Realizing or Relinquishing Rights? 
Homeless Youth, Their Life on the Streets and Their Knowledge and Experience of Health and Social Services in Hillbrow, South Africa

Sibusiso Donald Mathebula BA a & Eleanor Ross PhD b
a Human Development, Region D, City of Johannesburg, Johannesburg, South Africa
b Centre for Social Development in Africa, University of Johannesburg, Johannesburg, South Africa
Published online: 23 May 2013.

To cite this article: Sibusiso Donald Mathebula BA & Eleanor Ross PhD (2013) Realizing or Relinquishing Rights? Homeless Youth, Their Life on the Streets and Their Knowledge and Experience of Health and Social Services in Hillbrow, South Africa, Social Work in Health Care, 52:5, 449-466, DOI: 10.1080/00981389.2012.742483

To link to this article: http://dx.doi.org/10.1080/00981389.2012.742483

PLEASE SCROLL DOWN FOR ARTICLE
Realizing or Relinquishing Rights? Homeless Youth, Their Life on the Streets and Their Knowledge and Experience of Health and Social Services in Hillbrow, South Africa

SIBUSISO DONALD MATHEBULA, BA
Human Development, Region D, City of Johannesburg, Johannesburg, South Africa

ELEANOR ROSS, PhD
Centre for Social Development in Africa, University of Johannesburg, Johannesburg, South Africa

Poverty and youth unemployment are critical issues in South Africa with homeless persons begging at traffic light intersections in all major cities. Support services represent one way of empowering homeless youth. The study therefore examined the experiences of 10 homeless young adult males in Hillbrow, Johannesburg and whether they were aware of local health and social services. Qualitative interviews revealed that participants experienced poor health, addiction, physical violence, psychological trauma, and public hostility. Despite limited education, they were aware of and utilized local health and social services. Findings are discussed in terms of their implications for social work.

KEYWORDS homelessness, youth, health services, social services, rights, South Africa

INTRODUCTION

The April 2012 Quarterly Labour Force Survey (Statistics South Africa, 2012) revealed that 70% of South African youth aged between 25 and 34 years...
were unemployed. Among the unemployed youth it is further estimated that thousands of young people live on South Africa’s streets where they can be seen holding cardboard placards soliciting money from passing motorists at almost every traffic light intersection in all major cities (Cross, Seager, Erasmus, Ward, & O’Donovan, 2010). This specific group is most commonly referred to as street youth.

Although street youth is not a new phenomenon in South Africa, the number of young persons on the streets would appear to have skyrocketed over the last 10 years, compounded by the HIV and AIDS pandemic (Mathithi, 2006). Often seen by society as the visible face of crime, a nuisance, a threat, and an embarrassment, very few people actually understand what drives youth to the streets, what happens to them on the streets, the profound impact of homelessness on physical, mental, and social health, and what strategies would best serve them (Umthombo, 2007).

The strategy to address the problem of homeless children who later become homeless youth was initially formulated in 1997 by the South African Department of Social Development as part of the White Paper for Social Welfare (Department of Welfare, 1997). The aims were to prevent vulnerable children from becoming street children, to reconcile them with their families, and to reintegrate them into society. Shelters were treated as interim measures and were designed to operate as assessment centers and safe houses. Also, appropriate programs for street children were subsequently registered and standards and management protocols formulated. Nevertheless, despite this strategic plan, the burgeoning number of children and youth living on the streets raises questions as to the accessibility of existing services and programs to address their plight.

Compton and Galaway (2005, p. 2) assert that “social work seeks to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.” Social work also seeks to improve the capacity of people to address their own needs and promote the responsiveness of organizations, communities, and other social institutions to individuals (Compton & Galaway, 2005; DuBois & Miley, 2010). Hence, the issue of homelessness is not only an individual concern but a public issue, and is of particular relevance to the profession of social work.

The stimulus for the study arose from the experiences of the first author while engaged in social work services at Othandweni (Place of Love), a shelter for homeless youth located in Hillbrow, Johannesburg. Major challenges noted by the management of Othandweni were that many homeless youth come from rural areas and appear to have limited knowledge of the available health and social services in their area and their right to access these services. There was also concern at the high drop-out rate of homeless youth from programs provided by the organization. The main purpose of the study was therefore to explore the knowledge and experiences of a group of homeless
youth who utilized the services of Othandweni Shelter regarding health and social services in Hillbrow.

**LITERATURE REVIEW**

Cross et al. (2010) emphasize that the seriousness of homelessness in South Africa is overshadowed by the extent of the population residing in informal settlements. Their study suggested that there might be from 100,000 to 200,000 truly homeless street people in South Africa, including adults and children. However, the lack of fixed addresses and mobility of shack dwellers would appear to contribute to an undercount of this population.

The Concept of Homelessness

The United Nations defines a street child or street youth as “Any boy or girl ... for whom the streets (in the widest sense of the word: i.e., unoccupied dwellings, wasteland, etc ... ) more than their family has become their real home, a situation in which there is no protection, supervision or direction from responsible adults” (Ennew, 1994, p. 15). In contrast, the South African Children’s Act No. 38 of 2005 states that a street child means a child who “because of abuse, neglect, poverty, community upheaval or any other reason, has left his or her home, family or community and lives, begs or works on the streets; or because of inadequate care, begs or works on the streets but returns home at night” (p. 26). Although the Children’s Act only refers to children below the age of 18 years, this definition could be applied to street youth aged 18 to 30 years.

In South Africa, Cross et al. (2010, p. 130) identified three groups of homeless persons, namely “the detached homeless, temporary overnight sleepers and informal settlement dwellers, of which the first two are referred to collectively as street homeless persons.” Thus, those people who are homeless are the ones who own no residential property, survive on the corners of streets or occupy vacated, derelict buildings. Cross et al. (2010) refer to the street homeless as the proverbial skeletons at the feast, the poor and socially devalued and marginalized who enter unobserved, unwanted, and unable to join the party. Although authors such as Panter-Brick (2003) have objected to the label “street youth” on the grounds that it objectifies and dehumanizes the affected persons, it is used in this article simply for want of a better term.

Causes of Homelessness Among Youth

The White Paper for Social Welfare (Department of Welfare, 1997) defines a youth as a young person, whether a woman or man between the ages
of 16 to 30 years. Although people become homeless for a wide variety of reasons—loss of job, marital breakdown, mental illness, and alcohol and drug addiction—McNaughton (2008) maintains that causes of homelessness among youth fall into three related categories; family issues, economic problems, and residential instability.

Many homeless youth leave home after years of physical and sexual abuse, strained family relationships, addiction of a family member, and parental neglect (McNaughton, 2008). Moreover, a higher-than-average proportion of the youth come from single parent homes with some from homes where one parent is deceased while others end up homeless because their parents have separated. Some of these homeless youth that have run away from home had been physically abused, while others had been forced into unwanted sexual activity by a family or household member. Untreated addictive disorders have also been found to contribute to homelessness (Ambrosino, Ambrosino, Emeritus, & Emeritus, 2008, p. 197). For example, Lee et al. (2010) studied homeless mentally ill persons and found that almost 52% were substance abusers. A minority of homeless youth are young people usually searching for adventure; they leave home not because of dysfunctional family dynamics but rather because they think that a more exciting or rewarding world awaits them down the road (Van der Ploeg & Scholte, 1997).

Shinn and Weitzman (1996) point out that some youth become homeless when their families suffer financial crises resulting from lack of affordable housing, limited employment opportunities, insufficient wages, no medical insurance, or inadequate welfare benefits. These youth become homeless with their families, but are later separated from them by shelters, transitional housing, or child welfare policies. The premature deaths of parents from HIV/AIDS, with the resultant increase in child-headed households, have increased the risks of homelessness for many children and youth (Mathithi, 2006).

Residential instability also contributes to homelessness among youth. Some youth living in institutional placements become homeless upon discharge; they are too old for foster care but are discharged with no housing or income support (Robertson, 1996). According to Kehily (2007), there is a high correlation between young people leaving care placements and becoming homeless because they are ill-prepared for independent living. Moreover, social policies such as de-institutionalization of mentally ill persons have been identified as risk factors for homelessness, which may be exacerbated by the stress of survival and the associated stigma of life on the streets (Ambrosino et al., 2008; Cross et al., 2010).

Youth in South Africa

While homelessness remains a global problem with few nations having succeeded in eliminating the problem (Cross et al., 2010), in South Africa, excluded youth are particularly vulnerable to poverty, unemployment, lack
of skills, HIV and AIDS, family breakdown, homelessness, crime, violence, and high-risk behavior (City of Johannesburg, 2012). One city that is facing increasing difficulties with youth is the City of Johannesburg. According to a study by Patel, Noyoo, and Loffell (2004), Johannesburg’s youth are over-represented as the offenders and victims of crime and they are at risk of substance abuse (particularly alcohol, marijuana, and glue sniffing), high-risk sexual behavior, and HIV infection.

The City of Johannesburg is committed to uplifting Johannesburg as a city and uplifting poor people within its spaces (City of Johannesburg, 2012). “Current trends show that more than half the households in Johannesburg, a city of 3.2 million people, earn R1,600.00 or less a month and almost one in five residents do not have formal housing” (City of Johannesburg, 2012, p. 3). It is also believed that people who live in disadvantaged areas of Johannesburg often find it hard to fend for themselves because they spend days without adequate water, sewerage, and electricity, and many live in overcrowded and dilapidated buildings (City of Johannesburg, 2012).

The Bill of Rights of the Constitution of the Republic of South Africa (1996) sets out the socioeconomic rights of everyone to basic health care services, sufficient food and water, adequate housing, social security and social services when they cannot support themselves and their dependents, and the government’s obligation to take reasonable measures to achieve the progressive realization of these rights. Local governments and city councils are expected to give effect to the provisions of the Constitution through various legislation. Nevertheless, despite significant court judgments relating to housing, there is still a huge housing backlog in South Africa (Mathithi, 2006). For example, in 2000 the Constitutional Court found that while Irene Grootboom, who lived and died in an informal settlement, could not demand a house from the state, she could ask government to act reasonably in devising and implementing “a comprehensive and co-ordinated programme to realize the right to access to adequate housing” (cited in Tolsi, 2012, p. 12). In 2008 the Constitutional court handed down a further socioeconomic rights judgment known as the Olivia Road judgment. The court found that the government had a duty to “meaningfully engage” with residents over possible steps to alleviate their homelessness before evictions could occur (Tolsi, 2012, p. 12). Moreover, the clash between the rights and needs of the urban homeless poor to access street livelihoods in the central business districts (CBDs) of South Africa and the cities’ demand for visible poverty-free CBDs to encourage investment has made it difficult to develop and implement a consistent homelessness policy.

Available Services for the Youth Including Homeless Youth

The City of Johannesburg as a whole is divided into 11 regions. In each region social services differ as a result of variations in the area’s needs.
Hillbrow, an inner city area with a large concentration of people living on the streets, falls under region eight of the City of Johannesburg. Most of the services provided by organizations are directed at addressing the needs of the homeless, especially the youth. Current services provided to the homeless youth through the Youth Development Strategy include the following programs: job creation; poverty alleviation; skills development; health access; community safety and crime prevention; recreation, arts, culture, and heritage promotion; good governance, social responsibility and rights programs; youth moral regeneration, life skills, and leadership training; identity document applications; and family reunification (City of Johannesburg, 2012). Shelters for street youth in Hillbrow, Johannesburg include Othandweni, Twilight, and Church Blue Waterfall.

Nevertheless, despite the availability of these services a major challenge that is currently faced by organizations that render accommodation services to homeless children or youth is that their facilities are overcrowded and under-funded. Poverty is also a major concern facing the youth and street homelessness is indicative of the failure of economic and social welfare policies to redress social inequalities and achieve distributive justice (Mathithi, 2006).

Given the multifaceted nature of youth homelessness and the various strategies adopted to deal with this phenomenon, it seemed appropriate to adopt an ecological framework for the study. This holistic theoretical framework emphasizes the interaction between individuals and different social systems in their environment (Bronfenbrenner, 1979).

**METHODOLOGY**

Research Design

The study adopted an exploratory-descriptive research design located within a qualitative paradigm. Williams, Unrau, Grinnell, and Epstein (2011, p. 53) maintain that “the qualitative research approach is based on the interpretive perspective, which states that reality is defined by the research participants’ interpretations of their own reality.”

Sampling

Convenience sampling was used to recruit a sample of 10 participants from the youth who live on the streets of Hillbrow and come to Othandweni for breakfast, to bath and to have supper. A limitation of the study was that there were no females participants because only males were available for the research.
Research Instrument
An interview schedule was constructed and included both open- and closed-ended questions that allowed a range of perceptions to be captured. The interview schedule elicited sociodemographic data including age, race, gender, education, reasons for leaving school, and whether they wanted to continue their education. The schedule also explored length of time on the streets; reasons for staying on the streets; problems encountered on the streets; knowledge about health and social services for homeless youth; whether they had utilized such services; experiences with service providers; and perceived information needs with respect to health and social services.

Method of Data Collection
In order to enhance reliability and validity, the interview schedule was pretested on three homeless youth who did not participate in the final research study. The pretest indicated the need to conduct the study in the vernacular languages of participants. The researcher negotiated appointments for interviews with the youth through outreach workers. These workers are employed and trained by Metro Evangelical Services (MES, 2012), which is a Christian social development and non-profit organization, and their mission is to reach out to hard to reach communities. The youth from the street tend to be suspicious regarding people seeking to interview them. According to the outreach workers they can be violent sometimes because “people interview them today and tomorrow police come and arrest them.” Hence the outreach workers acted as gatekeepers between the youth and the researcher. The latter is currently employed as a social worker with the Johannesburg City Council but at the time of the study was a fourth-year social work student placed at Othandweni as part of his field instruction training. Data were collected via individual, face-to-face, in-depth interviews conducted individually in one of the Othandweni classrooms. The interview allowed the researcher to clarify questions and also enabled participants to provide relevant additional information, which was not included in the interview schedule.

Analysis of Data
The data were analyzed in terms of the themes that emerged from participants’ responses. The researcher’s social work professor and supervisor (and second author of this article) checked the categorization of the themes in order to enhance trustworthiness of the qualitative data.

Ethical Considerations
Permission to conduct the study was provided by the University’s Non-Medical Ethics Committee. Explanations were provided to participants in
the various African languages regarding the purpose of the research, the procedures to be followed and their rights as research participants and they were also asked to sign informed consent forms. Participation was voluntary and participants were not provided with undue incentives. Participants were also given the opportunity to withdraw from the study at any time and confidentiality was maintained at all times (Wassenaar, 2006).

RESULTS AND DISCUSSION

Sociodemographic Profile of Participants

All the participants were Black males, which is consistent with the findings of Kok, Cross, and Roux (2010) that the homeless population which they studied was dominated by males with only 12% being female. Two persons were aged 18–20 years; five were between 21 and 24; and three were between 25 and 30 years. The level of education of the participants ranged from grade 6 to grade 10, indicating that none of them had completed the formal 12 years of primary and secondary education.

Educational Opportunities for Homeless Youth

Of the 10 youth who participated in the study only six indicated that they were willing to go back to school. Three of the participants felt that because of their ages, training that would assist them to get a job would be more appropriate for them. All of the participants informed the researcher that they became aware of the availability of free education when they arrived in Johannesburg. While getting assistance on the streets, they were referred by outreach workers to an organization that assisted homeless youth who wanted to return to school but could not afford the costs involved. However, after a few months of attending classes they tended to drop out of school and leave the shelter that was providing them with accommodation while still at school. Among the reasons given by the participants for leaving school was that they were missing their friends back on the streets. They expressed the view that even though life was harsh on the streets compared to the warm and safe environment in the shelters; street life was better than the shelters because there were no rules. As one participant put it, “No one is nagging me what to do and not to do.”

The “Push” Factors or Reasons for Leaving Home

The findings revealed that there were different factors that led the youth in the study to leave home and school for the streets.
ALCOHOLISM AND FAMILY CONFLICTS

Some participants left school and home for the streets because of the conditions at home. One individual mentioned to the researcher, “I left home because I used to fight with my parents who are alcoholics.” According to Van Huyssteen (2003), even though a family assumes ultimate responsibility for the protection of children, for many children, the family presents danger in the form of sexual, physical, or emotional abuse, or neglect—often associated with alcoholism.

POVERTY

One participant indicated that his goal in life was to complete his matric and go to university. Nevertheless, he was unable to fulfill this goal because of the situation at home. He explained, “My parents were unable to pay for my fees and were unable to afford food and clothes for me; therefore I have to fend for myself”.

Another participant informed the researcher that both his parents were unemployed; therefore he was forced to leave home to come to Johannesburg and look for a job. In this respect Mathithi (2006, p. 218) points out that “chronic poverty has become an endemic feature of the landscape of homelessness.”

VIOLENCE AT SCHOOL

One participant explained, “I left school because we fought at school and I stab someone. I was scared to go back to school. My parents wanted to take me back to school so I ran away from home.” The issue of violence at school is a major concern in South African schools.

SEEKING A LOST RELATIVE

One participant mentioned that the reason he came to Johannesburg was to look for his father who left home a long time ago. He pointed out that it was difficult for his mother to look after their family and he felt that it was his responsibility to come and look for his father. However, he did not manage to locate his father and ended up on the streets where he met friends with whom he was involved in criminal activities.

The “Pull” Factors Drawing Youth Onto the Streets

THE COMPANY OF FRIENDS ON THE STREETS

The findings revealed that the pull factors drawing homeless youth from shelters and home to the street was the life they lived on the streets. They
preferred the company of their friends on the streets to living in shelters. Most of the participants tended to live with friends and partners in “street families” at specific sites, for example, near the Hillbrow waterfall, where they were able to support and protect one another from a generally hostile society. Not all of them were homeless in the true sense of the word as they mentioned that they returned home to their families at irregular intervals—particularly around Christmas. However, it is acknowledged that not exploring this issue further constituted a limitation of the study.

One participant stated that even though he was given an opportunity to live in the shelter and attend training he felt that it was going to take him some time to complete his education. At this moment in time his priority was to get a job in order to survive.

**The Rules and Contracts Applicable to Living in Shelters**

One participant left the shelter because of the rules in the shelter. When organizations that provide services to homeless youth intervene in the lives of those youth to change their situation they require them to sign a contract. The contract specifies the period the individual will spend in the institution, the activities in which the individual will engage, and the rules and regulations they need to follow while living in the shelter. When the contract terminates the individual has to move out of the shelter and forego the food, accommodation, bathing facilities, and other services. However, some agencies have an exit strategy for their client systems, meaning that they prepare the individuals for what they need to do after their time comes to an end in the organization. One person mentioned, “I was staying in a shelter but after my contract expired I had to move out, and I left for the street.” The response given by this participant raises questions regarding the efficiency and effectiveness of the exit strategies provided by agencies catering for homeless youth.

**The Street Economy**

In addition to begging at street corners, these youth also earn money by selling small items such as clothes hangers, fruit, and Identification Document (ID) holders; washing cars; and directing motorists into parking bays. Moreover, in response to the high crime rate they act as “car guards” whereby they guard people’s cars and ensure that they are not stolen while the owners do their shopping and engage in other business. These activities are sometimes supplemented with sex work. These short-term survival strategies act as “pull factors” and tend to be preferred over long-term goals of social work agencies.
The Period Spent by Homeless Youth on the Streets

The period in which the participants in the study reported living on the streets ranged from 2–8 years. According to personnel at the shelters, the longer that individuals live and work on the streets, the harder it is to “rehabilitate” them and help them to reintegrate with their families and engage in formal work.

Problems Encountered by the Youth on the Streets

The findings revealed the vulnerability of the youth in the study who encountered a number of challenges on the streets. They claimed that they were victims of law enforcement, cold weather in winter, malnutrition, abuse, assault, sickness and disease, and even death. Fischer cited in O’Malley (1992, p. 229) states that “homeless people have historically been victimized at greater rates than those with the physical and emotional resources to arm themselves against harsh treatment.”

Violence, Abuse, and Public Hostility

One participant commented that homeless youth were victims of violence, “I was once badly hurt. Somebody from nowhere stab me.” In support of this statement, he indicated a huge scar in his back extending from his shoulder down to his back. Another participant mentioned that life on the street was like living in the jungle where they applied the rules of the jungle, namely the survival of the fittest. Fist fights over glue, money, food, and drugs were reported to occur very often. This participant further stated, “In certain cases the fight may end up with one person’s death.”

The homeless youth were also victims of physical abuse by people under the influence of alcohol who would come and kick them when they were asleep on the streets. Participants also claimed to be victims of police brutality, and were often suspected of ongoing criminal activity in Hillbrow. They maintained that if people lost something they tended to attack homeless persons where they stayed and demanded the missing property and if they did not say anything about it they were assaulted. In other instances people threw bottles and other objects at them, which made it difficult for them to be able to sleep peacefully. These examples underscore the hostility they experienced from the public.

Police Brutality and Flying Bullets

All the participants in the study reported a traumatic incident when the Johannesburg metro police raided the place where they were staying with
the purpose of collecting all their blankets and burning them. Their feelings regarding this event were vividly captured by one homeless youth who commented: “What was painful is that it was in the middle of winter and it was very cold. Some of us want to go home but the problem is that we left home when we were young we cannot remember it. The street is now our home. Even if the police burn our blankets the street is our home.” According to Mathithi (2006), the fear of intimidation, police harassment, and “clean-ups” is very real, especially during international sporting events when the authorities try to remove street youth from the public view in order to boost tourism and investment by creating the impression that Johannesburg is “a world-class city.” The most dangerous situation confronting this group of homeless youth was flying bullets. One participant mentioned that often when police chased criminals, bullets flew in all directions: “If you do not duck for your life you will find yourself with a bullet on your skull or lying dead on the pavement.”

**COLD WEATHER, UNHEALTHY LIVING CONDITIONS, AND SICKNESS**

Apart from the alleged police brutality, the conditions where the homeless youth lived were not conducive to human habitation. These unhealthy living conditions often resulted in them contracting certain diseases, some of which had caused the death of homeless friends. One participant mentioned that it was difficult for them to reach the families of their friends when they were sick because some hid their true identities and their family details. In this respect, Mathithi (2006, p. 227) cites a study by Hwang in O’Connell (2004), which revealed that the overall mortality rates among homeless people were three to five times higher than among their housed counterparts, because they were at high risk of contracting diseases.

**Knowledge and Information About Service Providers in Hillbrow**

The findings revealed that even though they lived on the streets the homeless youth in the study appeared to be well-informed about health and social services in Hillbrow, where they were located, and where to get help when it was needed. They mentioned to the researcher that if they were not staying at Othandweni they approached Twilight and Church Blue Waterfall shelters, also situated in Hillbrow, which provided similar services. The people who provided additional information about those services were the outreach workers with whom they were in regular contact. As mentioned previously, outreach workers are people employed by organizations like Othandweni and MES that render services to homeless people. Their duties entail daily visits to the streets where homeless people reside. In this capacity they befriend them and link them to available resources. Outreach workers are assigned
the responsibility of linking homeless people with available resources. They indicated that the outreach workers called for an ambulance if a person from the street was very sick and needed to be taken to the hospital.

All the participants felt that the information provided to them about health and social services was sufficient. If new people joined the groups on the streets they were told about available services. One participant mentioned that they even took these newcomers to those service providers. In addition, one participant mentioned that the outreach workers are able to recognize newcomers and referred them to social workers.

The findings also indicated that the homeless youth interviewed in the study possessed information about social services but did not always use these services—possibly due to their addiction to drugs. It is a known fact that many homeless people are involved in drugs, especially inhalants like glue. O’Connor (1983, p. 29) points out that a “volatile substance like glue can have a serious poisoning effect on the body when inhaled in concentrated form over a lengthy period of time.” Thus the central nervous system becomes affected in a way that the brain begins to malfunction and the sensory information such as vision, hearing, touch, smell, taste, and movement that is fed to the brain becomes distorted. Once the brain starts to malfunction, it is difficult for a person to make appropriate responses and decisions.

Experiences With Health and Social Service Providers

All the participants pointed out that Othandweni was providing them with an excellent service. They were able to bathe, wash, eat, and obtain free clothes and blankets. When necessary, they were also referred to social workers who were there to provide services to them when they needed help. Apart from bathing, washing, eating, and so forth, Othandweni’s outreach workers also explained to them what services and facilities were available in terms of skills development programs and how one needed to go about enrolling for such programs. The responsibility lay with them to decide what they wanted to do with their lives. The findings suggest that social service agencies in Hillbrow were assuming responsibilities in providing services to homeless people, although their effectiveness needs to be evaluated.

With regard to training, one participant mentioned that he had previously been on a training program at Twilight Shelter. He enjoyed the training but left because they spent a great deal of time learning, but not earning any money. Another participant indicated that if they were paid to participate in training he would attend the training. Given the lack of resources to pay participants while they are being trained, it is important that service providers think of creative ways of structuring their training schedules so as to allow time for youth to also engage in economic survival strategies.
The participants consulted the clinic when they were injured during a fist fight or when they were sick. In the event of getting stabbed or being hit by a stray bullet, they also consulted the clinic. The participants also indicated that they did not like going to hospital because of the way the nurses treated them. They felt that they were not treated like other patients. For example, one participant mentioned that when he was admitted to hospital he was asked to first bath before they could attend to him and at the time he was in pain. These findings are consistent with the literature on homelessness. Mathithi (2006, p. 223) explains that “the homeless body has been socially constructed and deployed as a devalued and unworthy body, undeserving of social spaces.” In addition, the homeless body is perceived and received as polluted and polluting (Mathithi, 2006). The findings from the present study clearly indicate that the way homeless people are perceived and treated has an impact on the way they perceive service providers and society as whole. The treatment homeless people receive from our society often alienates them from the wider society. Mathithi (2006) further states that studies reveal that service providers in health settings tend to display a hostile attitude toward homeless people. Fisher and Collins (1993) cited in Mathithi (2006, p. 227) imply that “the construction of the homeless body as dirty, smelly, and infectious leads to exclusion and, where this is not possible, to hostile reception.” Mathithi (2006) also indicates that homeless people are devalued when it comes to service provision. For example, a report by the media revealing the refusal of members of the Johannesburg emergency services crew to rescue a homeless man were symptomatic of the problematic construction of the homeless body (Hogarth, 2004 cited in Mathithi, 2006, p. 227). Mathithi cites a further study by Zrinyi and Balogh (2004), which showed that student nurses would decline to care for homeless people in various situations. Moreover, Mathithi (2006, p. 218) states that “the inaccessibility of health care services is a key issue in understanding the high mortality rate among homeless people.”

The homeless youth who were interviewed, also did not seek help from the police because the latter often suspected them of engaging in criminal activities. One participant mentioned that he would not go for assistance to the police station because instead of assisting him they scanned his fingerprints to check if he was one of the criminals they were seeking.

In the event of Othandweni not being able to assist them with the help they needed, they were referred to other relevant service providers. Often the people who linked them with service providers were the outreach workers. The participants also indicated that they enjoyed good relationships with the outreach workers. One participant revealed, “What I like about outreach workers is that they do not wait for us to come to them. Instead they come to us on the street—check on us how we are doing.” As a result they felt special and that there were people who cared for them. This approach also
increased the bonds between the outreach workers, their organizations and the homeless youth.

Perceived Needs of Homeless Youth in Terms of Information About Service Provision in Hillbrow

One of the participants expressed the view that people who did not have information about service providers should be assisted at an early stage. He believed that being homeless was like a disease. Once you are in this situation, it was difficult to leave no matter how harsh conditions were out there on the street. He also stated that there were people who really needed help; however, once they became familiar with the street life and the ways of surviving, they no longer had any interest in the help of social service providers because they believed they could survive on their own. These findings highlight the difficulties involved in rehabilitating homeless youth and reuniting them with their families.

A major problem identified by one participant to account for why people were unable to obtain information about social service providers was the lack of education. He felt that illiteracy was one of the main reasons for the increasing number of homeless youth. This particular participant made it clear that even though they consulted service providers, he felt that some of the homeless youth did not understand what exactly those service providers were providing.

These findings suggest the need for service providers to think of creative ways of providing information which can be understood by illiterate, uneducated persons (e.g., through the use of pictures). Also, homeless youth who have changed their situations for the better and are progressing in life, can serve as role models to the youth on the streets who have lost their sense of hope about life.

CONCLUSIONS AND RECOMMENDATIONS

In considering the findings from the study, one needs to acknowledge some of the limitations inherent in the research design and methodology. First, there were no available females to interview during the period in which the researcher was collecting data. Second, in view of the fact that the homeless youth in the study continued to need services from Othandweni, it is possible they may have furnished socially desirable responses regarding services provided by the organization. Finally, due to the fact that the study was conducted at Othandweni with a convenience sample of only 10 participants, the findings cannot be generalized to the broader population of homeless youth. Nevertheless, despite these limitations, the study yielded important conclusions.
The findings from the current study suggested that the homeless youth who were interviewed suffered from poor health, malnutrition, physical violence, psychological trauma, and the hostility of the public. They enter adulthood with little education, training, or means of supporting themselves other than the survival strategies they have learned from the hardships of street life. Nevertheless, they were aware of and made use of available social services in their area. The challenge faced by service providers is that homeless youth tend to only use those services for their basic needs like food and bathing. However, in addition to food, bathing facilities, and accommodation these organizations provide counseling, training, family re-unification, and job placement, which many of the service users did not utilize. Nevertheless, findings highlight the important role played by outreach workers in the lives of homeless youth.

In order to alleviate the issue of homelessness, especially among youth, new strategies for early intervention should be adopted before they become familiar with street life and the coping strategies needed to survive under these conditions. Once they master the survival strategies of life on the streets, it becomes difficult for service providers to rehabilitate these young people, and re-unite them with their families. In tackling the issue of homeless youth it is imperative that the youth are brought on board, especially those who have not been on the streets for too long and who wish to change. Those who have managed to leave a life of homelessness should be encouraged to serve as the role models for those who are still homeless.

Social workers need to play a more active role in preventing family breakdown, and providing family reunification, counseling, and support groups for homeless youth. As agents of change, social workers need to work closely with police, nurses, and other community service providers in helping to develop more positive attitudes toward homeless youth so that the latter can be able to use available services freely and without fear of being judged. Social workers also need to be more actively involved in policy development, planning, and monitoring of change efforts in relation to homeless youth. Finally, they need to adopt creative ways of helping homeless youth to understand the nature of the services they are attempting to provide. All these strategies could potentially empower homeless youth to realize rather than relinquish their constitutional rights.

In conclusion, the impact of homelessness is summed up in the words of Mathithi (2006, p. 220) when he says: “For many homeless people, there is no sense of stability in their lives. Their endless walking and waiting exposes them to arrests by the police. The fear of intimidation and harassment is real. The panoply of stigmatization by some sections of the medical fraternity limits their access to health care. This makes them vulnerable to various mental health, cardiovascular, musculoskeletal, and dermatological diseases. The lack of home coalesces with the above factors to create further vulnerabilities.”
REFERENCES


