back to school. Getting assistance from volunteers through educational support groups with adolescents living on the streets and the affected families may enable adolescents to learn positive coping strategies, allowing for a better adjustment at home (Global Crossroads 2016:2).

- ✓ *Retired nurses* can assist with hygiene and refer adolescents to the primary health care services for further interventions when they are not feeling well.

- ✓ *Retired psychologists* can assist with therapeutic interventions such as counselling while occupational therapists can assist adolescents to improve their well-being.

- ✓ *Retired artists* can involve young people in expressing themselves through art.

- ✓ *Retired sportsmen and -women* can use athletics, soccer, tennis, rugby, cycling, surfing, swimming, mountain climbing and hiking to harness and focus young people's energy to abstain from substance abuse and peer pressure. Involvement in sports will assist adolescents to move from vulnerability to resilience.

- ✓ *Retired musicians* can assist adolescents to control their emotions and to cope with difficult situations such as substance abuse through involvement in music. Furthermore, they can improve their talent and reduce the incidence of delinquent behaviour.

- **Child and youth care workers (CYCWs)** can be provided with an opportunity to contribute by empowering adolescents on the streets through existing computer programmes with knowledge of technology; for example, on how to make use of social networks. Depending on the availability of computers and handsets to young people, the use of technology such as smartphones, emails, WhatsApp and Facebook will enable them to contact family members and friends in case of emergency. Cell phones can also help them to gain access to career sites to apply and seek employment that can better their lives and help them to move off the streets. Equipping adolescents with skills needed for employment can have a significant impact on their lives. Furthermore, the social service practitioner could train youth as peer counsellors to reach out to adolescents on the streets. CYCWs can use drama to provide information on HIV/AIDS to adolescents on the streets while conducting dialogues to engage with adolescents on substance abuse and self-awareness.

- **The religious sector** can also serve to address the needs of adolescents at risk of leaving their homes and those living on the streets. Furthermore, the researcher is of the view that religious organisations should establish a men's, women's and youth ministry to provide spiritual counselling and prayer to the families and adolescents living on the streets. Some participants attested that the religious organisations provided them with spiritual counselling and prayers. Therefore, the ministry can assist in caring for disadvantaged children, poverty-stricken families, and teaching adolescents on the streets who may be sick about health issues and empowering the adolescents who are weak in faith.

  - ✓ A men's ministry can offer encouragement, guidance and mentorship to male adolescents living on the streets. These men's ministries can

also assist male adolescents to discover their talents in sports and music.

- ✓ A women's ministry can support the families who feel weak and overwhelmed because of their adolescent family members living on the streets, and provide guidance to the adolescents who are at risk of living on the streets. Women can also be actively involved in prayer, either individually or by encouraging one another.

- ✓ Youth ministry can reach out to and support adolescents on the streets by providing nutritious meals and clothes. Youth can report to the police and social workers about the adolescents who are at risk of living on the streets through social media platforms such as WhatsApp, Facebook and Twitter. They can also mentor a friend adolescent who lives on the streets and feels hopeless by building a positive relationship in order to pray and support them.

- ✓ Prayer is a vital component to the well-being of the church and should be the prerequisite to all areas of Christian life and ministry. The day-to-day running of the church is sustained by practical services such as administration, intercessions, catering, music or hospitality. Therefore, the researcher has observed that the religious sector can also act as a source of resilience against negative environmental influences such as poverty and domestic violence that push adolescents to live and work on the streets.

- ➢ **Traditional leaders** can also serve as volunteers to assist in addressing the challenges faced by the families where adolescents have run away to live and work on the streets. They understand the dynamics of communities because they engage in efforts to the betterment of the people's lives. Furthermore, they can intervene early to identify those who are at risk of living and working on the streets. The traditional leaders can prioritise the poverty-stricken families and address the push and pull factors for adolescents to live and work on the streets. The current study

has revealed that the push factors are poverty, poor parenting, family disintegration, violence against children and domestic violence.

- **Community policing forum:** Adolescents living on the streets are vulnerable to abuse and often become victims of crime. The community policing forum may develop an information session project and a crime prevention programme.

  - ✓ Forum members may teach the adolescents easy lessons about the dangers of crime and about positive role models.

  - ✓ Social service practitioners trained to work with substance abuse may collaborate with the CPF to provide the necessary services to avoid the need for substance use and refer the affected children to rehabilitation centres for further assistance.

  - ✓ The community advisory committee should encompass mixed groups such as community or religious leaders, older persons and retired professionals who are best placed for early identification of adolescents living on the streets.

  - ✓ The community advisory committee should also develop the most appropriate solutions in cooperation with service providers.

  - ✓ There should be a range of partnerships which should be formalised to which collaborative entry should be strengthened.

  - ✓ There should be a developed system linking the community advisory committee to local and national structures, including the potential for material support, greater authority and recognition by communities and more effective referral groups. However, in order for linkages between government and committees to be effective, there must be activities that could be undertaken by the community advisory committee during the early intervention phase. It can encompass:

- Awareness raising and community mobilisation on children's rights which should:
  - ✓ Partner with local community-based and faith-based organisations
  - ✓ Involve the local media in the planning process
  - ✓ Provide relevant information to the DSD website to ensure that this information is updated and relevant by updating the website at least once a year
  - ✓ Partner with schools to have discussions with learners, teachers and parents and to create applicable posters
  - ✓ Monitor and act as watchdogs for protecting adolescents at risk of leaving their homes and those living on the streets
  - ✓ Identify adolescents at risk of living on the streets in the hotspots and refer them to outreach workers for further intervention
  - ✓ Support caregivers and members of the extended kin network regarding positive parenting practices
  - ✓ Advocate to local and national groups for better service delivery, policy improvements and effective implementation of laws and programmes for adolescents at risk of leaving their homes and those already living on the streets
  - ✓ Advocate for improved community-based referral mechanisms

- **Follow-up** is the fifth and final step. The social work case manager will reach out to the stakeholders to ascertain as to whether they are still following the set goals and using their skills to ensure that early intervention services are rendered effectively. Once the goals have been met the social worker can terminate the services and hand over the programme to the stakeholders.

Therefore, the support and commitment of community members are essential in sustaining effective early intervention services contributing to the overall goal of

creating safer environments for adolescents living on the streets. The community members should establish more drop-in centres in terms of Chapter 14 of the Children's Act and refer adolescents to access basic services, especially those who are not ready to be removed from the streets. A drop-in centre is a facility which provides basic services to meet emotional, physical and social developmental needs of vulnerable children, including adolescents living on the streets (Mahery et al. 2011:10). There they can make use of services like showering, washing their clothes, nutrition, health, hygiene, sports, recreation and life skills programmes. The realities of returning home may make life too challenging for adolescents living on the streets.

Protecting adolescents from living on the streets in the researcher's view is everybody's responsibility. Families, communities and NGOs play a vital role in protecting children's rights. Furthermore, community members may volunteer their time and expertise to assist the adolescents with life skills such as leadership and communication skills, collaborate in placing them at vocational skills centres and make sure that parks and streets are safe for children.

Therefore, there is a dire need to propagate for early intervention services on a larger scale with the collaboration of the community. It is important to ensure that early intervention services are helping and not harming this vulnerable group of people in society. The community needs to be empowered to take some responsibility by reducing the number of adolescents living on the streets. After all, children on the streets are a symptom of what is happening in society.

Furthermore, communities must be vigilant and should adopt the attitude of being one another's keeper. They need to be on the lookout for adolescents at risk of leaving their homes and new arrivals on the street, informing the police and social service practitioners of those suspected cases. Community involvement is vital even when adequate resources and structures exist and operate effectively.

The systems theory and an ecological approach are recommended when community members engage with adolescents. The systems theory is deemed ideal for the assessment of the family system during early intervention, as it enables

community members to assess how adolescents are influenced and affected by their family structure with regard to their decision to live on the streets.

7.6.3 Multi-disciplinary team

This section requires details on social work services for adolescents living on the streets within multi-disciplinary teams. A multi-disciplinary approach is a key element to successful partnerships. Services rendered to these adolescents should be holistic and intersectoral in nature and provided by an appropriate multi-disciplinary team to ensure effective collaboration. It is therefore necessary to identify key helping professions which would typically be in the space of adolescents living on the streets. Access to specialist professionals is effective when integrated through a multi-disciplinary team. Thus, the multi-disciplinary team of professionals should collaborate to offer effective and efficient early intervention services to address the needs of adolescents living on the streets.

The suggested approach for a multi-disciplinary team approach follows the five steps of identify, assess, engage and/or negotiate, refer and follow up.

The social worker will facilitate and coordinate the services rendered by the team of professionals to adolescents living on the streets as follows:

- The first step will be to **identify** the relevant team members to coordinate early intervention services to adolescents living on the streets**.** The social worker should consult the relevant team to facilitate and coordinate the services rendered by team members. The team should comprise psychologists, educators, health professionals (medical practitioners, nurses) and police officers. After identification of a professional team, the social worker should receive adolescents living on the streets.

- The second step is **assessment**. Assessment should be conducted in a joint effort with professional teams to determine what adolescents' needs and challenges are. Based on this assessment, the multi-disciplinary team should develop an intervention plan to determine who will do what and by when. Therefore, the social worker should refer the relevant professional team to address the needs of the adolescents living on the streets.

- The third step is to **engage and/or negotiate**. The social worker must engage and negotiate with professional teams to share their responsibilities with him or her in an integrated case management process, referral processes and case follow-ups. An integrated case management process is a collaborative process to identify the risk of adolescents, and to assess their needs and strengths to ensure that their rights are being met. The social worker should explain the need to work together to provide a holistic case management response and establish common ground about understanding the needs of adolescents living on the streets. Integrated case management should follow referrals and interventions across the sectors to ensure that the health and well-being of children, including adolescents on the streets, are restored (UNICEF 2017:8). Furthermore, the social worker should use the multi-disciplinary team to reduce duplication of services and promote role clarification among different disciplines to enhance quality of services.

- The fourth step is **intervention.** The social worker will intervene to enhance the services provided to adolescents. Therefore, the social worker will coordinate a case conference meeting where all the identified team members are invited for joint planning and capacity-building to ensure that they have an in-depth and holistic understanding of the legal policy framework to address the needs of adolescents living on the streets.

- The fifth step is **referral**. The social worker will refer the adolescents to the team of professionals for further intervention. Therefore, the psychologists could ensure that the adolescents gain access to adequate psychosocial interventions.

    - ✓ Psychologists could provide effective interventions for adolescents who suffer from post-traumatic stress. In addition, psychologists could provide therapeutic services to adolescents who show behavioural problems. Adolescents with academic problems could also be assessed by psychologists and the social worker to link them to appropriate resources such as institutions offering vocational training.

- ✓ The social worker could identify adolescents who are not enrolled in a school and refer them to an educator to assist with registration or special education and services if the adolescent has a learning difficulty. Educators should link adolescents to life skills programmes and assist them with education support like homework, support reading and mentoring.

- ✓ The social worker should refer adolescents with chronic illnesses to primary health care nurses and medical practitioners to access integrated health care. The health care professionals should screen adolescents living on the streets to address their mental and physical health needs on a regular basis.

- ✓ Police officers should facilitate the removal of adolescents from the streets in terms of form 36 of the Children's Act and refer them to the social worker for further intervention. They should investigate where crimes have been committed by adolescents living on the streets.

- The sixth and final step is doing a **follow-up**. The social work case manager will reach out to the team of professionals to ascertain as to whether they are still following the set goals and using their skills to ensure that early intervention services are rendered effectively.

Again, the social worker should facilitate proper coordination between government and NGOs in providing the holistic integrated early intervention support these adolescents need. As the government and relevant stakeholders are working in silos, there is no collaboration regarding services for adolescents living on the streets. DSD legislation and policies emphasise the importance of collaboration between stakeholders; however, the stakeholders are still working in silos. Figure 7.1 below is an illustration of the holistically integrated early intervention support for adolescents living on the streets.

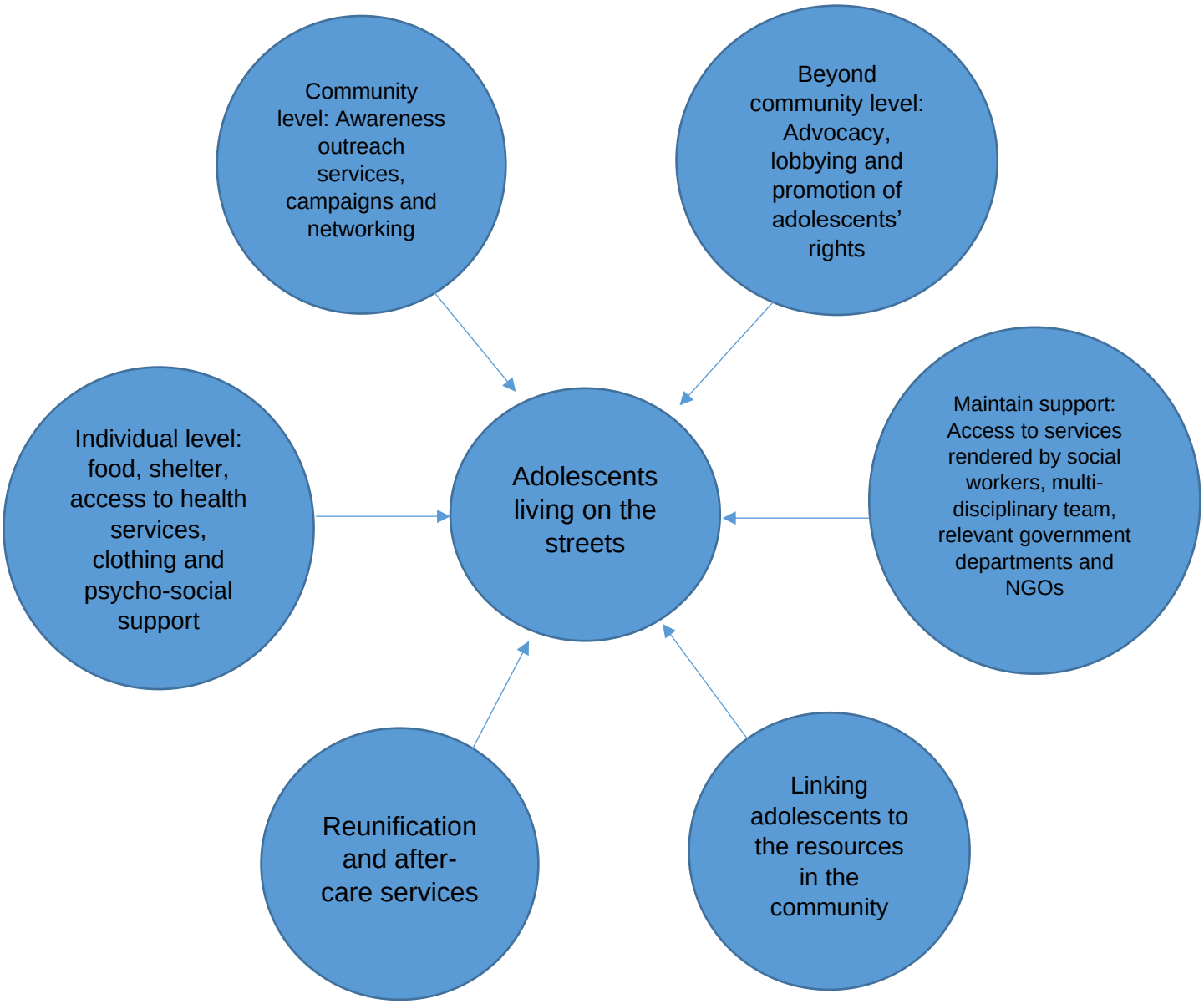

Figure 7.1: Holistic integrated early intervention support for adolescents living on the streets

Responding to the needs of adolescents living on the streets calls for holistic integrated early intervention support as illustrated in figure 7.1, enabling adolescents to survive and thrive. It is imperative to address the needs of adolescents living on the streets to assist them in overcoming the risks and vulnerabilities they face, and to promote their development into skilled and confident young adults.

7.6.4 Intersectoral collaboration

The Department of Social Development (DSD) is the lead department but cannot deliver services to adolescents living on the streets in isolation of all other stakeholders. This responsibility should be shared by all other related departments and NGOs. For instance, the social work case manager receives the cases of adolescents living on the streets. After receiving, she should assess each case through intake or referral. If after assessment, agreement is reached between the adolescent and the social worker, a process of intake commences. After completion of assessment, the social worker should develop the intervention plan to determine who will do what and by when. Guided by the intervention plan, the social worker can refer adolescents to identified stakeholders outlined in Table 7.3 below. The plan stipulates the stakeholders' roles and responsibilities in detail.

Table 7.3: Roles and responsibilities of stakeholders

STAKEHOLDER	ROLES AND RESPONSIBILITIES
Department of Social Development (DSD)	• Develop and facilitate the implementation of legislation. • Provide alternative care arrangements where necessary. • Support and strengthen early intervention services. • Capacity-building of service providers and other partners. • Ensure adequate distribution of early intervention services. • Advocacy/awareness campaigns within communities. • Coordinate integrated planning, resourcing and implementation of early intervention services. • Monitor and evaluate early intervention services rendered to adolescents living on the streets.

	• Work with adolescents living on the streets to ensure that, together with their families/caregivers, they are strengthened through various relevant services, including social grants.
Social services and non-governmental organisations (NGOs)	• Implement the provisions of the Children's Act 38 of 2005 and Child Justice Act 75 of 2008. • Offer effective early intervention services to adolescents living and working on the streets. • Implement programmes for adolescents living and working on the streets. • Facilitate outreach services and removal of adolescents from the streets. • Capacity-building of social service practitioners. • Advocate for the rights of children. • Advocacy/awareness campaigns within communities. • Strengthen reunification and after-care services for adolescents living on the streets.
South African Police Service (SAPS)	• Should train police officers on how to implement the Children's Act 38 of 2005 and to interact with adolescents living on the streets. • Facilitate and implement awareness campaigns and social crime prevention. • Prevent a child being used by adults to commit crime and commercial sexual exploitation. • Liaise with the DSD and provide early warning information regarding cases in which adolescents are involved in criminal activities. • Facilitate the removal of adolescents from the streets in terms of form 36 of the Children's Act.

Department of Health (DoH)	• Develop and implement programmes and policies which address the mental and physical health needs of adolescents living on the streets. • Provide health care and developmental screening for adolescents (primary health care). • Create an enabling environment for the performance of social service practitioners as part of a multi-disciplinary team in the management of health care and support in all health care facilities.
Department of Basic Education (DoBE)	• Develop mechanisms for a school-based support system. • Ensure the effective implementation of the Inclusive Education Policy. • Develop and implement life skills programmes. • Develop a referral system to link adolescents with the necessary resources. • Create an enabling environment for the performance of social service practitioners as part of a multi-disciplinary team for a learner support programme. • Provide support to learners at risk such as those who abuse substances or who are involved in criminal activities.
Department of Home Affairs (DHA)	• Issue birth certificates, death certificates, identity documents and passports to South African children and relevant documents to refugee children. • Advocate for qualifying RSA citizens to avoid being stateless.

Department of Arts and Culture (DAC)	• Develop and implement programmes and policies which address skills development. • Provide arts and culture and recreational programmes for talent development of adolescents living on the streets. • Create an enabling environment for job creation and development opportunities for adolescents living on the streets.
Department of Labour (DoL)	• Develop and implement programmes, policies and services to eliminate child labour. • Implement and monitor a national Child Labour Action Programme (CLAP) to identify, prioritise and address child labour issues, including all forms of child labour. • Monitor the implementation of the basic conditions of employment for children between the ages of 15 and 18 years. • Prevent children being used by adults to commit crime and commercial sexual exploitation.
Department of Transport (DoT)	• Develop and implement policies and laws to ensure that roads and transport are accessible and safe for use by children, including adolescents living on the streets. • Regulate transportation and maintenance of the road network and public transportation.

The success and effective provision of an integrated approach of early intervention services is dependent on intersectoral collaboration among identified stakeholders as illustrated in Table 7.3 above. The social service practitioners should facilitate intersectoral collaboration between the relevant stakeholders and government to render effective early intervention services to adolescents living on the streets. Social workers who participated in this study asserted that the CCYCs and social

workers be encouraged to work together with all other stakeholders in the best interests of the adolescents living and working on the streets.

Therefore, social workers should also consult relevant role players to facilitate policy formulation, planning, coordination and definition of functions and responsibilities. Notably, services for adolescents require functional and effective coordinating structures to avoid duplication of services and to ensure the optimal use of resources. Thus, to address the needs and challenges of adolescents living on the streets, a holistic and integrated approach is required because of the myriad of problems they experience daily.

An effective and sustainable integrated approach of early intervention services requires robust partnerships across all sectors, spheres and levels of governance, involving government stakeholders and NGOs. Furthermore, the social service practitioners should ensure the optimal use of resources and compliance with service delivery in terms of the Children's Act. However, lack of collaboration between government and the NGOs results in adolescents not being served effectively. The social workers should ensure that there is a clear memorandum of understanding to clarify the roles of government and NGOs in order to improve intersectoral collaboration and effective networking. Funding should be made available to enable the stakeholders to render holistic integrated early intervention services to adolescents living on the streets.

The suggested approach for intersectoral collaboration comprises the elements of stakeholder engagement, referral, and access of information and minimum levels of services. Intersectoral collaborators should be the entry point for early intervention services. The following are elements for intersectoral mechanisms:

- ***Stakeholder engagement*:** It is important for the stakeholders to clarify the purpose of the team on how to engage in rendering services for adolescents living on the streets. The approach should:
    - ✓ Define the purpose for undertaking stakeholder engagement
    - ✓ Define the objectives clearly and specifically, and outline the desired outputs

- ✓ Underline the scope and limitation for engagement such as stakeholder capacity
- ✓ Identify their level of participation to enable the stakeholders to understand their roles.

➢ ***Referral***: Appropriate referral procedures need to be developed to ensure adolescents are referred timeously and appropriately among service providers in the system. Referrals should be conducted as follows:

- ✓ Stakeholders should develop a referral flowchart as a guiding tool to spell out who has to be informed and at what point and the actions to be taken.
- ✓ Stakeholders should identify adolescents living on the streets; for instance, adolescents should be identified by the outreach worker, community leaders, religious leaders, neighbours or friends. After identification, adolescents should be referred to the relevant stakeholders for further intervention.
- ✓ Stakeholders should jointly interview and assess the adolescents.
- ✓ Stakeholders should build trust with the adolescents before embarking on any formal assessment process. Assessment should be based on the integrated principles of empowerment, partnership and participation.
- ✓ Stakeholders should provide direct support and refer the adolescents to other services; for example, if an adolescent needs medical attention, he or she can be linked to the Department of Health for further intervention.
- ✓ Stakeholders should follow up on ongoing referrals and regular reviews.
- ✓ Stakeholders should evaluate the progress and terminate the case when the goals have been met.

- ***Access to information:*** Partners in the system should provide information about the services they render. The information should be shared as follows:

  - ✓ The social service practitioners could facilitate a capacity-building programme with the stakeholders involved in the provision of services to adolescents living on the streets to enable them to understand the plight of these adolescents.

  - ✓ The social service practitioners should share the information regarding the needs of the adolescents living on the streets.

  - ✓ The social service practitioners should facilitate workshops and seminars where the stakeholders could share information on the services they render.

  - ✓ The social service practitioners should set up an information system such as an electronic resource centre to provide information on the services they render.

- ***Minimum levels of services:*** These should be accessible to adolescents at all times whenever they are in the system. Adolescents have a right to access information to promote transparency. Therefore, the stakeholders should:

  - ✓ Provide relevant information about the services they render through media platforms such as community radio stations, WhatsApp and Facebook to enable the adolescents to access the information regarding the services they render

  - ✓ Develop promotional material such as pamphlets and posters to market the services they render

  - ✓ Conduct awareness campaigns to sensitise adolescents about their services.

7.6.5 Capacity-building and training

The social service practitioners need to conduct capacity-building programmes based on the Children's Act, the Child Justice Act and other relevant legislation to

ensure that the stakeholders have an in-depth and holistic understanding of the legal policy framework to address the needs of adolescents. The stakeholders have the main role to play in both identifying the adolescents living on the streets and providing support to them. Therefore, to be effective, they need to be empowered about child protection.

Training should be provided to identify stakeholders like the relevant state departments and NGOs, faith-based organisations (FBOs), veterans, youth, traditional leaders and identified professional team members. Stakeholders should continuously update their knowledge on developments in the field.

Minimum requirements for early intervention services training are essential for such training to be effective. The training should be delivered within a framework that includes policies, procedures and practical guidelines to inform and support practice standards as well as a training strategy that clarifies the roles and responsibilities of the identified stakeholders.

7.6.6 Evaluation

Evaluation of an integrated approach of early intervention services is vital to determine whether it is effective or not. Evaluation will provide feedback on the effectiveness of services provided to adolescents living on the streets. The evaluation process will assist in ensuring that the social worker is held accountable for the outcome of services rendered by the role players to ensure that the targets and performance indicators have been met.

The researcher is of the view that the social worker should design the monitoring and evaluation framework with indicators to be used to measure the success of the interventions. There should be proper and effective monitoring and evaluation systems and frameworks in place to track the progress against the set objectives and goals regarding improving the quality of an integrated approach of early intervention services.

The social worker should design an impact assessment tool to determine if the integrated intervention has brought change to the lives of adolescents living on the streets. The impact assessment should focus on the outcome of the interventions.

Evaluation is a specialised task which requires knowledge on how to design questionnaires and structure an analysis, using statistical findings. The availability of reliable and consistent information is essential for planning and monitoring policies and programmes, and for making decisions about the support that should be provided to adolescents living on the streets and to their families.

Therefore, the stakeholders should identify two objective team members from outside the field to support them during the evaluation process. The identified team should then design questionnaires to measure the effectiveness of the involvement of stakeholders in addressing the complex needs of adolescents living on the streets.

However, other stakeholders who have been involved also play an active role in discussions about what should be measured, how, why and for what purpose. Again, it is important to clarify the objectives of the evaluation process. The objectives should be agreed upon by the stakeholders. The evaluation team should analyse the data to determine its meaning.

After the completion of the evaluation process, the team should write and disseminate the evaluation report to all the stakeholders. Dissemination of feedback will help to acquire more support from stakeholders if the implementation had been successful. If the implementation was not successful, it is important to share the weaknesses and to improve the competency of the stakeholders. They should convene a meeting after the evaluation process to examine lessons learned from the implementation process and to celebrate the successes.

7.7 CONCLUSION

In this chapter, suggestions on the guidelines on an integrated approach for early intervention services for adolescents living on the streets were based on the goals, objectives and findings of the study to address the complex needs of these adolescents. The guidelines were meant for all stakeholders rendering services to these adolescents. In the next chapter, the major findings, conclusions and recommendations of the study will be presented.

CHAPTER EIGHT

MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

This chapter captures the major findings, conclusions and recommendations made by the researcher based on the data collected from the adolescents living and working on the streets and the social service practitioners. The recommendations made are based on social work practice, social work education, social policy and future research.

8.2 SUMMARY OF MAJOR FINDINGS OF THE STUDY (ADOLESCENTS)

Major findings drawn from the experiences of adolescents living on the streets and social service practitioners discussed in Chapters Four, Five and Six are presented as follows:

8.2.1 Themes 1 and 2: Push and pull factors highlighted by adolescents and social service practitioners

The perspectives of the adolescents and practitioners on the realities of children who live and work on the streets have been expressed differently. The findings show that socio-economic factors such as family disorganisation, poor parenting skills and sexual and drug abuse have been expressed by both adolescents and social service practitioners because they drive children to live and work on the streets.

In addition, it has been established worldwide that most children living and working on the streets come from poverty-stricken families. Hence, some adolescents from rural areas are recruited by friends to migrate to cities under false pretences to secure jobs and have a better life. Unfortunately, these children run the risk of being sexually molested, exploited by adults to commit petty crimes and to sell drugs while girls are coerced into prostitution.

In addition to the factors expressed by the adolescents, the social service practitioners have alluded that unemployment and poverty are some of the contributory factors to the phenomenon.

8.2.2 Theme 3: Realities of life on the streets – survival of the fittest

The findings show that younger boys are physically and sexually abused by older boys and gangsters. During unfavourable weather conditions, particularly winter and the rainy season, most of them sleep under bridges and/or in open parks. Participants have revealed that, not only do they experience abuse from their fellow adolescents, but also from officials such as police officers who harass and beat them. This finding suggests that some officials such as police officers omit to act according to the Children's Act 38 of 2005 as amended. They commit this crime against humanity because it is a human rights violation instead of carrying the mandate to protect and safeguard the citizens, especially children in need of care and protection such as adolescents living and working on the streets.

8.2.3 Theme 4: The adolescents' suggestions of professional interventions

Adolescents expressed various protection intervention preferences from various professionals. The adolescents suggested that social workers and child and youth care workers were capable professionals to protect them by counselling and assisting them to cope with difficult situations. The latter finding suggests that not only physical protection is important, but also psychological protection. Two adolescents mentioned that they preferred to be placed in shelters which they regarded as a safe environment. They suggested that government protect them and provide more shelters for children in their circumstances. On the other hand, some adolescents believe that police officials have a major role to play in ensuring that children in need of care and protection are prioritised as opposed to the current status quo.

8.3 SUMMARY OF MAJOR FINDINGS OF THE STUDY (SOCIAL SERVICE PRACTITIONERS)

This section describes the major findings on the experiences of social service practitioners rendering services to adolescents living and working on the streets. Four major findings are presented below.

8.3.1 Theme 1: Services provided to adolescents living and working on the streets

The findings show that social workers are doing their best to render satisfactory, acceptable and adequate services by providing psychosocial services to adolescents whenever they avail themselves to drop-in centres. Regardless of this finding, one cannot deny the fact that this phenomenon, which is adolescents living on the streets, is far from being alleviated. The social service practitioners confirm that, regardless of their efforts in ensuring that children living and working on the streets are offered satisfactory, acceptable and adequate services, many adolescents still find their way back to the streets. The latter suggests there is a gap in the current strategy and/or method of intervention. However, multisectoral collaboration as suggested by social service practitioners, may contribute positively to addressing the problem.

8.3.2 Theme 2: Benefits of services offered during early intervention phase

The study shows that adolescents, regardless of living and working on the streets, do have opportunity to receive services offered by social service practitioners and outreach workers through drop-in centres. However, the services appear to be one-sided which calls for a multisectoral approach to early intervention services. Furthermore, the social service practitioners have indicated that, regardless of the gaps, there are success stories of adolescents who have managed to pursue their studies through their interventions and support. Again, adolescents have benefited from therapeutic and life skills programmes offered.

8.3.3 Theme 3: Challenges experienced by practitioners when rendering services to adolescents

The findings show that social service practitioners have experienced numerous challenges when rendering services to adolescents living and working on the streets. These challenges emanate from both the adolescents and their families. For instance, social service practitioners find themselves having to deal with adolescents who are already engaged in drugs such as nyaope, including the use of “blue toothing” as a method of drug intake. It is when adolescents inject to get a fix and draw of blood from others who are “high” to transfer blood among

themselves. This addiction has resulted in adolescents having to face a lot of health risks such as contracting HIV/AIDS.

On the other hand, social service practitioners face challenges of families who are not willing to cooperate with them. Lack of cooperation by families is due to the fact that families regard their children as naughty and do not believe they (family) have a role to play in changing the situation.

8.3.4 Theme 4: Suggestions on the improvement of early intervention services to adolescents living and working on the streets

The social service practitioners have expressed a need to mobilise all professionals to improve a multisectoral approach to address the needs of adolescents living and working on the streets. Social service practitioners acknowledge that, when rendering early intervention services, they emphasise the need to involve families and adopt the public policy approach that is implemented in England. The focus there is on identification and supporting families at an early stage to prevent problems related to poor physical and mental health (see Addendum J).

However, relevant departments should explore the possibility of adopting certain approaches reflected in the policy after extensive consultation with relevant stakeholders. Furthermore, a need to increase financial resources to effectively offer responsive services for children has been expressed. At the moment, the funding allocated to shelters is regarded as insufficient for quality service delivery. Therefore, the social service practitioners require government to allocate programme funding for the shelters to improve service delivery.

8.4 CONCLUSIONS BASED ON THE RESEARCH PROCESS

The conclusions based on the outcomes of the qualitative research process and the ethical considerations are provided below.

8.4.1 Research questions

The research questions facilitated the exploration of the social realities of adolescents living and working on the streets and the development of an integrated approach to early intervention services.

The research questions that guided the study were:

- **What are the social realities of adolescents living and working on the streets?**

The question was answered adequately. Adolescents expressed their grievances of lacking in food and shelter, being sexually exploited and physically abused, amongst others.

- **What are the experiences of social service practitioners when offering services to adolescents living and working on the streets?**

When sharing their experiences, social service practitioners highlighted that it is pivotal to develop a multi-sectoral approach to ensure collaboration between government and other stakeholders to establish a holistic and sustainable service delivery to adolescents living on the streets. Their experiences depict that the implementation of an integrated approach to early intervention services for adolescents living and working on the streets should be prioritised to prevent them from falling through the cracks. These experiences inspired the development of guidelines on integrated early intervention services to enhance the implementation of existing guidelines for children living and working on the streets.

8.4.2 Research goals and objectives

The goals set for the study facilitated the exploration of the social realities of adolescents living and working on the streets and the development of an integrated approach to early intervention services.

Goal 1: To develop an in-depth understanding of realities of adolescents living and working on the streets

The goal of the study was achieved, semi-structured interviews and one focus group discussion each was conducted with both social service practitioners and adolescents to generate rich data and an in-depth understanding of the realities of adolescents living and working on the streets (Chapters Five and Six).

Goal 2: To proffer guidelines for integrated early intervention services to enhance the implementation of existing guidelines for children living and working on the streets

Guidelines were developed to enhance the implementation of existing guidelines for children living and working on the streets in order to address the complex needs of these adolescents.

The research goals were achieved, as the researcher was able to compile the suggested guidelines on an integrated approach to early intervention services, based on the views of the adolescents living and working on the streets and the social service practitioners rendering services to these adolescents.

The research objectives were accomplished as stated below. The objectives of the study were:

- **To explore and describe the realities of adolescents living and working on the streets**

This objective was met in describing the realities and experiences of adolescents living on the streets through the utilisation of semi-structured interviews and a focus group discussion. The indigenous language isiZulu was used to facilitate discussions to allow participants to share their stories in their own words (see Chapter Five).

- **To explore and describe the experiences of social service practitioners who offer early intervention services to adolescents living and working on the streets**

This objective was met through the use of semi-structured interviews and a focus group discussion that was conducted with social service practitioners (see Chapter Six). The social service practitioners expressed the need to strengthen early intervention services.

- **To draw conclusions and make recommendations about an integrated approach to early intervention services of adolescents living and working on the streets**

The objective was met, as major findings, conclusions and recommendations stating how the integrated approach to early intervention services had been incorporated into the research process, research questions, goals and objectives of the study. (see Chapter Eight).

8.4.3 Research approach

The qualitative research methodology employed in this study was appropriate and valuable, as it enabled the researcher to uncover various pull and push factors involved, to develop and conceptualise meanings of complex phenomena as well as to gather rich descriptions and observations of the experiences and realities of the participants.

8.4.4 Research design

The phenomenological, exploratory, descriptive and contextual research designs were applied to explore the social realities of adolescents living and working on the streets and the social service practitioners who service them. The aim was to ascertain how the social service practitioners implemented an integrated approach to early intervention services. A plan was described detailing the processes to collect, analyse and interpret data. Thus, the research design has greatly provided an opportunity to acquire accurate, precise and detailed information on the characteristics and experiences of the participants.

- *The phenomenological research design:* The use of this design uncovered detailed descriptions of participants' lived experiences and how they made sense of their personal and social world. It facilitated the understanding of the meanings the participants had attached to the phenomenon.

- *The exploratory research design:* It assisted the researcher to create a process of building knowledge of the phenomenon of adolescents living and working on the streets. This study produced rich and in-depth data on the social realities of adolescents living on the streets and social service practitioners rendering services to them.

- *The descriptive research design:* It allowed the researcher an opportunity to describe the conditions of adolescents living on the streets from the perspective of social service practitioners and the adolescents themselves.

- *The contextual research design:* It allowed the participants to share their lived experiences within their social, cultural, personal and religious contexts. Furthermore, the researcher ensured that the circumstances in which the adolescents would feel comfortable was prioritised; thus, data collection was conducted in the place of their choice.

8.4.5 Ethical considerations

Ethical issues such as informed consent, confidentiality, debriefing and management of information were observed during the process of the study (see Chapter One). All participants consented to take part in the study. Participants were also provided with information regarding the debriefing services for those who might need them.

8.5 CONCLUSIONS BASED ON THE RESEARCH FINDINGS

In this section, conclusions drawn from the research findings are presented according to the eight themes, 37 sub-themes and five categories that have emerged during the data analysis process (Chapters Four, Five and Six).

8.5.1 Conclusions based on factors that push adolescents to live and work on the streets

The conclusions drawn from the findings of the adolescents and social service practitioners (Chapter Four) are presented below in terms of the themes.

8.5.1.1 Theme 1: Conclusions based on children's experiences of push and pull factors for going to the streets and staying on the streets

Adolescents expressed their emotions when they were sharing their experiences of the push and pull factors for living and working on the streets. These factors included domestic violence, family break-ups, poor parenting skills, neglect within the family, divorce in the family, death of the parents, children taking care of their sick parents and the collapse of the family structure. Pull factors included having siblings living

on the streets, peer pressure and the desire to feel what life is like away from the control of their parents.

The main conclusion is that there is a need to introduce integrated services and interventions from the relevant service providers to address the pull and push factors shared by adolescents who participated in the study. Furthermore, the researcher is of the view that all social service practitioners, in collaboration with the relevant stakeholders, should raise awareness through community campaigns and social media platforms on the phenomenon of adolescents living on the streets to sensitise and educate the parents, families and communities. Social service practitioners should also inform these adolescents about the pros and cons of living on the streets. This will enable the adolescents to avoid negative behaviour and to be empowered with problem-solving skills. Later in life they will become self-reliant and will be able to take responsibility for their own actions; moreover, they will feel confident to address any situation they may encounter.

8.5.1.2 Theme 2: Conclusions made based on the push and pull factors highlighted by social service practitioners

The social service practitioners mentioned the consequences of socio-economic factors such as peer pressure, poverty, sexual abuse, poor parenting, dysfunctional family, domestic violence and children used by adults to commit crime that cause adolescents to live and work on the streets.

The conclusion is that the stakeholders must have an in-depth understanding of the circumstances that cause adolescents to live and work on the streets in order for them to develop programmes that address these push and pull factors. Social service practitioners, in partnership with stakeholders, could assist in empowering the parents or caregivers to meet the emotional and material needs of these children so as to develop appropriate parenting skills. Social service practitioners could also capacitate parents and caregivers to safeguard the well-being and best interests of their adolescents.

8.5.2 Conclusions on research findings on experiences of adolescents living on the streets

The conclusions drawn from the findings of the adolescents (see Chapter Five) are presented below in terms of the themes.

8.5.2.1 Theme 1: Conclusions based on the realities of life on the streets – survival of the fittest

The service practitioners expressed concerns that adolescents living and working on the streets have a high drug consumption because of lack of safety and being more vulnerable to pressure from street gangs, the police and other youth on the streets**.**

The conclusion is that adolescents could be linked with rehabilitation centres to be assisted with their addictions and to provide security.

- Social service practitioners, in partnership with relevant stakeholders, could conduct awareness campaigns and sensitise adolescents about the risks involved in substance abuse and communities about the prevalence of adolescents living on the streets.

- Social service practitioners should consider how to enable the children to express their views.

- Active efforts should be made to assess the children within their families and to provide psychosocial support, as the social service practitioners who participated in the study suggested that there was a need to provide psychosocial support to vulnerable children.

8.5.2.2 Theme 2: Conclusions based on the suggestions for interventions by professionals on behalf of children living and working on the streets

The majority of participants confirmed that a concerted effort had been made by educational and spiritual leaders, including social workers, childcare workers, teachers and spiritual leaders, for the protection of adolescents living and working on the streets in Gauteng to curb the challenges they are facing.

The conclusion is that the social service practitioners may play an advocacy role by communicating with other members of the community and stakeholders about the needs and rights of these children on their behalf.

8.5.3 Conclusions regarding the empirical findings of the experiences of social service practitioners rendering social work services to children living and working on the streets

The conclusions drawn from the empirical findings of social service practitioners (see Chapter Six) are presented below in terms of the themes.

8.5.3.1 Theme 1: Services provided to adolescents living and working on the streets

The accounts revealed that social service practitioners were rendering adequate services. Furthermore, the findings reflected that the adolescents were assessed by a multi-disciplinary team to develop an appropriate intervention plan. Despite the intervention strategies implemented by social service practitioners to address the needs of adolescents, their prevalence is still high on the streets. For instance, after the reunification process, adolescents still abscond back to the streets. Adolescents often say it is “cool” in the streets because “siyaphanda” – meaning they hustle in the streets to generate money. Hence, there is a need to provide parental skills to empower parents and caregivers on how to cope with these adolescents after the reunification process. Furthermore, family relationships must be enhanced to rebuild trust. Involvement of community members such as the religious sector is crucial to assist in mentoring adolescents after they have returned home.

The conclusions are that families should be provided with support after the reunification process to enable them to support the adolescents to transition from homelessness and that the social service practitioners should enhance the after-care services to ensure that adolescents adjust well at home after they have been reunified with their families.

8.5.3.2 Theme 2: Conclusions based on benefits of services offered during the early intervention phase

The accounts show that adolescents benefit from a range of services offered by various stakeholders during the early intervention phase. These include providing food parcels, assistance to parents with seeking employment for the adolescents, being referred to SASSA to be linked to child support and foster care grants, and providing educational support.

The first conclusion reached is that the social service practitioners, in collaboration with the relevant stakeholders, strengthen early intervention services in order to benefit the adolescents by providing holistic and better quality services. Secondly, the stakeholders may link the identified households to employment-generating programmes such as poverty alleviation projects and expanded public works programmes.

8.5.3.3 Theme 3: Conclusions based on challenges experienced by social service practitioners when rendering services to adolescents

The findings revealed that the social service practitioners had experienced numerous challenges when rendering services to adolescents living and working on the streets. However, the most disturbing challenge was that practitioners mentioned the latest method adolescents used to take drugs which was called “blue toothing”. The adolescents injected themselves to get a “fix” and drew blood from others who were “high” and distributed this blood among themselves. Furthermore, they stated that the adolescents were addicted to “nyaope”.

The first conclusion is that adolescents be educated about the future complications of substance use such as “nyaope” and injections to take drugs. Secondly, the social service practitioners should collaborate with relevant stakeholders and conduct awareness campaigns among adolescents on health hazards caused by substance use, and share the success stories of adolescents who have been rehabilitated.

8.5.3.4 Theme 4: Conclusions based on suggestions that there is a need to strengthen a multisectoral approach

The accounts showed that there was a need to mobilise all relevant professionals such as social workers, psychologists and psychiatrists to establish a multisectoral and integrated approach to address the gaps or areas for capacity-building and support.

The conclusion is that the social service practitioners partner with relevant professional teams and collaborate with them to offer effective and efficient services to adolescents living on the streets. It is important for the social workers to strengthen the integrated case management with the team of professionals and develop a referral system to link adolescents living on the streets with the necessary resources.

8.6 RECOMMENDATIONS

The recommendations are based on the findings of the study to address the complex needs of adolescents living and working on the streets.

8.6.1 Recommendations based on social work practice, social work training, social work policies and future research

Improvement of early intervention services to effectively respond to the needs of adolescents living on the streets is paramount. Therefore, the social workers, child and youth care workers and community development practitioners who are responsible for service delivery, education, policy-making and research should endeavour to collaborate in addressing the plight of these adolescents. It is incumbent upon social service practitioners to create opportunities that would facilitate the discovery and exploitation of their talents, capabilities and strengths to thrive and contribute towards the development of South Africa.

8.6.1.1 Recommendations for social work practice

Considering the high prevalence of adolescents living and working on the streets, social workers, in collaboration with stakeholders, should develop activities to achieve set objectives. The social workers should:

- Consult with relevant state departments, NGOs, multi-disciplinary teams of professionals, retired professionals, traditional leaders, religious leaders and community police forums to create partnerships and develop an implementation plan
- Engage with stakeholders to clarify the purpose of their partnerships and how to engage in rendering the services to adolescents living on the streets
- Ensure the enhancement of partnerships and effective a sustainable integrated approach to early intervention services.
- Enhance partnerships with stakeholders to identify high-risk families to prevent adolescents from living and working on the streets
- Facilitate intersectoral collaboration between the stakeholders to render early intervention services
- Promote community involvement to enhance quality services to adolescents living on the streets
- Provide holistic integrated early intervention support to adolescents
- Empower adolescents living and working on the streets with skills
- Encourage child participation and advocate for the rights of adolescents in partnership with relevant stakeholders
- Raise awareness on World Homeless Day annually on 10 October with the aim of educating communities about homeless adolescents and how their situation can be improved.

The Director-General of the DSD should consider the adoption of these suggested guidelines on an integrated approach for early intervention services for adolescents living on the streets (Chapter Seven).

8.6.1.2 Recommendations for improving social work training

The following recommendations are made based on the study findings:

- With regard to the training of social service practitioners there is a need to develop a curriculum at undergraduate Bachelor of Social Work (BSW) level to incorporate a curriculum on early intervention services for adolescents living and working on the streets.

- The DSD, in collaboration with the SACSSP and universities, should design continuous professional development (CPD) training programmes such as workshops, seminars and conferences to present an integrated approach to early intervention services for adolescents living and working on the streets to educate social workers in this respect.

- Universities are encouraged to conduct colloquia in which dialogue among CYCC practitioners, social work academics, social service practitioners and adolescents could take place on a number of issues regarding the struggles in the homes and lives of the adolescents on the streets, social work training and service delivery.

8.6.1.3 Recommendations for social service policies

The following recommendations are made for social service policies:

- Policy makers should consider capacity building and enforce the implementation of Section 150 of the Children's Act for the care and protection of adolescents living and working on the streets.

- Policy makers should develop a policy for different social service providers to provide training to outreach workers, child and youth care workers and social workers for delivery of quality services to adolescents living and working on the streets.

- Relating to financial resources, policy makers must initiate that government consider increasing financial resources for an integrated approach for early intervention services to adolescents living and working on the streets.

- Policy makers should initiate that government consider the establishment of community safety nets, including a 24-hour safe house where adolescents can be provided with accommodation during emergencies.

- In an effort to improve the implementation of early intervention services for adolescents living on the streets, policy makers could initiate that the DSD appoint two designated social workers in the nine provinces to ensure that services are well-coordinated and integrated.

- Social workers, in collaboration with policy makers, should initiate the launch of World Homeless Day for adolescents on 10 October every year to highlight the plight of these children living and working on the stress. The platform should be used to engage individuals, families and community members in designing and developing a comprehensive and sustainable intervention strategy.

8.6.1.4 Recommendations for future research

The following recommendations are made for future research:

- Researchers should conduct a cross-nation study to evaluate the early intervention services rendered to adolescents living and working on the streets.

- The DSD should conduct a study on the identification of adolescents at high risk of running away from home to live and work on the streets.

- Researchers should conduct an extensive review of the early intervention programmes in all the CYCCs in the nine provinces of South Africa to develop a model for good practice.

8.7 CONCLUSION

Major findings, general conclusions and recommendations of the study were offered in this chapter. The conclusions revealed that there was a need for integrated services and interventions from relevant service providers and stakeholders to address the needs of adolescents living and working on the streets.

In addition, the recommendations emphasised the need for social service practitioners to enhance partnerships with stakeholders to render effective and sustainable multisectoral services via an integrated approach to early intervention services to adolescents living on the streets.

Furthermore, social work practice training should incorporate a curriculum on early intervention services for adolescents living and working on the streets.

The suggested guidelines on an integrated approach for early intervention services for adolescents living on the streets should be adopted to improve service delivery.

Finally, future research should be conducted to evaluate the early intervention services rendered to adolescents living and working on the streets.

It is hoped that the study has indeed contributed to the body of knowledge on services rendered to adolescents working and living on the streets of South Africa.

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ADDENDA

ADDENDUM A: PERMISSION TO CONDUCT RESEARCH

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Ms Keitumetse Komane
Tel: +27 (0)11 355 7892
File no: 2/9/1(

MS GRACE PORTIA MTHEMBU

Dear Ms Grace Portia Mthembu

RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research in the Gauteng Department of Socia Development.

Your application on the research **"Guidelines for developing protection programmes for children living and working on the street"** has been considered and approved for support by the Department as it was found beneficial to the Department's vision and mission. The approval is subject to the Departmental terms and conditions as endorsed by you on the 06/01/2015.

May I take this opportunity to wish you well in the journey that you are about to embark upon.

We are looking forward to a value adding research and a fruitful co-operation.

With thanks,

Ms. A Hartmann
Deputy Director General: Social Development
Date: 6/2/2015

ADDENDUM B: INFORMATION SHEET ON RESEACH PROJECT

I **Grace Portia Mthembu**, the undersigned, am a social work manager employed by the National Department of Social Development in Pretoria, and also a part-time doctorate student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the doctoral degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

Guidelines on integrated approach of early intervention services for adolescents living and working on the streets

In view of the fact that you are well-informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of:

As a coordinator for the programme of street children at national level in the Sub-Directorate: Street Children, I realized that the number of adolescents living and working on the streets is increasing. They are vulnerable, they are used by adults to commit crime, involve in child prostitution, child trafficking and child labour and it becomes interest to me as a researcher to look at the phenomenon of adolescents living and working on the streets and to develop guidelines on integrated approach of early intervention services for adolescents living on the streets to be used by different stakeholders to develop appropriate programmes.

The researcher will engage with the Service Providers funded by the Department of Social Development (rendering services to children living and working on the streets) and adolescents living and working on the streets.

The information gathered from this study will be used by:

Relevant stakeholders to develop appropriate programmes, for the management of adolescents living and working on the streets.

The following questions will help to structure the semi-structured interview which will be conducted with adolescents living and working on the streets:

- Tell me about how it is for you to live and work on the street
- What cause you to go and live and work on the street?
- What is nice for you to live and work on the street?
- What is scaring you about living and working on the streets?
- How would you like to be protected as a child living and working on the street?
- By whom would you like to be protected?

The service providers will be requested to respond to the following questions during the semi-structured interviews:

- From your perspective what are the living conditions of children living and working on the streets?
- From your perspective what are the reasons for children turning to live and work on the streets?
- Tell me about the services you are offering to children living and working on the streets?
- How do these services benefit the children living and working on the streets?
- What could be done to improve the protection of children living and working on the street?
- From your perspective and experience, what guidelines should be taken into consideration when developing early intervention services programmes for children living and working on the streets?

With your permission, the interview(s) will be audiotaped/videotaped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both

the taped and transcribed versions) will be kept strictly confidential. The audiotape(s)/videotape(s) will be coded to disguise any identifying information. The tapes will be stored in a locked office at National Department of Social Development in Pretoria (state the precise place) and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor(s)/promoter(s), a translator (if they need to be translated into English), and an independent coder with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor(s)/promoter(s), the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiotapes/videotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upsets you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if

participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact these numbers:

Ms GP Mthembu (Researcher), telephone number: 0760824001
Prof MDM Makofane (Supervirsor), telephone number: 0823011707

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Dr AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee[5], College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

[5] This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

Thank you for your participation.

Kind regards

Ms GP Mthembu

ADDENDUM C: INFORMED CONSENT DOCUMENT

TITLE OF THE RESEARCH PROJECT: Integrated approach for early intervention services for adolescents living on the streets

REFERENCE NUMBER: _____

PRINCIPAL INVESTIGATOR/RESEARCHER: Ms Grace Portia Mthembu

ADDRESS: 48 c Gibson Drive East. Buccluech Sandton 2196

CONTACT TELEPHONE NUMBER: 076 082 4001

DECLARATION BY OR ON BEHALF OF THE PARTICIPANT:	Initial
I, THE UNDERSIGNED, _____ (name), [ID No: _____] the participant or in my capacity as _____ of the participant [ID No _____] of _____ _____(address) **A. HEREBY CONFIRM AS FOLLOWS:** 1. I/the participant was invited to participate in the above research project which is being undertaken by Grace Portia Mthembu of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.	
2. The following aspects have been explained to me/the participant: 2.1 Aim: The investigator is studying early intervention services of adolescents living and working on the streets. The information will be used	Initial

to/for developing the guidelines of intergrated approach for early intervention services for adolescents living on the streets	
2.2 I understand that the interview will be conducted face to face in the shelter and hot spot where adolescents are living for a period of an hour. Adolescents living on the streets and social service practitioners will be participating in the interviews. Interview (s) will be audio-taped and the recorded interviews will be transcribed word-for-word. The responses to the interview (both taped and transcribed version) will be kept strictly confidential. The audiotape(s) videotape(s) will be coded to disguise any identifying information. Participation is voluntary and I will discontinue if the participant feels uncomfortable.	Initial
2.3 Risks: I am obliged to refer you to the counseller for debriefing should the interview evoke discomfort	Initial
Possible benefits: As a result of my participation in this study the care I provide to adolescents living on the streets will enhance intergrated services with the relevant stakeholders such as team of professionals, relevant departments, religious sector, professional veterans, youth, traditional leaders and community policing forum.	Initial
Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.	Initial
Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.	Initial
Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.	Initial
3. The information above was explained to me/the participant by Grace Portia Mthembu in English/Zulu. I am in command of this language was given the opportunity to ask questions and all these questions were answered satisfactorily.	Initial
4. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.	Initial

5. Participation in this study will not result in any additional cost to me and adolescents living on the streets.	Initial
B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT. Signed/confirmed at _____ on _____20__ _____ _____ Signature or right thumbprint of participant Signature of witness	

ADDENDUM D: CONSENT FORM REQUESTING PERMISSION TO PUBLISH PHOTOGRAPHS, AUDIOTAPES AND/OR VIDEOTAPES OR VERBATIM TRANSCRIPTS OF AUDIOTAPE/VIDEOTAPE RECORDINGS[6]

As part of this project, I have made a photographic, audio and/or video recording of you. I would like you to indicate (with ticks in the appropriate blocks next to each statement below) what uses of these records you are willing to consent to. This is completely up to you. I will use the records only in ways that you agree to. In any of these records, names will not be identified.	Place a tick [✓] next to the use of the record you consent to
1. The records can be studied by the research team and photographs/quotations from the transcripts made of the recordings can be used in the research report.	
2. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be used for scientific publications and/or meetings.	
3. The written transcripts and/or records can be used by other researchers.	
4. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be shown/used in public presentations to non-scientific groups.	
5. The records can be used on television or radio.	
_____ Signature of participant	_____ Date

[6] Adopted and adapted from Silverman, D. 2001. *Interpreting qualitative data. Methods for analysing talk, text and interaction.* London: Sage.Publications

ADDENDUM E: STATEMENTS AND DECLARATIONS

STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S) I, Grace Portia Mthembu, declare that • I have explained the information given in this document to_____ (name of participant) and/or his/her representative _____ (name of representative); • he/she was encouraged and given ample time to ask me any questions; • this conversation was conducted in English/Zulu/Xhosa and no translator was used. Signed at _____on _____20___at_____ _____ _____ Signature of investigator/representative Signature of witness	
DECLARATION BY TRANSLATOR I, _____ (name), confirm that I • translated the content of this document from English into _____ (indicate the relevant language) to the participant/participant's representative; • explained the content of this document to the participant/participant's representative; • also translated the questions posed by _____ (name), as well as the answers given by the investigator/representative, and • conveyed a factually correct version of what was related to me. Signed at _____on _____20___at_____ _____ _____ Signature of translator Signature of witness	

IMPORTANT MESSAGE TO PARTICIPANT/REPRESENTATIVE OF PARTICIPANT	
Dear Participant/Representative of participant Thank you for your/the participant's participation in this study. Should at any time during the study • an emergency arise as a result of the research, or • you require any further information with regard to the study, kindly contact Grace Portia Mthembu at no 076 082 4001	

ADDENDUM F: CHILD ASSENT FORM

I, _____, understand that my parents/guardian have given permission for me to participate in a study concerning

_____
_____ under the direction of
_____ (name of the researcher(s)).

My involvement in this project is voluntary, and I have been told that I may withdraw from participation in this study at any time without penalty and loss of benefit to myself.

_____

Signature

ADDENDUM G: INTERVIEW GUIDE

Adolescents living and working on the streets.

The following questions will help to structure the semi-structured interview be conducted with adolescents living and working on the streets:

- Tell me about how it is for you to live and work on the streets.
- What cause you to go and live and work on the street?
- What is nice for you to live and work on the streets?
- What is challenging you about living and working on the streets?
- How would you like to be protected as a child living and working on the streets?

Social service practitioners.

The social service practitioners will be requested to respond to the following questions during the semi-structured interviews:

- From your perspective what are the living conditions of children living and working on the streets?
- From your perspective what are the reasons for children turning to live and work on the streets?
- Tell me about the services you are offering to children living and working on the streets?
- How do these services benefit the children living and working on the streets?
- What could be done to improve the protection of children living and working on the street?
- From your perspective and experience, what guidelines should be taken into consideration when developing early intervention services programmes for children living and working on the streets?

ADDENDUM H: INTERVIEW GUIDE: ZULU TRANSLATION

The following questions will help to structure the semi-structured interview be conducted with adolescents living and working on the streets:

Translation: Lembuzo elandelayo izosiza ekubuzeni iqoqo lezingane ezihlala ziphinde zisebenze emgwadeni.

- Tell me about how it is for you to live and work on the street
- Translation: Ake usho uzizwa kanjani njengoba uhlala futhi usebenze emgwaqeni?

- What cause you to go and live and work on the street?
- Translation: Kungabe yini imbangela yokuthi ukhethe ukuhlala uphinde usebenze emgwadeni?

- What is nice for you to live and work on the street?
- Translation: Kungabe ikhona yini lento emnandi ngokuhlala futhi usebenze?

- What is scaring you about living and working on the streets?
- Translation: Umakungenjalo yini oyibonile engemnandi ngokuhlala uphinde usebenze emgwaqeni.

- How would you like to be protected as a child living and working on the street?
- Translation: Njengoba uhlala futhi usebenza lapha emgwaqeni ungafisa ukuvikeleka kanjani

- By whom would you like to be protected?
- Translation: Ubani ocabanga ukuthi kungafanele akuvikele?

The service providers will be requested to respond to the following questions during the semi-structured interviews:

Translation: Lowo osebenza nalezizingane uzocelwa aphendule lemibuzo.

- From your perspective what are the living conditions of children living and working on the streets?
- Translation: Ngokubona kwakho zinjani izimozokuphila ezinganeni ezihlala ziphinde zisebenze emgwadeni

- From your perspective what are the reasons for children turning to live and work on the streets?
- Translation: Ngokubona kwakho kungabayini imbangela yokuthi izingane zifise ukuhlala futhi zisebenze emgwaqeni?

- Tell me about the services you are offering to children living and working on the streets?
- Translation: Ake usho ukuthi nizisiza ngani noma kanjani izingane ezihlala futhi zisebenze emgwaqeni?

- How do these services benefit the children living and working on the streets?
- Translation: Uma senizisizile kungabe ukhona umehluko ezimpilweni zabo obonakalayo?

- What could be done to improve the protection of children living and working on the street?
- Translation: Yini engenziwa ukuqinisekisa ukuvikeleka kwezingane ezihlaya zibuye zisebenze emgwaqeni?

- From your perspective and experience, what guidelines should be taken into consideration when developing early intervention services programmes for children living and working on the streets?
- Translation: Ngokubona kwakho nangolwazi onalo yimiphi imigomo engasiza uma kufanelwe kusheshwe kusentshenzwe nezingane ezihla futhi zisebenze emgwaqeni?

ADDENDUM I: LETTER FROM THE INDEPENDENT CODER

Contact details: (O) 012 312-7387

(Email) PortiaMt@socdev.gov.za

On 18 May 2015 at 20:57, Susan Terblanche <ssterblanche@gmail.com> wrote:

Dear Portia
Attached please find the following documents:

1. A table of themes of the experiences of children on the street

2. The themes, sub-themes substantiated by quotes/excerpts.

3. A table of themes of social workers and outreach workers' perspectives and

4. The themes and sub-themes, verified by relevant quotes.

I have collated the coding of social workers and outreach workers because mostly the same themes emerged.

I did not code the last question on services provided but thought its best to summarise and you could do this better anyway

I have to stop here as I have spent too much time on this already but I trust that you will find the structuring useful. You have manged to get rich information from the children and your challenge is now to do a good coherent and interpretative discussion of the findings with a literature control. I have commented in the documents that it is up to you and the supervisor to decide how many of the quotes you want to include in the discussion of the findings.

I also thought that you could do a very good article on the findings.

I refer you to the Social Work/Maatskaplike Werk Journal Vol 47 (1) 2011 for an article by myself and Juliet MacDonald : Street children's stories of escaping to and surviving on the streets ...and thought you will find the part on the family issues relevant for your study and maybe also the bibliography.

My invoice is also attached.

Warm regards--

Susan.

Prof SS Terblanche

Home: 10 Worldsview

Abelia street

Somerset West

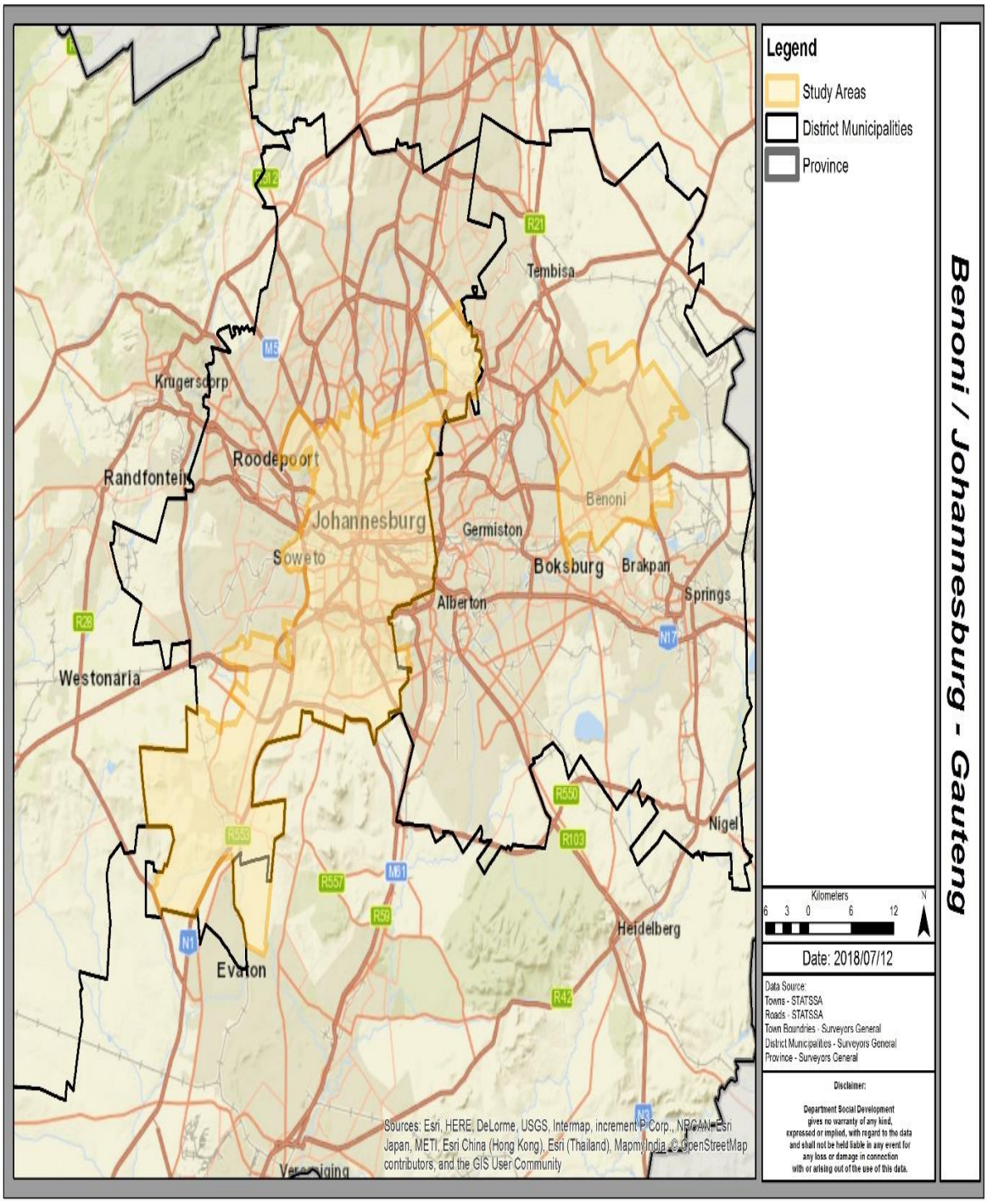
7129

cell 0726914585

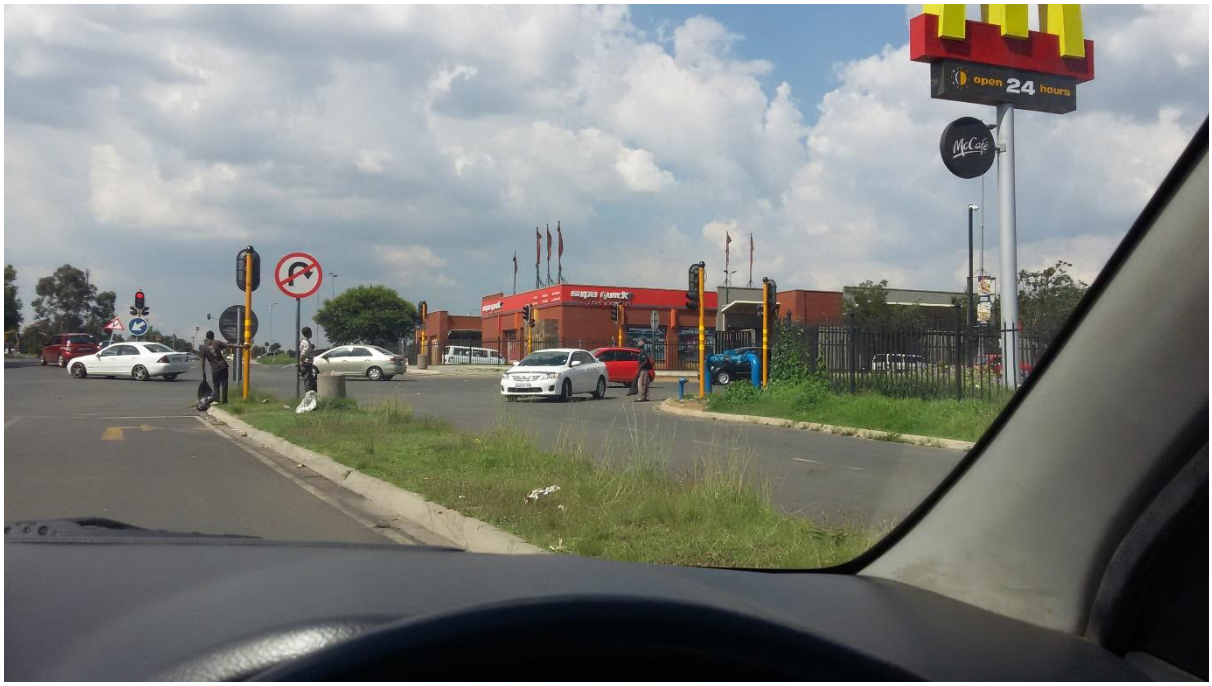
home 0218551340

DATE: 28 Jul. 11

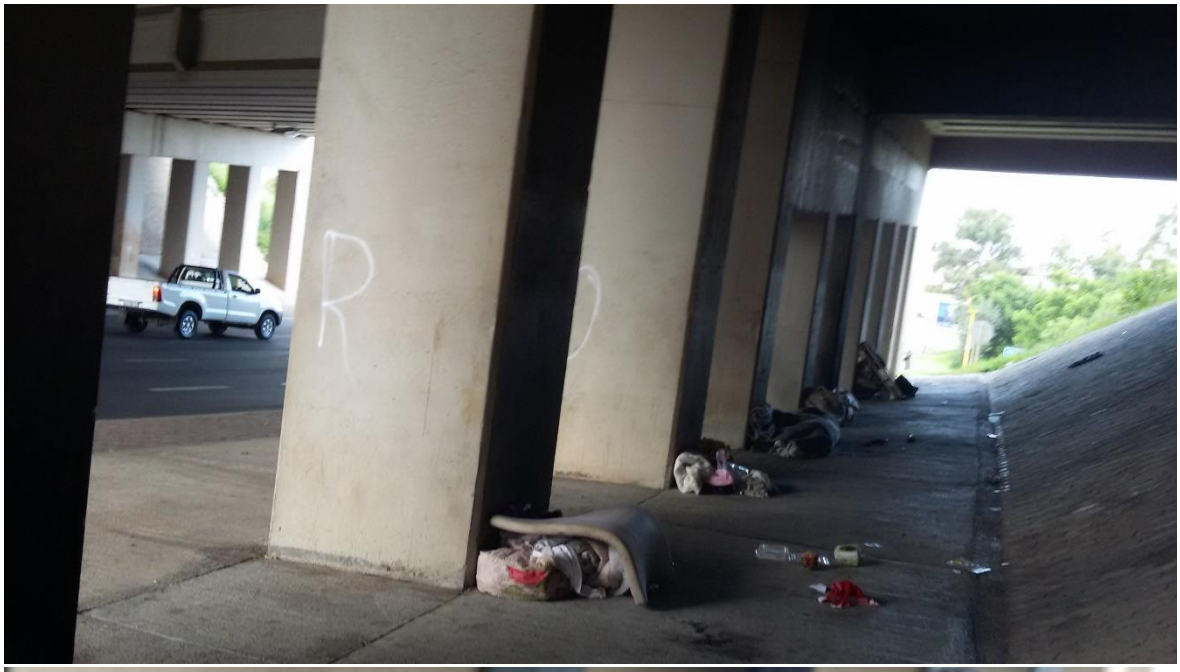
ADDENDUM J: MAP-LOCATIONS OF JOHANNESBURG AND BOKSBURG



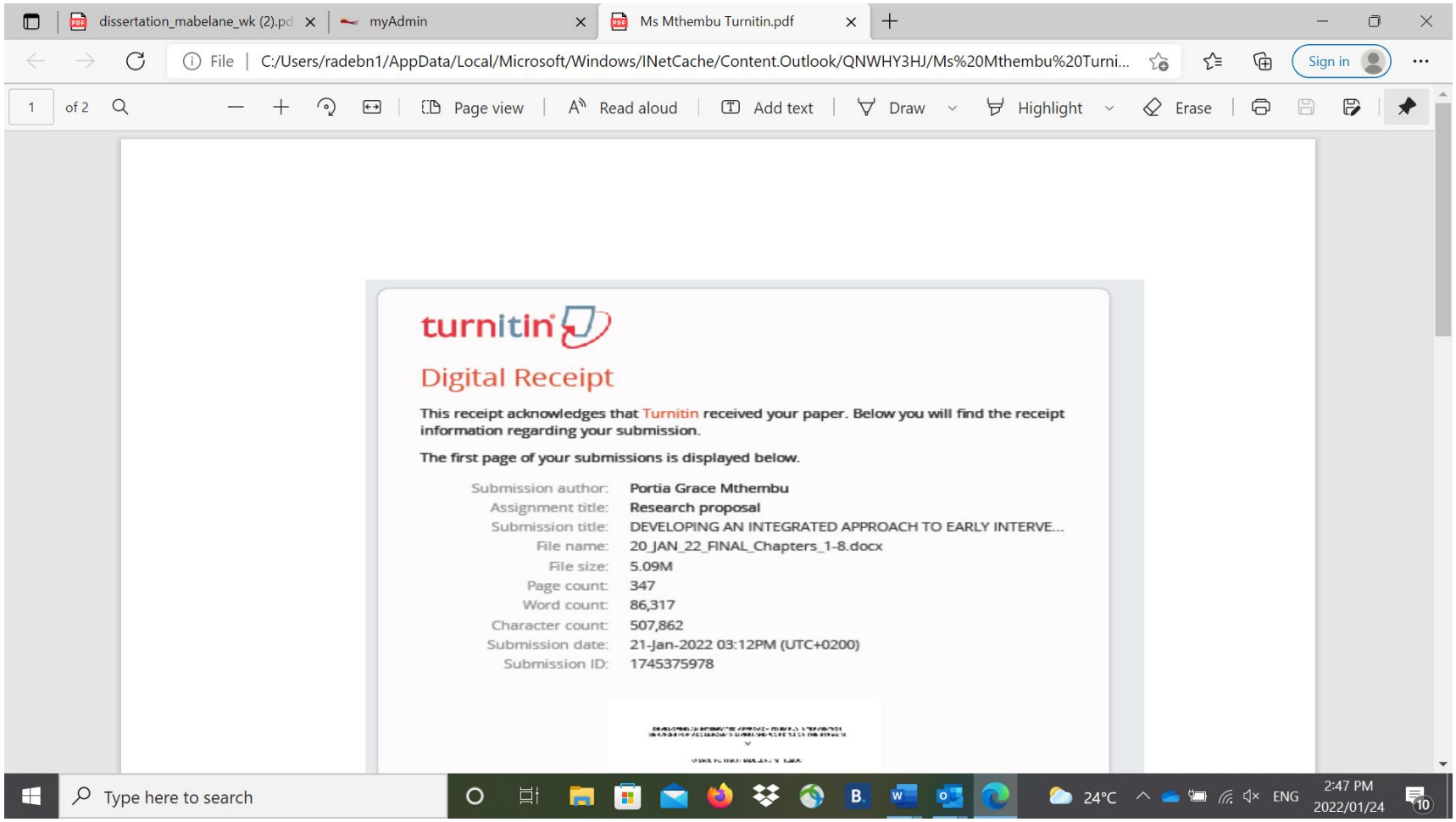
ADDENDUM K: PLACE WHERE ADOLESCENTS ARE BEGGING



ADDENDUM L: PLACE WHERE ADOLESCENTS ARE SLEEPING DURING THE NIGHT



ADDENDUM M: TURNITIN REPORT



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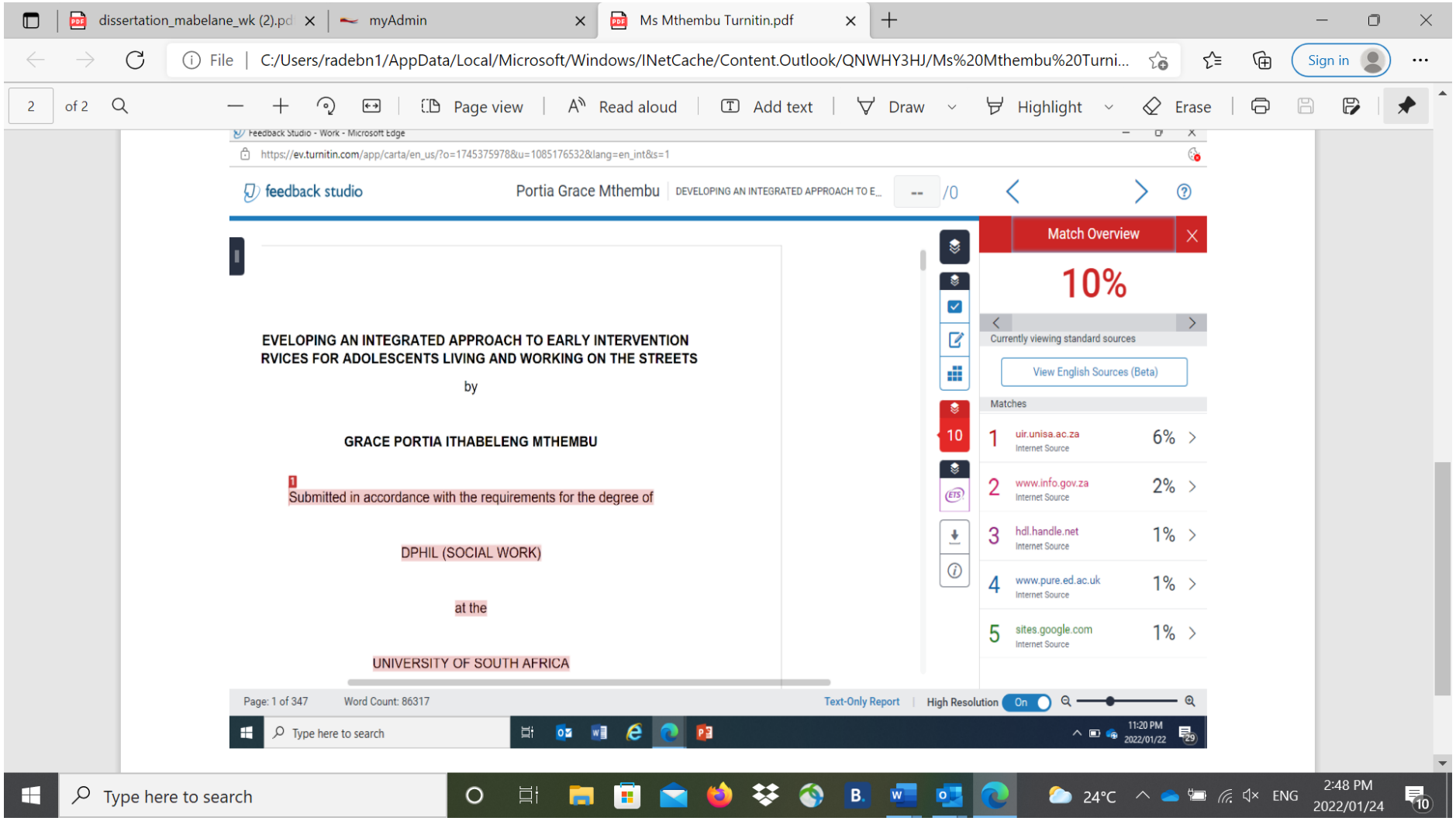
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DEVELOPING AN INTEGRATED APPROACH TO E...
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EVELOPING AN INTEGRATED APPROACH TO EARLY INTERVENTION
RVICES FOR ADOLESCENTS LIVING AND WORKING ON THE STREETS
by
GRACE PORTIA ITHABELENG MTHEMBU
Submitted in accordance with the requirements for the degree of
DPHIL (SOCIAL WORK)
at the
UNIVERSITY OF SOUTH AFRICA
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ADDENDUM N: EDITORS' LETTER

DECLARATION BY LANGUAGE PRACTITIONER

I, Yvonne Smuts, hereby declare that I have been appointed by Grace Portia Ithabeleng Mthembu ("the candidate") to attend to the linguistic aspects of the research report that is hereby submitted in fulfilment of the requirements for the degree D Phil (Social Work) at the University of South Africa.

To the best of my knowledge, all suggestions and recommendations made by me in this regard have been attended to by the candidate.

Title of thesis: *Developing and Integrated Approach to Early Intervention Services for Adolescents Living and Working on the Streets*

Date: 27 January 2022

(Ms) Y Smuts

BA (Languages) (UP)
HED (cum laude) (UP)

SATI Accredited Member (No. 1002242)
Member of Prolingua