

**THE PSYCHO-SOCIAL EXPERIENCES OF HOMELESS ADOLESCENT
CHILDREN IN A SHELTER IN MANZINI, SWAZILAND**

BY

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ABSTRACT

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Homelessness has become a common phenomenon across the world. And its impact is felt in both the developed and developing countries. The situation in the Kingdom of Swaziland is more devastating due to the inability of the Government and other stakeholders to control and adequately mitigate the constant expansion of the phenomenon as a result of HIV/AIDS, poverty and inadequate care (Baggerly, 2006:162; National Coalition for the Homeless, 2004; Hlatshwayo, 1997).

The research problem was about the psycho-social challenges homeless adolescent children go through in a shelter in Manzini, Swaziland. It was deemed necessary and important to find out how they cope without professional and psycho-social support in the shelter. The goal of the study was to explore the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland. The research approach was qualitative and the research type was applied. Data was collected by means of semi-structured interviews with eight homeless adolescent children in a shelter in Manzini, Swaziland.

Based on findings from the study, it has been concluded that homeless adolescent children in a shelter in Manzini, Swaziland suffer from considerable psycho-social problems that need urgent attention.

KEY WORDS

Adolescence

Caregivers

Emotional distress

Experiences

Homelessness

Homeless children

Homeless adolescent children

Professional support

Psycho-social well-being

Shelter

Street

Socio-economic change

Social losses

Support and comfort

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome.
CRC	Convention on the Rights of the Child.
COTS	Committee on Temporary Shelters.
CYC	Child and Youth Care.
HIV	Human Immune-deficiency Virus.
GKSNRPNC Three Year Strategic Plan	Government of the Kingdom of Swaziland's National Response to Psycho-social Needs of Children, Three Year Strategic Plan.
GSNPA for OVC	Government of Swaziland's National Plan of Action for Orphans and Vulnerable Children.
IRIN	Integrated Regional Information Network.
HSRC	Human Science Research Council.
NCH	National Coalition for the Homeless.
NCTSN	National Child Traumatic Stress Network.
NGOs	Non-governmental Organizations.
OVCs	Orphans and Vulnerable Children.
PSS	Psycho-social Support.
STDs	Sexually Transmitted Diseases.
SACRO	Swaziland Crime Prevention and Rehabilitation of Offenders.
WHO	World Health Organisation.
UNICEF	United Nations Children's Fund

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CHAPTER ONE

GENERAL INTRODUCTION AND BACKGROUND INFORMATION TO THE RESEARCH STUDY

1.1 INTRODUCTION

This study, as stated in the title, is about the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland. However, throughout the literature and discussion in this study, the word homeless children will reflect or relate to children in their adolescent stage of development. The study therefore begins with a general perspective of homelessness.

Homelessness has become a common phenomenon across the globe today. The impact of homelessness is felt in both developed and developing countries. Families and children are homeless if they lack fixed and adequate residence or if they have a primary residence which is a shelter or a place not ordinarily designed for residence, such as a car, abandoned buildings or a public park (National Coalition for the Homeless [NCH], 2009).

According to Baggerly (2006:162), the causes of homelessness can be related to poverty and lack of affordable housing, decline in public assistance, lack of affordable healthcare, domestic violence, mental illnesses and addiction. The NCH (2009) has stated that the threat of homelessness affects 13 million children who live below the poverty line in the United States of America. It is further stated that one in five adults who are homeless were homeless as a child, and the cycle of homelessness continues to accelerate.

Thompson and Henderson (2007:572) observe that homelessness has a very negative impact on a child's physical, educational, and emotional development. The researcher hence sees homelessness as a major social crisis that impacts on children's well-being and self-actualisation. Homeless adolescent children therefore lack continuity, consistency, privacy, cleanliness and belonging. This may contribute to behaviour such as acting out, fighting, restlessness, depression, moodiness, and low frustration tolerance (Thompson & Henderson, 2007:572). Based on this finding,

it is evident that homelessness is a great loss which can be very traumatic. Ferreira and Read (2006:181) add that children in their daily lives can be exposed to a number of experiences that can negatively influence their healthy growth and development, some of which are loss and trauma. These children fail to make sense of their situation due to their developmental incapability (Oaklander, 2007:224).

Children lack the experience and developmental capability to deal with their problems. So in their quest to satisfy their needs, they often inhibit, block or suppress their emotions which consequently become unfinished business in their lives. Poor self-esteem and the manifestation of inappropriate behaviour take dominion. This behaviour may include aggression, poor peer relationships, violence, stealing, lies and absenteeism from school (Blom, 2006:211-212).

Buckner, Bassuck, Weirneb and Brooks (1999) maintain that homeless children tend to exhibit more delinquent and aggressive behaviour than their peers from normative homes. These authors also found that homeless children tend to experience more depression and anxiety than children who are housed. Another study by Walsh and Buckley (1994) found that children living in homeless shelters are hindered in their development of social skills due to the shame of their homelessness.

Considering the socio-emotional problems discussed above by Buckner et al. (1999) and Walsh and Buckley (1994), the researcher therefore holds the opinion that homeless children need appropriate psycho-social assistance to promote their well-being and healthy development, especially during adolescence. If this gap is not closed, these adolescent children may transition into adulthood with unfinished business which may result in irresponsible parenthood and other related consequences. This view complements the findings of the NCH (2009), mentioned earlier, that one in five adults who are homeless were homeless as a child. It can therefore be postulated by the researcher that if an appropriate intervention is not put in place, homelessness may become a vicious cycle and transition from generation to generation.

In the researcher's practical training with homeless children in the Elutsetweni shelter in Ezulwini, Swaziland, she found that the children she worked with had been in the

shelter for approximately eight to 11 months, undergoing prayer and spiritual counselling. Food, clothing and education were provided to them. These children however still exhibited signs of depression, anger, anxiety and withdrawal as was reported during the initial assessment interview with the manager of the organisation, Glenda Stevens. Later, during the course of therapy the researcher undertook with the children, she found that despite the issues that caused them to leave their parental homes, they preferred to be with their loved ones and relatives. They often expressed a sense of loss. The above situation actually triggered the researcher's interest to undertake the study. The researcher shared the idea with the manager of the shelter who also saw the need for the study. With this desire to carry out the study, the researcher contacted the following stakeholders: the Department of Social Welfare Mbabane, Swaziland; UNICEF Mbabane, Swaziland; Save the Children Mbabane, Swaziland; the City Council of Manzini, Swaziland; and the Rehabilitation of People on the Margins of Society (REMAR) Manzini, Swaziland. All these stakeholders welcomed the idea and promised to give their support where necessary. Permission for the study was granted by the shelter where the researcher carried out the study.

The Government of Swaziland's National Plan of Action for Orphans and Vulnerable Children [GSNPA for OVC] (2006:18) mentions that Swaziland has a youthful population in which 57% is comprised of children below the age of 20. The study further highlights that these children include homeless adolescent children who remain silent, invisible and isolated without meaningful platforms to express their views and make their needs known.

1.2 PROBLEM FORMULATION

The psychological effects of homelessness are huge, not to mention the intensity when it comes to the case of poor and developing countries like Swaziland. Research studies have demonstrated a considerable amount of awareness, endeavours and resources towards interventions to reduce homelessness and to mitigate its effects on children in developed countries (NCH, 2008; Whitbeck, Hoyt & Bao, 2000). However, the same efforts in the recent past in Swaziland were very minimal due to economic crises and other psycho-social factors that include poverty, HIV/AIDS and a shortage of trained social service professionals like social workers and psychologists (Aptekar,

Maphalala, Dlamini, Makhanya & Magagula, 1998). Hlatshwayo (1997) revealed that “...the number of street children is fast growing in the streets of Mbabane and Manzini...” The author further stated thus: “...since 1994, 123 children in two cities have been identified as street children who move to the streets primarily because of socio-economic hardships experienced by their families...” The number of homeless or vulnerable children is on the rise, thereby drawing concerns from the Government and other stakeholders. Hlatshwayo further decried the current situation of homelessness in Swaziland by stating that poverty, drought and rapid increases in the number of homeless, orphaned and vulnerable children have overwhelmed the capacities of families and they cannot take in additional children. These children are increasingly left alone, which compounds their psycho-social well-being.

According to National Geographic Society (1996-2013), Swaziland is geographically situated in Southern Africa and bordered by the Republic of South Africa and the Republic of Mozambique. Estimates by UNICEF in 2007 indicated that 54% of the country’s population of 929,718 was made up of children, as confirmed by Gulaid (2009) who revealed that “...children represent more than 50% of the population...”

The increase of homeless adolescent children in Swaziland today is alarming. Hlatshwayo (1997) states that “the Swazis pride themselves on strong family ties, but that vice of all urban societies - homeless street urchins - is on the increase in Swaziland’s towns.” In addition, the GSNPA for OVC (2006:11) states that 69% of the population is living below the poverty line of 125 Emalangeni (US \$20) per month. The study equally highlights that the challenges of poverty have been greatly compounded by HIV/AIDS. UNICEF Swaziland [sa] also mentions that the country’s current drought, one of the worst in years, has left more than 40% of the population in need of food aid. In light of the above, the researcher holds the view that urgent and adequate attention is needed.

However, with a declining economy at hand, the Government’s efforts to address the problems are limited. As the Government of the Kingdom of Swaziland (2002) puts it, many Non-governmental Organisations (NGOs) have played a pivotal role in assisting government to provide services to needy children, but most of their programmes do not cover the whole country and some even got terminated due to financial constraints.

In highlighting the situation, the Integrated Regional Information Network [IRIN] (2007) mentions that AIDS has aggravated the homeless situation by destroying families to the extent that nearly four out of ten sexually active Swazi adults are HIV positive – which threatens the traditional support structure of the extended family. The GSNPA for OVC (2006:18) states thus:

Children are bearing the brunt of the HIV pandemic. They are isolated and parentless, sometimes disinherited. Many are left to fend for themselves, often within child-headed households with minimal access to food, basic health care, education and psycho-social support.

Highlighting the above it was mentioned that apart from efforts to provide orphans and vulnerable children with a safe and secured environment, food, clothing and education, what all children desire the most is love. For “without love children have minimal hope for the future which no provision of basic services can replace” (GSNPA for OVC, 2006:18). The above discussion appears to suggest the fact that the Government’s recognition of and efforts to address the homeless children phenomenon in Swaziland are quite positive and encouraging, except that much still needs to be done concerning the psycho-social needs of homeless children.

Building on the above-mentioned efforts, Ndlangamandla (2010:17) highlighted the Deputy Prime Minister of Swaziland’s, Mr. Themba Masuku’s, initiative for paying special attention to children’s emotional needs as contained in the Government of the Kingdom of Swaziland’s National Response to Psycho-social Needs of Children Three Year Strategic Plan [GKSNRPNC Three Year Strategic Plan] (2008). Ndlangamandla (2010:17) further said the document stressed that in the past years, focus has been on the physical needs such as shelter, food, and school fees, yet it should be more than attending to physical needs only. The psycho-social needs of the children should also be addressed.

The Government of the Kingdom of Swaziland (2002) mentions that, in addition to their homeless and parentless situation, these children get even more traumatised when their relatives neglect them or ‘grab’ whatever assets their parents left. The report further alludes that the traditional and legal systems make their lives even worse

because they cannot inherit or use any assets left by their parents. It is also revealed that with no support from any source of income whatsoever the children are forced to make a living in the labour force or become street children and/or prostitutes. According to allegations by many locals and other stakeholders with no scientific evidence, some irresponsible relatives take advantage of the situation facing homeless children by engaging in maltreatment and abusive relationships to the extent of depriving them of their inheritance.

Hlatshwayo (1997) reported thus: "...about 15 street boys around Mbabane are reported to have been treated for sexually transmitted diseases apparently acquired during acts of sexual abuse by older men in the city. One of the boys is now mentally disturbed and goes about the city offering sex for E10.00 to men..." The Committee on Temporary Shelters [here after referred to as COTS] (2007) also revealed that every day homeless children are confronted with stressful, often traumatic events. It further stated that as these painful experiences continue throughout their young lives these children are indelibly shaped and sometimes scarred, thus translating into stress that has profound effects on their cognitive and emotional development. As a result of the above psycho-social problems, disappointment, loss, rejection, hardship, pain, fear and frustration take control and push these children out to the streets with the hope of finding peace and survival, but instead they find horror and severe psychological destruction.

As an effort of intervention, some NGOs have taken the initiative to provide shelters for some of the homeless adolescent children in the cities and some communities around the country. Unfortunately the GSNPA for OVC (2006:15) indicates that even those children who are fortunate to live in the shelters still struggle with emotional and psycho-social problems, since they are only provided with accommodation, basic health care, basic education, food and clothing, while psycho-social support and services are neglected. This lack of inadequate psycho-social support and services translates into the emotional problems discussed earlier.

The GSNPA for OVC (2006:15) contends that without love, children have minimal hope for the future – a gap which no provision of basic services can replace. Echoing this view, the researcher maintains that helping these children overcome their

emotional and psycho-social problems entails more than providing them with accommodation, food, clothing, basic health care and education while leaving out their mental and psychological needs, which is the common practice in Swaziland. The researcher is of the opinion that the poor self-esteem of these children should be dealt with for them to grow up and become active and responsible citizens. Restoring their sense of self will mean providing them with all the necessary psycho-social support mechanisms available – a dire need in Swaziland.

During the researcher's undergraduate and postgraduate studies she had the opportunity to visit shelters and care points in Swaziland whereby she found that the availability of trained social workers and their services is limited to date. It would not be surprising to hear that most of the few shelters that exist in the country do not yet have trained social workers or psychologists to assist these children in dealing with their psycho-social problems. These shelters are mostly run by Christian pastors, lay counsellors and caregivers, who provide prayers, physical care and basic counselling to the children. Nkosi (2011) stated that the Government has requested that the University of Swaziland start training social workers as a measure to assist in addressing the problem.

The day to day increase of homeless adolescent children in Swaziland and the lack of access to proper psychological and therapeutic services call for effective social welfare services. The researcher found out that the Social Welfare Department finds it difficult to operate effectively, because there are no official structures and policy guidelines from the Government as yet with which they can work when dealing with homeless children. According to Mkhonta (2011), the official policy guidelines and structures for homeless children were currently being drafted with the assistance of UNICEF Swaziland.

As a result of the ineffective social welfare services, children are routinely picked up from the streets by the police and Social Welfare officers, sometimes in traumatised conditions. Vanda (2010) mentions that some of the children are brought into the shelter in a traumatised state and it is left up to the organisations to provide for their basic needs, hoping for complete recovery and optimal growth in the course of time. However, with the lack of proper social welfare structures, policies and services, and

effective and sufficient social welfare professionals (Social workers and Psychologists) to assist these children, they get used to the conditions and learn to grow up with their suppressed emotions until they leave the shelter to start new lives. This was evident and not limited to the shelter where the study was carried out in Manzini, Swaziland, but also in the Elutsetweni shelter in Ezulwini, Swaziland, where the researcher did her practical work. Kurus (2002) mentions thus:

When we have a painful or difficult experience, and are either unable to cope with the pain or afraid of it, we often dismiss this emotion and either get busy, exercise more, drink or eat a bit more or just pretend it has not happened in order not to feel the said emotion which then results into what is called repressed, suppressed or buried emotions. Buried or suppressed emotions lead to fatigue, depression without an apparent cause, rarely talking about yourself, difficulty accepting yourself and others, and lack of ambition or motivation.

The researcher holds the opinion that people in general, and children to be more specific, will want to tell their stories under such circumstances when motivated to do so, to someone who can listen carefully and identify with them in their situation or circumstances. Properly trained social welfare professionals will play such roles effectively, but unfortunately such services are not yet in place in Swaziland. As such, in exploring the children's psycho-social experiences, the researcher wanted to determine the extent to which this lack of services affects the children so that a recommendation for proper service delivery can be made. And as a matter of fact, findings by COTS (2007) and the GSNPA for OVC (2006:15) has revealed that the lack of psycho-social support and adequate service delivery to homeless children may provoke stressful, often traumatic events that translates into emotional distress, painful experiences and lack of love which may affect their cognitive and emotional development. Under such circumstances these children turn to experience disappointment, loss, rejection, abuse, prostitution, hardship, pain, fear and frustration in their life experiences.

The researcher believes that if proper intervention and psycho-social support is not provided to help deal with the painful experiences of these children, chances are that

they may grow into adulthood with negative self-esteems. This may in turn manifest into different forms of inappropriate behaviour which include aggression, divorce, anger and withdrawal. The researcher therefore contends that these conditions of life are obviously not beneficial to the children and the society at large.

1.3 GOAL AND OBJECTIVES OF THE STUDY

1.3.1 Goal of the study

The goal of the researcher's study was to explore the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland.

1.3.2 Objectives of the study

The objectives of this study included the following:

- To theoretically describe homelessness as a phenomenon as it affects children.
- To explore the psycho-social experiences of the homeless adolescent children.
- To formulate conclusions and recommendations based on the findings of the study regarding service delivery to homeless adolescent children by the Government and other stakeholders.

1.4 RESEARCH QUESTION

The research question was: **What are the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland?**

1.5 RESEARCH DESIGN AND METHODOLOGY

The researcher's study was based on qualitative research. The researcher intended to derive meaning from the participants' perceptions and psycho-social experiences of being homeless and living in a shelter (Fouché & Delport, 2011:65). The researcher aimed to understand how it feels being homeless and living in the shelter, without

loved ones, from the perspectives of the homeless adolescent children, as well as the meaning they attach to their homeless conditions. The research type applicable to this study was applied research which is aimed at solving practical problems (Fouché & Delpont, 2011:95). This research type has a strong emphasis on applications and solving problems in practice (Sarantakos, 2005:10). Most applied research findings have implications for knowledge development (Fouché & De Vos, 2011:95). With homelessness being a major practical problem in Swaziland, the researcher sought to explore its effects through the psycho-social experiences of homeless adolescent children so that adequate and appropriate attention could be provided to meet their needs.

In exploring the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland the researcher used the phenomenological research design because it enabled the researcher to have an in-depth understanding of the homeless phenomenon as it affects homeless children through their own conscious experiences of everyday life and social actions (Bentz & Shapiro, 1998:96; Cameron, Schaffer & Hyeon-Ae, 2001; Creswell, 2007:57). Creswell (2007:57) mentions that phenomenological research describes the meaning of the lived experiences of a phenomenon or concept for several individuals, such as homeless children.

The researcher's population for the study was made up of all homeless adolescent children in a shelter in Manzini, Swaziland which is one of the four regions in the Kingdom of Swaziland with more than five shelters for homeless children. This target population included the children in the shelter in Manzini in which the researcher carried out her study. This particular shelter was selected to undertake the study because it housed children that had certain characteristics (age group and fluency in English) that suited the scope of the researcher's study. In line with the non-probability sampling technique, specifically purposive sampling (Kumar, 2005:16), the researcher established the sample for the study with the aid of the staff of the shelter who hand-picked and provided a list of potential participants for the study. To avoid bias, the researcher selected the first available eight children that were representative of the population, ranging between the ages of 14 and 18 years, comprising three boys and five girls who reside in said shelter in Manzini and are fluent in the English language.

Data for the current study was collected from the primary sources – that is homeless adolescent children in a shelter in Manzini. A semi-structured interview, done with an interview schedule (see Annexure F), was used to collect data in order to have a detailed picture of the participants' beliefs and perceptions about their psycho-social experiences as homeless children (Greeff, 2011:351).

Data collection was done with the aid of a voice recorder with the permission from the staff of the particular shelter in Manzini and all participants who took part in the study. On completion the collected data was analysed according to Creswell's data analysis spiral (Creswell, 2007:150-155). This will be discussed in detail in chapter three.

Before commencing the actual data collection for the empirical study, the researcher carried out a pilot study using three selected homeless adolescent children from the population to ascertain if the proposed interview questions were suitable for the investigation. However, the children selected for the pilot study were not part of the main study.

During and after the pilot study, the researcher realised that there was need to make some adjustments in the sequence and structure of the interview questions in order to enable flow, continuity and clarity.

1.6 ETHICAL ASPECTS

The researcher made sure that the study adhered to ethical principles which will be discussed in detail in chapter three.

1.7 LIMITATIONS

There were no major or significant limitations during the course of the study except that of the limited sample size as highlighted below.

Even though data collection was appropriate, the limited sample size may not have provided concrete evidence to generalise findings to the whole population.

1.8 DEFINITION OF KEY CONCEPTS

The key concepts to be defined in this study are discussed below.

1.8.1 Homelessness

Gabbard, Snyder, Lin, Chadha, May and Jagers (2007) mention that the term homelessness may also include people whose primary night-time residence is a homeless shelter, an institution that provides a temporary residence for individuals intended to be institutionalised, or a public or private place not designed for use as regular sleeping accommodation for human beings. The Stewart B. McKinney Homeless Assistance Act of 1987 in the United States of America defines people as homeless when they lack a fixed, regular, and adequate night-time residence or when their primary residence is a temporary place for people about to be institutionalized, or any place not meant for regular sleeping accommodation by humans or a supervised temporary shelter (National Alliance to End Homelessness, 2007). Homelessness, according to Barker (2003:199), is understood to be the condition in which people lack and cannot obtain permanent residence due to poverty and the lack of social skills and emotional stability to better their conditions. In addition to the above, the researcher considers homelessness to be a situation whereby people lack proper regular night or day time shelter or accommodation of their own due to poverty or ill-health.

1.8.2 Homeless children

Homeless children are children whose primary residence is a shelter, emergency housing, a hotel or motel, or another public space such as parks, cars, abandoned buildings or aqueducts (NCH, 2005). In this regard the researcher defines homeless children as children who have no place to call a home. These are children who live in the streets, shelters, abandoned houses and wherever they find themselves, as they have no power to determine for themselves where they like to live.

1.8.3 Adolescence

According to Louw and Louw (2007:278-279) adolescence is a transition between childhood and adulthood. However, Cole and Cole (1996:710) point out that adolescence is a stage of child development between puberty and the time when economic and social independence is achieved. In addition, from a cultural-content perspective several authors (Schlegel & Barry, 1991; Whiting, Burbank & Ratner, 1986, in Cole & Cole, 1996) maintain that adolescence is the transition from childhood to young adulthood between the ages 12 and 19, during which biological maturity is attained with little or no knowledge and skills for cultural reproduction. The researcher however sees adolescence as a transition period from childhood to adulthood.

1.8.4 Experiences

According to *Webster's dictionary* (2009), experiences refer to:

- the act of living through an event or events; personal involvement in or observation of the events as they occur;
- anything observed or lived through;
- all that has happened in one's life to date;
- the effects on a person of anything or everything that has happened to that person, individual reaction to events, feelings, and;
- activity that includes training, observation of practice, and personal participation.

WordIQ (2009) defines experiences as knowledge of and skills in something gained through being involved in or exposed to it. It generally refers to know-how or procedural knowledge, rather than propositional knowledge. According to the researcher experiences in this context means the knowledge and feelings acquired or gained over a period of time through personal exposure.

1.9 DIVISION OF THE RESEARCH REPORT

In this study, the researcher has divided the research report in the order shown below:

Chapter one: General introduction and background information to the research study

This chapter of the report comprises a general introduction and problem formulation, goal and objectives of the study, a summary of the research methodology, statement on ethical issues, limitations and definition of key concepts.

Chapter two: The homeless children phenomenon

This chapter comprises the literature review of the study entitled 'the homeless children phenomenon', which includes: definition of concepts; theoretical framework; characteristics of homeless children; the nature and extent of child homelessness; homeless children in Africa; experiences of homeless children in other African countries; reasons for leaving home; effects of homelessness in children; services of homeless children in Swaziland; developmental stages of adolescents; and the summary.

Chapter three: Research methodology, empirical findings and interpretation

This chapter includes the research methodology; trustworthiness in the qualitative research; pilot study; feasibility of the study; ethical aspects; research findings and interpretation; and the summary of the chapter.

Chapter four: Summary, conclusions and recommendations

This chapter includes the summary, conclusions and recommendations of the study.

CHAPTER TWO

THE HOMELESS CHILDREN PHENOMENON

2.1 INTRODUCTION

This chapter is composed of the literature review which examines homelessness – specifically homeless children locally, regionally and internationally. The focus on homeless children in this study is centred on the adolescents between the ages 14 and 18 years old. The study therefore looks at the general defining characteristics and psycho-social experiences of homeless adolescent children: definition of concepts, the theoretical framework of the study which is the theoretical perspective of Gestalt theory, characteristics, nature and extent, homeless children in Africa, reasons for leaving home, effects, experiences, services, the developmental stages of adolescence and summary. The study takes into consideration how homeless children are perceived, as well as their day to day life on the streets and in the shelters. The level of awareness, actions and response given to the plight of homeless children by some governments, Non-governmental Organisations and stakeholders are discussed.

2.2 DEFINITION OF CONCEPTS

2.2.1 Homelessness

Homeless Link (2009) states that homelessness may include rough sleepers and people in temporary accommodation or hotels. However, it may be argued that people in insecure or inadequate accommodation should also be seen as homeless. Otherwise stated, homelessness is described as the condition and social category of people who don't have a regular house or dwelling because they cannot afford to pay for or are otherwise unable to maintain regular, safe and adequate housing; or they lack fixed, regular and adequate night time residence (United States Department of Housing and Urban Development [sa]). Gabbard, Snyder, Lin, Chadha, May and Jagers (2007) mention that the term homelessness may also include people whose primary night-time residence is in a homeless shelter, in an institution that provides a temporary residence for individuals intended to be institutionalised or in a public or

private place not designed for use as a regular sleeping accommodation for human beings.

Gill (2003:40) maintains that homelessness is widely accepted by many non-statutory organisations as a lack of decent, safe and secure housing. Gill acknowledges the fluid boundaries at which poor physical conditions in a dwelling effectively make the occupants homeless.

McNaughton (2008:3) looks at homelessness from two perspectives: minimal and maximum homelessness. The author mentions that minimal homelessness is applied in a narrow sense to those who lack homes as a result of irresponsible activities like drug abuse and ill-health. Maximum homelessness relates to a range of circumstances that could contribute to the inability to afford a home or accommodation due to unemployment and loss of income.

According to the researcher McNaughton's view on homelessness virtually covers the true concept of homelessness, especially in the African context where studies have pointed out that homelessness comes as a result of ill-health, job loss, poverty and abuse (Child and Youth Care [CYC], 2004; Malawi Street Kids, 2012). The GKS NRPN C Three Year Strategic Plan (2008:5) adds that most homeless cases in Swaziland resulted from poverty and HIV/AIDS.

In this study, the researcher contends that homelessness would imply in a broader sense, the situation whereby a permanent night or day time accommodation that guarantees healthy habitation and protection from weather and social cruelty (rape, prostitution, physical abuse and hunger) is not available due to circumstances of poverty, inequality, sickness, neglect and abandonment.

2.2.2 Homeless children

Article 27 of the 1989 United Nations Convention on the Rights of the Child (here after referred to as [CRC]) asserts that States Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social

development. Homelessness denies each one of these children those rights (CYC, 2004).

Naidoo (2008:7) maintains that the Human Sciences Research Council (2008) defines a homeless or street child as a person who is under the age of 18 years, has left his or her home permanently or temporarily because of a variety of family or social problems that have impacted negatively on the child, and who spends a large amount of time unsupervised on the streets, depending on themselves and a subculture of other children or youth for their physical and emotional existence.

The term street or homeless children covers children in such a wide variety of circumstances and with a wide variety of characteristics that policy-makers and service providers find it difficult to describe and target them (State of the World's Street Children [sa]).

A broad and comprehensive definition of homeless children according to the United States Department of Education (2002), as established under the McKinney-Vinto Act, defines homeless children and youths as those who do not have a stable, consistent place to stay at night. Meanwhile, the Human Rights Watch (2006) considers homeless children as those residing primarily in the streets of a city, typically in a developing country. This emphasises that the exact definition of street or homeless children is debatable due to the lack of precise categories. Based on the above definitions there is a general consensus by Ennew (2002) and Munro (2002) that homeless or street children are increasingly recognised or considered by sociologists and anthropologists to be a socially-constructed category that in reality does not form a clearly defined, homogeneous population. But according to an Inter-NGO Programme on street children and youth, a street or homeless child is any child who has not attained adulthood, for whom the street, including unoccupied dwellings, has become his or her habitual abode or source of livelihood; and who is inadequately protected, directed and supervised by responsible adults (CYC, 2004).

Another definition by the California Department of Education [sa] consider homeless children as individuals who lack a fixed regular and adequate night-time residence, which may include:

- Children who may be living in motels, hotels, trailer parks, shelters, or awaiting foster care placement.
- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Children and youth who have a primary night time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Migratory children who qualify as homeless because they are children who are living in similar circumstances as listed above.

Other findings (Tjaronda, 2008; Shinana, 2008) have confirmed that similar conditions as cited above are not uncommon in other parts of the world. The findings further indicated that in Swaziland and other parts of Africa, street or homeless children have been found to be squatting around city centres; sticking it out with abusive relatives; or passing nights in abandoned buildings, under bridges and drainage pipes, pavements and sometimes in shelters.

The NCH (2005) mentions that according to the school district a child isn't only considered homeless if they are living out on the streets. They are also homeless if they are living in a shelter, hotel or motel, or a car. These homeless persons, children or youth may include, but are not limited to, any of the following:

- An individual who lacks a fixed, regular, and adequate night time place of abode.
- An individual who has a primary night time place abode that is:
 - a supervised public, or privately-operated shelter designed to provide temporary living accommodation (including welfare hotels, congregate shelters, and transitional housing); or
 - an institution that provides a temporary residence for individuals intended to be institutionalised or a public or private place not designed

for or ordinarily used as a regular sleeping accommodation for human beings.

In other words, these are children whose primary residence is a shelter, emergency housing, a hotel or motel, or another public space such as parks, cars, abandoned buildings, or aqueducts (the Illinois State Board of Education Legal Department, 2000; NCH, 2005).

According to the researcher, homeless children are children who have no place to call home. These are children who live in the streets, shelters, abandoned houses and wherever they find themselves as they have no power to determine for themselves where they like to live.

2.3 THE THEORETICAL PERSPECTIVE OF GESTALT THEORY

Fritz Perls, who is considered the father of Gestalt therapy, primarily developed the Gestalt theoretical approach. On completion of his medical studies he pursued the study of psychoanalysis. From his extensive education, practice and research in the fields of medicine and psychoanalysis in various countries, Perls developed Gestalt therapy (Blom, 2006:21; Thompson & Henderson, 2007:184-185). This theoretical perspective embodies Gestalt play therapy and Gestalt therapy that has attracted therapists to an experiential approach (Blom, 2006:18).

Gestalt therapy is a humanist and process-oriented form of therapy. It includes principles from various other therapeutic approaches such as psychoanalysis, Gestalt psychology and humanist theories. It is also considered an existential and phenomenological approach with the emphasis on awareness of the present and immediate experience (Blom, 2006:18-19; Thompson & Henderson, 2007:188).

The Gestalt approach proposes that human experience and consciousness form an integrated whole and are understood as such rather than being broken down into simple units (Human-Vogel, 2004:18). Healthy behaviour therefore takes place when people act as an integrated whole within their environment, as no person can exist independent of their environment. The Gestalt approach is humanistic and process-

oriented, concerned with the integrated functioning of all dimensions of the person: senses, body, emotions and intellect (Carroll & Oaklander, 1997).

These theoretical concepts of Gestalt theory include the following: holism; homeostasis and organismic self-regulation; means of self-regulation; figure ground; process of Gestalt formation and destruction; contact and contact boundary disturbances; polarities; and the structure of the personality. Considering their relevance with homelessness, the following selected concepts from above are discussed below.

2.3.1 Holism

According to Yontef and Jacobs (2000), most humanistic theories of personality are holistic. The authors imply that human beings are in themselves self-regulating and growth oriented, and that their symptomatic behaviour cannot be understood apart from their environment. They mention as well that the concept of holism can be considered to be the most important theoretical concept of Gestalt therapy, because healthy behaviour takes place when people act as integrated whole within their environment.

Children are supposed to live and develop holistically in order to survive. However, due to their homeless circumstances it is not usually the case because their holistic structure has been fractured due to the fact that they are not able to self-regulate and lack the ability to find and obtain their needs (Thompson & Henderson, 2011:224-227). It is a fundamental principle of holism that all elements in the world such as plants, animals, people and things actually survive in a changing process of coordinated activities. Humans are considered to be active elements in the complex ecological system of the cosmos (Blom, 2006:22).

Gestalt theory considers children to be a holistic entity which means that their total physical, emotional and spiritual aspects, language, thoughts and behaviour are taken into account (Blom, 2006:23).

2.3.2 Homeostasis / organismic self-regulation

The Gestalt theory is of the view that all behaviour is regulated by a process called homeostasis or organismic self-regulation. It is considered to be a process during which the organism maintains its balance under different circumstances (Blom, 2006:23). When individuals satisfy their needs both within the individual and the environment, the process of self-regulation is achieved. The environment continuously creates new needs that give rise to discomfort, until people find a way to satisfy them so that they can grow. These needs may include physical, emotional, social, spiritual or intellectual needs (Clarkson & Mackewn, 1994; Blom, 2006:24). This process causes discomfort until action is taken to satisfy these needs upon which homeostasis is restored.

Several authors (Panter-Brick, 2002; Schimmel, 2008; Smeaton, 2009; Thomas de Bernitez, 2007; WHO, 2006; UNICEF, 2010), have confirmed that homeless children became homeless because of lack of opportunities to meet their needs. Even while homeless they constantly fail to meet their needs and hence do not achieve homeostasis. This imbalance may translate into inappropriate behaviour, poor relationship building, poor sense of self and lack of contact making with the environment. These may affect their developmental health (Blom & Dhansay, 2006:11).

2.3.3 Contact

When persons and their environment interact contact is established (Thompson & Henderson, 2011:225). Contact as defined by Yontef and Jacobs (2000:305) is the process of being in touch with what is happening in the present. Contact is an individual's actual interaction with their environment to satisfy their needs. According to Blom (2006:29), people do this through their senses, body, awareness, expression of emotions, and use of intellect. Children are born with the ability to use their senses, body, emotions and intellect to meet their needs. However, trauma and negative messages may lead to suppression of these functions and thus unhealthy contact-making. This, in the opinion of the researcher, can cause homeless children to fail to make contact with themselves and the environment. As such the Gestalt process of

organismic self-regulation cannot occur and optimal growth and development cannot be achieved in them (Blom, 2006:28–29).

2.3.3.1 Contact boundary disturbances

When needs are not met due to unsupportive environment children tend to develop anxieties that restrict their awareness or senses of self. This process, known as contact boundary disturbance, destroys oneself and others (Fall, Holden & Marquis, 2010:209). Contact is made at the point of the contact boundary, which is the point that separates the self (“I”) from the environment (“not I”). Boundaries should be penetrable in order for contact to happen between the child and the environment and needs to be met (Blom, 2006:29).

Negative life events result in the child restricting the senses, body, intellect and emotions. This hampers healthy contact and is known as a contact boundary disturbance (Blom, 2006:31). In other words, a contact boundary disturbance is an imbalance between an individual and their environment. The individual is not capable of suitable awareness and can no longer respond to their real needs (Blom, 2006:31). Different forms of contact boundary disturbances include: isolation, confluence, introjection, projection, retroreflection, deflection, desensitisation, and egotism (Blom, 2006:32-394). These will be discussed briefly.

- **Isolation**

Isolation occurs when a person in distress fails to receive support or assistance from others – leaving his or her needs unmet (Fall et al., 2010:211-213). According to Blom (2006:29), the child’s environment is differentiated by boundaries. For optimal functioning, boundaries must be flexible (O’Leary, 1997). If a boundary is rigid, it impedes change and this is referred to as isolation. The researcher therefore sees isolation as a contact boundary disturbance because rigid boundaries impede optimal growth and development in a child. When children feel a sense of isolation they fail to mature and take charge of their lives.

- **Confluence**

Confluence occurs when people fail to distinguish between the self and the environment. It refers to the process when one over-identifies with others' successes, failures or problems (Fall et al., 2010:211). In other words when there are no established boundaries between children and their environment, confluence is established. This, therefore, implies that children fail to know where they are and where other people are (Blom, 2006:34). The researcher is of the opinion that when children experience confluence they lose their self-esteem or sense of self. Children tend to act as they please, doing whatever others want or ask them to do – developing a less-confident lifestyle.

- **Introjection**

With introjection, the individuals or children are compelled to take in both nutritious and toxic materials from the environment without the ability to tell whether or not what is being taken in is healthy or unhealthy (Fall et al., 2010:210). Blom (2006:32) mentions that introjection takes place when children accept or absorb contents from their environment without criticising or processing them to ascertain if these contents are healthy or not. This causes the development of rigid personality and leads to unfinished business (Blom, 2006:32). Consequently homeless children, in the opinion of the researcher, are constantly exposed to faulty or negative messages from their environment. This hinders the development of a positive self-image and they mature with a poor sense of self and fail to achieve Gestalt's objectives.

- **Projection**

Projection occurs when a child holds another person or the environment responsible for the feelings or behaviour they are experiencing. This may occur when an undesirable emotion surfaces, such as guilt, and the child denies owning that personal experience or fails to take responsibility for their actions (Blom, 2006:33). Fall et al. (2010:210-211) consider projection to exist when people can make sense of what is happening around their environment in such a way that they hold the environment responsible for whatever happens to them. When projection occurs, children blame other people for the ills that

befall them. As children fail to take responsibility for their actions and behaviour, their growth, maturity and development is impeded (Blom, 2006:33).

- **Retroreflection**

This contact boundary disturbance may be considered to be the practice whereby an individual treats him or herself as he or she would like others treated (Blom, 2006:35). Retroreflection among children is evident when attention is not given to their emotions and thoughts by caregivers or when punished for expressing natural impulses (Blom, 2006:36). Children often show retroflexive emotions of grief and anger such that they fail to make contact, which negatively influences their self-awareness. As they experience retroreflection, they express symptoms such as headaches, stomach-aches, asthma attacks or hyperactivity (Oaklander, 1997).

- **Deflection**

Deflection, according to Blom (2006:36), implies the avoidance of direct contact with other people. Children may use this contact boundary disturbance in order to receive feedback from themselves, others or the environment (Blom, 2006:36). Children apply deflection as a means of handling painful experiences by outbursts of anger or other forms of reactionary behaviour (Oaklander, 1994). Deflection hinders children's ability to use their energies effectively to acquire feedback from themselves, others or the environment. Such an occurrence destroys children's contact and awareness of their environment (Blom, 2006:36).

- **Desensitisation**

This contact boundary disturbance refers to the denial or numbness of sensitive activities to the body by an individual (Clarkson & Mackwen, as cited in Blom, 2006:37). This process could be considered to be when children exclude themselves from sensory and physical experiences relative to their pain and discomfort (Blom, 2006:37). When children desensitise, they tend to establish a barrier against painful experiences and under such circumstances they

function without contact with their bodies. This experience destroys their sense of self (Oaklander, 1997).

- **Egotism**

This may be considered to be the process in Gestalt whereby an individual steps outside himself and observes or comments on himself and his relationship with the environment (Blom, 2006:38). With egotism children are restrained from taking effective action in order to satisfy their needs. Because they are not in contact with themselves as they experience egotism, children tend to take actions which they will regret later on (Blom, 2006:39).

The researcher holds the view that because of the effects of trauma and negative life experiences, homeless children may be more prone to using contact boundary disturbances that will affect their ability to be aware of their needs and self-regulate to meet those needs.

2.3.4 Polarities

According to Gestalt theory, human beings are made of polarities or opposites that complement or oppose each other (Blom, 2006:40). Thompson and Rudolph (2000:166) give the following examples of polarities: body-mind, self-external world, emotional-real, infantile-mature, biological-cultural, poetry-prose, spontaneous-deliberate, personal-social, love-aggression, and consciousness-unconsciousness. Children may identify with one set of opposite traits and spend energy to maintain the part with which they have identified (Blom, 2006:40). Children must be guided to become aware of their polarities and that both sides of their polarities are part of them. The aim of Gestalt theoretical approach is to integrate polarities in order to allow children to function better and to integrate their polarity into their personalities and take responsibility for them (Blom, 2006:41).

It can be postulated that polarities are inevitable in homeless children. Due to the negative circumstances they live in, they might be faced with two parts of the self which are in conflict with each other. In their homeless circumstances, they may believe in God, but also feel God is punishing them. They may want to show anger towards their

parents, but are caught up with the love and respect they have for them. Polarities can cause feelings of confusion in the child which may in turn result in a fractured sense of self and suppressed emotions. In Gestalt play therapy the integration of polarities into a child's life is a pre-requisite for a dynamic and healthy life process (Blom, 2006:42).

2.3.5 Structure of the personality

The structure of the personality indicates how people's lives can be fractured and as such they fail to self-regulate and achieve success (Blom, 2006:42). From the Gestalt perspective five layers of personality are distinguished: the synthetic layer, the phobic layer, the impasse layer, the implosive layer, and the explosive layer (Blom, 2006:42). These layers of personality will be discussed briefly.

- **The synthetic / false layer**

This is the outer most layer of the personality and represents the role people play in their lives. When children are trapped in this layer they try to be what they are not. They are influenced by expectations that they place upon themselves or that others place upon them (Blom, 2006:42-43). Fall, Holden and Marquis (2010) maintain that children in this layer remain trapped, trying to be what they are not. The authors contend that this layer is characterised by unresolved conflicts and failure to find integration of competing polarities.

A common bi-polarity in this layer is that of top dog / underdog (Blom, 2006:42-43). They internalize their external expectations which then become the "top dog" part of the self, making demands and expectations to which the child must comply. The child taking the role of the "under dog" submissively complies with demands and expectations, believing that otherwise something terrible will happen to the self (Blom, 2006:42-43).

The homeless child is likely to find himself/herself in the false layer in an effort to survive in harsh circumstances. This causes conflict within the self of the children and a lack of awareness of this contributes to a fractured sense of self (Blom, 2006:43). The homeless child in this layer may for example deny being angry and pretend to be happy.

- **The phobic layer**

According to Thompson and Henderson (2011:230), this layer precedes the false layer and lights up children's conscious awareness of the fears that maintain their game. This is an experience that is often frightening and scary to children, with the possibility of pushing them back to the phony or false layer (Thompson & Henderson, 2011:230). In this layer, children start becoming aware of their false existence, which creates stress and tension for them, but they may not know how to tell anyone. This is often accompanied by anxiety (Thompson & Rudolph, 1996). This anxiety may cause these children to sometimes resist change of behaviour (Blom, 2006:43).

Homeless children who, for example, have been pretending that they are happy may start realising that they are not being real to themselves. Yet they resist changing their behaviour and continue to function according to a false role (Blom, 2006:43), for example as though they are happy.

- **The impasse layer**

The impasse layer, according to Thompson and Henderson (2011:230), refers to the layer that helps children shed the environmental support of their activity. As they shed these supports, they tend to realise that they cannot provide the support they need all by themselves. This situation leads to confusion and anxiety (Thompson & Henderson, 2011:230). In this layer, children start looking for external support to solve their problems, and believe they cannot act in a self-supporting manner. Two polarities of the self are in conflict during this layer, whereby the one part of the self, desires to complete unfinished business while the other part desires to avoid the pain and hardship being experienced (Blom, 2006:44).

Homeless children in this layer may turn to the therapist to solve their problems. Failure to get this support may result in frustration, depression or withdrawal (Blom, 2006:214).

- **Implosive layer**

Thompson and Henderson (2011:230) mention that children in this layer become aware of their confines and limitations and then begin to experiment with new behaviours within a safe confine. They maintain that this process in most cases becomes awkward and scary as old ways are abandoned. In this layer, children become aware of how they have resisted themselves and find new strategies to solve their problems, but lack the energy to take responsibility for the behaviour that will liberate them, due to fear of the unknown from opposing forces (Blom, 2006:45). They are however ready to start experimenting with new behaviours. Homeless children in this case may start feeling good about therapy and desire to cooperate with the therapist. However, they may lack the energy to do so (Blom, 2006:45).

- **The Explosive layer**

The explosive layer precedes the implosive layer. Children in this layer come into contact with the reserved or stored energy that had been held up in maintaining the phony existence. This depends on whether their experiments with the new behaviour are successful outside the safe confines (Thompson & Henderson, 2011:230).

In this layer the children are conscious or aware of the emotions expressed or suppressed. They now realize that they can use their energies to own their emotions and experiment with new behaviour. The children who are able to function or operate from this layer may start completing unfinished business and are capable of experiencing and expressing their true emotions (Blom, 2006:45). When homeless children can use their energy to meet their needs in a healthy way, own their unfinished business and experiment with new behaviour, it is an indication that they have reached this layer. This demonstrates the process of change according to Gestalt theory.

The central aim of Gestalt play therapy with children is to bring awareness to them about who they are, what they feel, what they like or dislike, what they need, what they want, what they do and how they do it (Blom, 2006:51). In line with the Gestalt

perspective on traumatised children, homeless children fail to make healthy contact with themselves and their environment because their holistic self (senses, emotions, body, and intellect) has been fragmented, leaving them with experiences of loss, rejection, depression, abandonment, family disintegration, grief, shame, stress, hurt, loneliness, insecurity, fear and pain (Blom, 2006:180).

Landreth (2002) mentions that play therapy is the most developmentally appropriate intervention for children because it utilises children's natural language of play to bridge the gap between children's concrete experiences and their abstract thought. Being an interactive process between a trained adult and a child, play therapy seeks to help the child relieve emotional pain through the symbolic communication of play (Webb, 1999:30). In acknowledgement of the Association of Play Therapy, Thompson and Henderson (2007:415) add that play therapy seeks to achieve optimal growth and development in children. Gestalt therapy is successful when the child grows in awareness, takes responsibility for his/her actions and moves from environmental support to self-support.

2.4 CHARACTERISTICS OF HOMELESS CHILDREN

According to Kombarakaran (2004), studies on homeless or street children have shown that obtaining accurate statistics about them is difficult due to their mobile and unstable conditions of life, hence the tendency of approximating their ages and other vital information. This gives the researcher the grounds to mention that because of their nomadic condition of life, one may find homeless children anywhere in the world today. Being a common phenomenon across the world today, these children may include all races, ages, and genders, depending on the geographic location (UNICEF, 2005; Zarocostas, 2005).

Research studies carried out by Aptekar (1994) and Ennew (1994) on the characteristic of homeless children revealed that across African cultures, including Swaziland, as many as nine out of ten street children are male. The authors further stated that almost all of these children come from homes where their mothers are in charge, with fathers not being present or available. Under such circumstances, the boys are compelled to go and struggle in order to provide financial support to the

family, while the girls stay behind to assist their mothers at home. It is therefore reasonable and important to differentiate between boys and girls rather than basing judgement according to the 'genderless' state of street child (Aptekar, Maphalala, Dlamini, Makhanya & Magagula, 1998).

Le Roux (1995) comparatively studied street children in Thailand and South Africa, during which the characteristics of homeless children included: age, race and gender.

2.4.1 Age

Findings by Le Roux (1995) indicated that in South Africa, the average age of homeless children was about 13 years, although children as young as seven years are also sometimes found on the streets. In agreement, Toro, Dworsky and Fowler (2007) mention that the majority of homeless youth are aged 13 years or older. These findings tie-up with the range of age groups of homeless children the researcher has come into contact with in Swaziland.

2.4.2 Race

Based on research statistics on homeless children by UNICEF (2005), the researcher contends that homelessness today is a global phenomenon that affects every nation across the globe, and possibly every race. Homelessness is largely an urban phenomenon, yet children are homeless and living on the streets in every region of the world from developing countries to the most affluent countries (CYC, 2004).

2.4.3 Gender

Heinze, Toro, and Urberg (2004) state that homelessness among youth is more common among males, particularly street-involved youth. In agreement with this view, research studies by Aptekar (1994) and Ennew (1994), discussed earlier, provide reasons for the researcher to mention that the homeless phenomenon is a problem that affects both male and female children across the globe, with the perception that there could be more homeless boys than girls.

Based on the researcher's interaction, observation and experiences of homeless children in Swaziland the population of homeless children is composed of both males and females. She maintains that the population of boys is greater compared to that of girls.

In confirming that there could generally be more homeless boys than girls, Heinze et al. (2004) contend that multiple studies show there are more male homeless youths than females in the United States of America. According to Veale and Dona (2003), it was found in samples collected in studies conducted on homeless street youth in Africa that in Zimbabwe 95% of the sample were boys. In Angola boys made up as much as 84% of homeless street youth, 76% in Ethiopia, 70% in Zambia and 100% in the Sudan. On the basis of the above statistics it could therefore be postulated that there are more homeless boys than girls. This may be as result of the reasons that most often boys go out to acquire financial support, while girls remain behind to help their mothers with household duties. In addition, in the case of double orphans where children fend for themselves, one may be compelled to state that the tendency of boys going out in search of financial support still supersedes the possibility of girls doing the same due to the natural understanding that the men have to provide support for the family. So the boys will always go out more than girls. However, in cases where there is no male figure, then the female will have to take that responsibility, which goes with immense risk of sexual abuse.

2.5 THE NATURE AND EXTENT OF CHILD HOMELESSNESS

State Report Card on Child Homelessness (2009) mentions that one in every 50 American children experiences homelessness. Studies by Zarocostas (2005) revealed that the number of homeless people is on a steady increase worldwide. Complementing this view, Africa 24 Media [sa], highlights the magnitude of the situation in some of the countries and cities in Africa (like Douala – Cameroon and Bamako – Mali) where it is normal to see women sleeping with children amid ashes in the open air, due to lack of shelter or proper homes.

According to Tudoric-Ghemo (2005:1), recent years have indicated an alarming increase in the number of homeless or street youth around the world, especially in

poor and developing countries such as is evident in Thailand, India, Brazil and South Africa. The author contends that in order to reduce the number of street children around the world, issues relating to the political and socio-economic state of a country needs to be addressed.

The Committee on Temporary Shelter (2007) sees homelessness as a devastating experience for children and their families. The report is of the view that the increase in homeless families over the past few years has meant a dramatic rise in the number of children who are living in shelters, camp grounds and motels. UNICEF estimates there are approximately 100 million street children worldwide with that number constantly growing – with about 40 million homeless or street children in Latin America, and at least 18 million in India. It is also mentioned that about 75% of the street children do have some family links, but spend most of their lives on the streets, begging, selling tickets, shining shoes or washing cars to supplement their family income. The remaining 25% live on the street, often in a group of other children known as “street children” (Homeless Child, 2008; CYC, 2004). Children sleep in abandoned buildings, under bridges, in doorways, or in public parks (COTS, 2007). Sharing the same view, studies by Visser (2007) found that more than 1000 children live on the streets or shelters in Johannesburg. In agreement with Visser, Mashego (2007) mentions that a growing number of people, both young and old, are living on the street, showing that homelessness is increasing among all age groups.

Children at Risk (2006) estimated that in 2004 there were about 12,600 homeless children in the Houston metropolitan area. The report further revealed that of those people, 5333 were recorded as living in shelters, and about 28% of those in the shelters were children or youth.

With regard to the gravity of the situation, the Urban Poverty Group (2004) revealed that the number of homeless people worldwide has grown heavily in recent years - stating that in some third world nations such as India, Nigeria and South Africa, homelessness is rampant with millions of children living and working on the streets. Highlighting the same situation in Swaziland, Hlatshwayo (1997) mentions that street children are no longer rare in Swaziland, which once prided itself on its traditional extended family systems.

2.6 HOMELESS CHILDREN IN AFRICA

The problem of homelessness across the globe is obvious and worrying, with the situation in Africa even more problematic. A continent that once prided itself on its traditional systems of extended families over the years has now been forced to neglect its very own children, with so many of them becoming homeless each day due to AIDS, droughts, economic collapse and abuse. Families have been broken apart, leaving hundreds of thousands of children to survive on their own (Wax, 2005).

Homelessness in Africa first became noticeable in the 1980s when coffee prices crashed and western subsidies undercut other export crops such as corn and cotton (Wax, 2005). According to studies by the British organisation Street Child Africa [sa], the situation led to the commissioning of many children in large rural families to go out and earn money. Severe as it was, the 'coffee price crash' effect on the African economy did not directly affect the southern parts of the continent. Conversely, the southern regions of the continent have suffered from persistent droughts that have continuously disrupted the local economy of the region (GKSNRPNC Three Year Strategic Plan, 2008:5). This effect has greatly contributed to the financial and economic hardship of the local populace.

According to OVC Tool Kit (2009), the United Nations Centre for Human Settlement estimates that the number of street children in African urban centres is expected to grow rapidly. It mentions that as street children grow in numbers, their life conditions on the streets are expected to become harsher and increasingly dominated by gangs and violence. Although the situation all over the African continent might seem to be pretty much alike, the researcher believes that the magnitude of homelessness in children varies from country to country depending on the level of awareness of the phenomenon, the existing deplorable conditions of homeless children and the socio-economic situation of the various countries.

Efforts to mitigate the scourge of the phenomenon in the continent gained some momentum recently as the city of Johannesburg and its partners brought together a number of street children from 12 shelters to find out ways of helping homeless children around the city (Visser, 2007). A major concern during the meeting was the

rapid increase of homeless children in the city. Considering the rapid daily increase of homeless children around the globe, studies have indicated that their number in Africa and the world may not be known but confirmed that the number runs into millions (UNICEF, 2005:40-41). Seemingly there are as yet no confirmed scientifically published statistics on the actual population of homeless children in the continent of Africa, except for some document estimates allocated to some countries that also run into the tens of thousands.

Because of poverty, drought, HIV/AIDS and other socio-economic factors, documented estimates showed that 15 years ago there were about 15000 homeless children in South Africa, 60000 in Nairobi only and 500 000 total in Kenya, and 12000000 in Nigeria (Barrette, 1995; Levenstein, 1996; IRIN, 2007). If this was the population then, what would it be now in these countries, not to mention the situation in other African countries? Other studies carried out in the year 2000 revealed that there were 5000 street children in Harare alone, and 12000 in total in Zimbabwe (Makusha, 2011; Rurevo & Bourdillon, 2003). Highlighting their experiences IRIN (2007) mentions that these homeless children face endless cruelties, with their rights being violated by those who were supposed to protect them. They remain subject to sexual exploitation in exchange for food and clothing.

According to Jacobson, Olivetti and Strobbe (2010), studies on homeless children in Zambia also revealed that their number has increased from 0.9% to 1.6%, translating to 75000 by 2009. Another study by UNICEF (2006) indicates that their vulnerable situation may vary from child labour to substance abuse, imprisonment and homelessness. The study further revealed that when orphan status converges with poverty, exclusion from education and lack of support or alternatives, it pushes many children onto the streets.

Knit a Square (2010) talks about homeless children and their circumstances by highlighting the effects of AIDS on most of these children. The report revealed that the vast majority of them are in sub-Saharan Africa. The scale of sadness, grief and suffering these children experience is such that it should motivate everyone to do something to address the situation (Knit a square, 2010). The situation in Zimbabwe, for example, is horrible due to the current political and economic woes. Children

scavenge and wrestle over rotten food and scraps from dumps and rubbish bins on the back streets of Harare (McVeigh, 2010).

2.6.1 Homeless children in Swaziland

In her study on homeless children in Swaziland, Hlatshwayo (1997) indicated that street children are often abused, stating how old men sodomise boys often as young as 9 and as old as 19 years, infecting them with sexually transmitted diseases. The study further revealed that these children are enticed with E10.00 (an equivalent of about US \$1.2) for a sex session. And before the molestation act, the children are offered glue to keep them in 'high spirits' during the act.

Recent studies by UNICEF Swaziland (2007) emphasised the problems of homelessness and hunger among homeless children in Swaziland. The situation of 14 year old Sandile is an example. Due to Swaziland's current drought and forest fires, Sandile and his siblings sleep in a temporary tent donated by the Red Cross with no hope of securing food each passing day. According to AIDS activist Pholile Dlamini, out of a national population of 970 000, Swaziland has an estimated 50000 orphans – a figure expected to climb to 120 000 in the next six years due to an adult HIV infection rate of 38.8% (IRIN, 2004). Sinhle Hadebe, who works for Swaziland Crime Prevention and Rehabilitation of Offenders (SACRO), decried the day to day increase of homeless children that crowded the city's streets with an estimated future increase from 130 000 to over 189 000 in a few years (World Street Children News, 2008; GKSНРPNC Three Year Strategic Plan, 2008:5).

As a result of the growing number of street children in Mbabane and Manzini due to the current economic situation in Swaziland and the effects of HIV/AIDS, most relatives of orphaned children tend to shy away because they cannot support additional or extended family members (U.S. Country Report on Human Rights Practice, 2005). Hence these children turn to the streets for survival. When parents in the prime of their lives die, other relatives may be over-burdened and grandparents are physically unable to look after children (Hall, 2008).

Swazis live in chronic poverty and food shortages are widespread, with AIDS taking a heavy toll such that more than 40% of the population is believed to be infected with HIV. The virus has killed many workers and farmers and has created thousands of orphans (Consortium for Street Children [sa]). Social pressures and the quest for survival has become the order of the day for orphans and homeless children in the country. Wines and Lafrainiere (2004) decried the impact of the disease in Swaziland by stating that one in ten children were orphaned by AIDS and became homeless with some of them becoming prostitutes and dropouts.

The GSNPA for OVC (2006:11) mentions that these OVCs who are traumatised from abuse and from caring for and ultimately burying ill and dying relatives, also have limited access to counsellors and psycho-social support. Constraints such as inadequate clothing and unaddressed trauma still keep many children out of school, emphasising that one of the reasons for these children's traumatic experiences is social isolation, due to the breakdown of guardianship and limited legal recourse which further makes them vulnerable to neglect and abuse. According to the Government of the Kingdom of Swaziland - Social Protection of Vulnerable Children including Orphans (2002:13), the number of homeless children and children in prostitution are not known. However the numbers are expected to increase significantly as more children become destitute and run away from their homes because they have no source of income and have no one to care for them. This revelation signals the magnitude of the homeless phenomenon in Swaziland.

According to the aforementioned research findings above, the researcher is compelled to state that most homeless adolescent children in Swaziland experience all sorts of hardship, rejection, maltreatment, abuse and emotional pain. Expressing his concerns about the situation and plight of homeless children in the country, the prime minister of the Kingdom of Swaziland vehemently reiterated the appalling situation of homeless children in the country by stating that they had found themselves in a situation where normal child development processes have been disrupted because of the current challenges facing the country (GKSNRPNC Three Year Strategic Plan, 2008:5).

Emphasising the devastating situation discussed above it is estimated that a large number of children living in households in the rural and peri-urban areas live in abject

poverty, lacking food, shelter, proper clothing and access to health and education. And they are usually traumatised; neglected, and abandoned, and remain overwhelmed with sickness, illiteracy, child labour, abuse and prostitution (Government of Kingdom of Swaziland-Social Protection of Vulnerable Children including Orphans, 2002:4, 12). The situation also throws families and communities into a cycle of deepening poverty, with children caring for ill parents and fending for themselves economically (GKSNRPNC Three Year Strategic Plan, 2008:5).

In consideration of the above literature the researcher hereby agrees with the view that the current key issue concerning the plight of the Swazi homeless and vulnerable children, besides the challenges of poverty, droughts and the high prevalence of HIV/AIDS, is the lack of awareness of their psycho-social needs and well-being (GKSNRPNC Three Year Strategic Plan, 2008:22). Awareness to this effect will make a big difference in the process of improving their lives.

2.6.1.1 *Child referral and admission process into shelters*

With regard to referrals into shelters in Swaziland, UNICEF Swaziland (2007:10) mentions that the majority of referral agencies seem unaware of their rights and responsibilities once a child has been placed into a facility. It further stated that carers in shelters revealed that social workers and other agencies only appear at the time of referral and leave only to be seen again when there is another referral. Ms Vanda of the shelter where the study was conducted in Manzini highlighted this flaw in the referral process by stating that most of the time children are picked up and brought to the shelters by social welfare officers in collaboration with the police without proper assessment procedures and evaluation to ascertain if they should be staying in the shelter or be returned to their homestead. After dropping the children at the agency there is usually no follow-up.

Emphasising the importance of proper referral procedures and evaluation during referrals, UNICEF Swaziland (2007:10) mentions that referrals made by social workers provide the most comprehensive information on children, with typical details to justify their admission into a family or alternative care. Children have many needs, some of which do not warrant removing them from the care of parents (UNICEF Swaziland,

2007:10). John, Teare, Authier and Peterson (1994) contend that homeless children come to shelters with diverse personal and family problems, including depression, emotional conflict with parents, physical or sexual abuse, and domestic violence within the home. These problems can only be properly identified through professional assessment and evaluation that should be done before making a final decision on where to accommodate the children.

2.7 EXPERIENCES OF HOMELESS CHILDREN IN OTHER AFRICAN COUNTRIES

The experiences of homeless children across Africa are discussed in this section with an emphasis on the prevalence of the phenomenon in different countries. Homeless children may undergo different experiences in different countries comparatively due to different factors as discussed in the following literature.

The homeless children phenomenon in South Africa is quite serious and, as Visser (2007) highlights, shelters and other physical needs of the children are provided for, but their emotional and psychosocial needs are ignored or neglected by stakeholders. The insecurity of homeless children remains a major concern – a view that is substantiated by a situation whereby street children living near Albert Park in Durban alleged that two homeless girls who lived near the park were raped by members of the Durban Metro Police Department. Supporting this allegation, a caretaker for street children reported that he has seen police officers arrest street children, strip the girls naked and handcuff them in more than one occasion (Goldstone, 2008).

The homeless situation in Zambia has been found to be critical according to studies by Biriwasha (2008) and Muntingh, Elemu and Moen (2006) who reveal that the majority (85%) of the homeless children population was boys living under severe conditions of poverty. The authors indicated that the future of homeless children is bleak due to the absence of parents. With little or virtually no assistance offered by the government to them, these children become desperate and often traumatised by the death of parents and the stigmatisation of HIV – a situation that exposed them to enormous pressure, depression and other psychological problems (Biriwasha, 2008).

The evidence of neglect and violations of the rights of homeless adolescent children by some members of the South African police might not have been noticed in Zambia, but other violations of children's rights associated with street children in Zambia were those common to forced marriages of under aged girls to older men, and the denial of educational opportunities to females (Biriwasha, 2008). Most of these children ran to the streets because of these barbaric treatments from relatives in the absence or neglect from biological parents, in search of a better life. But the reality that confronts them can only be described as grim. Street life creates extreme vulnerability to violence, exploitative and hazardous labour, sex work and trafficking (Biriwasha, 2008).

The situation of homeless children in Botswana is just as bad, compared to South Africa and Zambia. According Baputaki (2007), most homeless children in Botswana come from poor families living in the urban settlements such as old Naledi, Bontleng and Grantsi townships. Most of them have lost contact with families and now survive by begging, stealing, and carrying out other illegal activities. Though the practices of begging, stealing and child labour were not mentioned in the cases of South Africa and Zambia, it seems these activities could be common practice among street children worldwide (Baputaki, 2007). With the author not mentioning anything in the article about places of safety for homeless children in Botswana, the researcher wonders if there is adequate awareness and initiatives to enhance the welfare of homeless children in Botswana. Studies on homeless children in the country by Baputaki (2007) revealed that their population includes boys and girls who work under exploitative conditions, such as house servants and prostitutes; their beds are in any corner where they fall asleep, and their meals are from any rubbish bin near any restaurant or supermarket. Such conditions expose these children to severe health hazards, as confirmed by Motala and Smith (2003) who assert that eating from rubbish bins and sleeping in unpleasant conditions make these children susceptible to an array of physical and mental health risks.

In Malawi most children became homeless because of a lack of food and other psycho-social needs and care in their parental homesteads – a common root cause of child homelessness as stated above in South Africa, Zambia and Botswana (African News Agency, 2011). In addition to the above-mentioned root causes of homelessness,

Malawi Street Kids (2012) asserts that children run to the streets because of poverty at home, family breakdown and HIV/AIDS which has left an estimated 1.2 million children in Malawi as orphans. The actual number of homeless children is not known, but recent studies have confirmed that there is an everyday increase in children on the streets with about 3000 seen begging on the streets of Blantyre and Lilongwe (Kalimbira & Chipwatali, 2007; Malawi Street Kids, 2012).

Relating his experience on the streets of Blantyre Malawi, 14 year old Mavuto tells how extreme street life can be by stating that older boys and mini bus touts see them as easy prey for robbery, abuse and harassment of their meagre hard-earned resources (African News Agency, 2011). Expressing more about his ordeal, Mavuto narrated how one night two people entered their make-shift shelter and threatened them with knives in order to have sex with them. This is a similar scenario to the case in Durban, South Africa mentioned earlier. Emphasising another similar experience, 15 year old homeless Isaiah who had spent five years of living on the streets of Lagos confirmed that it is not easy being homeless or living on the streets. Isaiah expressed how in a number of occasions he got beaten and robbed of his money by bigger boys (African News Agency, 2011).

The homeless children in Namibia are also exposed to very harsh conditions of life like those in the countries mentioned above. According to Tjaronda (2008), homeless children in Namibia suffer all sorts of abuse and violence. Rounding up and detention is not uncommon in the lives of homeless children. In one occasion, 16 street children aged between eight and 16 years old were arrested for squatting on public property and detained at the central police station (Tjaronda, 2008; Shinana, 2008). This kind of treatment of homeless children gives the researcher reasons to state that society sees them as criminals and therefore makes them vulnerable to harassment at all times from law enforcement officers. The amount of cruelty inflicted on these children is sometimes beyond comprehension. How do you arrest eight year old disadvantaged children who are in need of help, and detain them in prison cells with hardcore criminals for no crime committed? When authorities turn against the children they are supposed to be protecting and inflict violent, painful and traumatic experiences on them, what kind of future is society breeding into them? In condemnation of such malpractices by the Namibian police, the Minister of Gender Equality and Child

Welfare, Marline Mungunda, expressed the shock and embarrassment of the ministry when they learned through the media about the arrest of children who were in dire need of protection and other basic needs (Shinana, 2008).

Sleeping on the streets, in open areas, in drainage pipes and under bridges is a common practice among homeless children in most African countries like Namibia, South Africa, Zambia, Botswana, Malawi, Zimbabwe, Swaziland, Cameroon and Nigeria, to mention a few (Tueumuna, 2009). Drug abuse was found common among homeless adolescent children in the countries mentioned above. Aside from scavenging, it was also stated that these children are usually seen crowding funerals and would move from one funeral to the next looking for food. A hard life has forced most of these children, even those as young as 10 years old, into becoming hard-core criminals who are sometimes counted among the suspects accused of murder, rape, stock theft and the abuse of dagga (Gaomas, 2007).

The homeless children phenomenon in Cameroon in Central Africa is seen from the underprivileged circumstances of the children who come from environments where abuse and violence is prevalent, hence they run out to the streets for asylum (Pefok, 2006). The increase of street children in involvements characterised by criminal activities and child labourers in cities like Yaoundé and Douala has kept authorities very worried (Kongnyuy, Kongnyuy & Richter, 2008). According to the International Labour Organisation (2002), the population of child labourers in Cameroon which is made up of mostly homeless children is precisely 620 000, forming part of the orphan population that is vulnerable to economic and sexual exploitation because they have no other means of survival. Similar to the Cameroonian situation, the experiences of Nigerian homeless children is of great concern just as it is with the rest of the African countries mentioned above. Hopelessness is the vivid picture on the faces of these children who usually look unkempt and weary (Gabriel, 2012). It would surely not be meaningful to refer to the Nigerian street child outside the context of the African street child phenomenon (Ebigbo, 2003; Ennew, 2003).

Talking about their rights Ebigbo (2003) and Ennew (2003) contend that apart from child labour, Nigerian homeless children are victims of legal injustice. Emphasising this point, Ekwowusi (2010) presents as an example of the situation whereby many

inmates awaiting trial, languishing in various prisons in Nigeria, are children below the age of 16. It further revealed that many of these detained children are those caught loitering in the streets and dumped in prison for no reason, where some of them are tortured and abused.

Enhancing the call for adequate enforcement and implementation of the rights of the child by governments several years after its inception as an international legal tool to protect children, Ennew (2002) indicated the need for a revisit into children's rights according to the CRC. The fact that the CRC does not explicitly refer to the homeless child makes it even more mandatory for governments and service providers to provide, protect and most importantly enable homeless children the space and participation they deserve in society (Bessler, 2008; Kohm, 2009; Pare, 2003). The continuous abuse, arrest and brutality on homeless children have been emphasised in studies carried out by Human Rights Watch (2003, 2006) in many countries on the African continent.

The researcher decries this barbaric act and the infringement on the rights of the child that remains one of the major problems engulfing the lives of homeless children in Africa and the world over. Society seems to have defined these children as those who have no right to live. Encouragingly, recent research studies are beginning to echo the need to address this vile treatment against helpless children.

2.8 REASONS FOR LEAVING HOME AND MOVING ONTO THE STREETS

Several authors (Panter-Brick, 2002; Smeaton, 2009; Thomas de Bernitez, 2007; UNICEF, 2010) agree that the root cause of homelessness is complex and multifaceted. But the key role of deprivation of close, supportive and loving relationships with adult caregivers has been highlighted, in addition to domestic violence, mental health, and alcohol and substance abuse by parents (Schimmel, 2008; WHO, 2006). In agreement Baron (2007), as well as Conticini and Hulme (2006) assert that family-based violence, abuse and neglect remain important pathways to the street. Other studies exploring violence towards homeless children found that 23% of street children reported abuse as their reason for leaving home (Fernandes & Vaughn, 2008:673).

Worldwide, homelessness is caused by a breakdown in the traditional family support system, continued urbanisation, the effects of structural adjustment programmes, civil wars, and natural disasters. Other potential causes are the lack of affordable health care, domestic violence, mental illness, and addiction disorders (NCH, 2002:6). Homelessness represents deprivation from basic human needs. However, while other types of deprivation, such as hunger, mainly occur as a result of poverty and economic insecurity, factors that contribute to homelessness are multi-faceted; the factors also vary by the type of homelessness experienced by children and youth. These factors include lack of affordable housing, economic insecurity, violence at home, hunger, lack of social support, substance abuse and involvement in the child welfare systems (Homeless Children and Youth, 2001; NCH, 2008; US Conference of Mayors, 2007).

The GKS NR PNC Three Year Strategic Plan (2008:5) reveals that the major causes of child destitution, vulnerability and homelessness in Swaziland include the high prevalence of HIV/AIDS, recurring droughts and widespread poverty. It states that these challenges and negative effects on families have become embedded and deeply entrenched within all layers of society, reversing roles and disrupting the normal child development processes.

The chaotic social environment during the 1980s and 1990s in South Africa as a result of political violence created urbanisation, unemployment and crime, poor living conditions, poverty, limited opportunity for education, and disrupted social life that resulted in a high number of children becoming homeless and/or orphaned by AIDS in Kwa-zulu Natal (Youth for Christ, [sa]).

According to Schimmel (2006:211), in situations of poverty, neglect, abuse and desperation children run away from home and seek a better life on the street, maintaining that it is a normal human reaction to escape from pain and suffering in order to seek freedom and safety elsewhere. The author emphasised that most children move to the street in search of basic needs and not merely as an escape from the monotony of home life or the desire to express their independence by leaving friends and family.

Running away from home is an act of resistance and an expression of absolute frustration with life circumstances. This is because their home life and street life are both defined by two important forms of deprivation of basic needs that are essential for healthy child development and socialisation – a sound family life defined by supportive parents and close relationships, and adequate social provisions of food, shelter, clothing and quality schooling (Schimmel, 2006:1). Neither in the house where they previously lived nor on the streets where they have come to establish a new life, are these needs met.

Noblet (2013) mentions that children may have other reasons for leaving home, which may include the “push” and “pull” factors. The author states that push may include not feeling accepted in the environment where children are supposed to feel safe and happy, due to abuse, drug and alcohol misuse by family members. And the pull factor includes things that pull children outside their homes like peers; boy- or girlfriends; getting involved with drugs; alcohol and sexual exploitation; freedom; and independence. Holding the same views, IRIN (2004) mentions that these children go after the beauty of street life, access to easy money and food. But instead they find verbal abuse, physical rejection, sexual abuse, addiction, homelessness or sickness.

2.9 EFFECTS OF HOMELESSNESS ON CHILDREN

Homeless children experience much more than not having a home; their displacement strains virtually every aspect of family life, damaging the physical and emotional health of family members and interferes with children’s education and development (COTS, 2007; NCH, 2008). This situation explains how painful and heart breaking it is to imagine the difficulties these children experience every day.

In highlighting some of the effects of homelessness, Buckner, Beardslee and Bassuk (2004) mention that the experiences of homelessness result in a loss of community, routines, possessions, privacy and security. Children, mothers and families who live in shelters need to make significant adjustments to shelter living and are confronted by other problems, such as the need to re-establish a home, interpersonal difficulties, mental and physical problems, including child-related difficulties such as illness.

The stresses associated with homelessness can exacerbate other trauma-related difficulties that may interfere with recovery due to on-going traumatic reminders and challenges which may lead to their being sick at least twice the rate of other children; they suffer twice as many ear infections, four times the rate of asthma, five times more diarrhoea and stomach problems, and go hungry twice as often as non-homeless children (NCTSN, 2005). More than one-fifth of homeless pre-schoolers have emotional problems serious enough to require professional care, but less than one-third receive any treatment. They are twice as likely to repeat a grade compared to non-homeless children, have twice the rate of learning disabilities and three times the rate of emotional and behavioural problems compared to non-homeless children. Half of school-age homeless children experience anxiety, depression, or withdrawal compared to 18% of non-homeless children. In addition, by the time homeless children are eight years old, one in three develops a major mental disorder (NCTSN, 2005).

Research has confirmed that homeless children experience abuse and neglect which in turn translate into anger and violence that destroy their sense of self and family (COTS, 2007). While homeless children and youth are more likely to witness or experience violence prior to homeless episodes, they are also exposed to violence due to the public nature of their lives and vulnerable living conditions associated with poverty, such as being on the streets, in shelters, doubling-up with others, or crowded housing (Anooshian, 2005).

Expressing the effects of these ordeals on the children, the GSNPA for OVC (2006:11) indicates that in addition to their stressful experiences, orphans and vulnerable children in Swaziland who are traumatised from abuse and from caring for and burying ill and dying relatives, experience limited access to counselling and psychosocial support.

According to Homeless Child (2008), homeless children and adolescents don't know of any other games but survival. Their school is the street, their teacher is injustice and their future is a dark alley of uncertainty that could end their lives at any time. Like children the world over, these youngsters have dreams and aspirations, but given the many adversaries they have to overcome, they often lose all hope. Visser (2007) contends that almost all homeless children seem to have issues with trust and struggle

with poor self-esteem which is expressed in different ways – mistrusting their families, child care workers, teachers and even other children. Helping them emotionally and psychologically would be a priority (Visser, 2007). Aptekar (2004) mentions that street children, particularly boys, have shown low levels of mental illness in some research studies whereas others have found evidence of high levels of depression and self-hatred (Ahmadkhaniha, Shariat, Torkaman-nejad & Moghadam, 2007; Kidd & Carroll, 2007; Batmanghelidjh, 2006).

Children without a home are in fair or poor health twice as often as other children, and have higher rates of asthma, ear infections, stomach problems, and speech problems (NCH, 2008). Based on city samples, 40% of children with homeless experiences had asthma (Grant, Brown, Mclean, Berman & Redlener, 2007). However, other studies found no significant difference in the health outcomes of homeless and poorly-housed children (Coker, Cuccaro, Elliott, Gilliland, Grunbaum, Kanouse, Schuster & Tortolero, 2009).

Confirming the effect of ill-health on homeless children, Daniel (2003) mentions that there is evidence that the psycho-social impact of HIV/AIDS on children includes reduced self-esteem, anxiety and depression. In emphasising their vulnerability to illnesses, research studies suggest that homeless children are at a higher risk of contracting sexually transmitted diseases (STDs) due to risky sexual behaviour, such as inconsistent use of condoms, multiple sexual partners or injection drugs use (Noell, Rohde, Ochs, Yovanoff, Alter, Schmid, Bullard & Black, 2001). Another study also confirmed that homeless children and youth are at high risk of teenage pregnancy and those with STDs are also more likely to be pregnant than those without STDs (Thompson, Bender, Lewis & Watkins, 2008). Haysom (2007) points out that skin conditions and diseases are common among homeless people because they are exposed to extreme cold in winter and they have little access to bathroom facilities.

The GSNPA for OVC (2006:15) mentions that the social isolation of these children caused by the breakdown of guardianship and limited legal recourse makes them vulnerable to neglect and abuse. Homelessness and hunger are inextricably interwoven. Homeless children suffer from lack of access to nutritious meals which gravely threatens behaviour, school performance, and cognitive development (NCH,

2005). Housing plays a pivotal role in the well-being of children and families (Bratt, 2002). Stable housing is a critical factor for positive child and youth development and associated with educational success (Aaronson, 2000). Additionally, homelessness contributes to poor educational outcomes for children and youth. Homeless children and youth are significantly more likely to report grade retention than their never-homeless counterparts (Rafferty, Shinn & Weitzman, 2004). The effects of homelessness on children are enormous and vary quite substantially depending on the environment and other social factors.

Permanently living on the streets endangers the lives of children and is developmentally incapacitating. Street life fosters feelings of disempowerment and social disconnection which may result in psychological distress, emotional instability, physical and sexual abuse, psychological trauma and pathologies such as depression and suicidal behaviour, at substantially higher rates than children who live at home or in alternative permanent accommodation (Schimmel, 2006; Whitbeck et al., 2000). Another study on school-age children of homeless families confirms that a higher proportion of homeless children experienced mental disorders with impairment such as disruptive behaviour disorders, social phobia, and major depression, as compared to their low-income, housed counterparts (Anooshian, 2005). These children may have stunted development of emotional intelligence and life skills such as communication, decision making, and negotiation skills, as well as decreased hope in the future and self-esteem (GKSNRPNC three-years Strategic Plan, 2008:7).

The above literature provides evidence for the researcher to agree that the effects of homelessness on children are quite enormous. Though a considerable amount of efforts have been made by stakeholders to mitigate the effects of homelessness, it seems much is still to be done. Stressing the effects of homelessness on children, several authors (Buckner, 2008; Masten, Sesma, Si-Asar, Lawrence, Miliotis & Dionne, 1997; Obradović, Long, Cutuli, Chan, Hinz, Heistad & Masten, 2009; Rafferty et al., 2004) agree that homeless children do not only have the adversity of poverty; they must also cope with the additional burden of homelessness, as they are exposed to a plethora of risk factors which in turn can make them vulnerable to academic difficulties.

In support of the above discussion a number of researchers (Buckner, 2008; Haber & Toro, 2004) found that homelessness delays and distorts the academic performance of children. The findings revealed that homeless children living in poverty are at a very high risk for delays in multiple domains of adaptive functioning, including academic, social, emotional, and behavioural problems. In addition, Mcloyd, Aikens and Burton (2006) maintain that there is cumulative risk associated with poverty, such as traumatic life experiences, parental psychology, and lack of support systems, while Rafferty et al. (2004) and Rog and Buckner (2007) agree that homeless children face specific threats to development due to residential instability and broken bonds with potentially positive sources of security and opportunity. Nine studies reviewed by Buckner (2008) examined attendance, achievement, and other academic outcomes for homeless children using a variety of measures. All but one study found homeless children worse off than general population samples; and six out of seven studies found them worse off than housed children.

Contending the fact that children are generally exposed to risk, a group of researchers (Buckner, 2008; Masten, Miliotis, Graham-Bermann, Ramirez & Neeman, 1993; Rafferty et al., 2004) came up with a continuum which revealed that homeless children suffer the most extreme risk, followed by poorly-housed children and then children in the general population.

Schwarz, Garrett, Hampsey and Thompson (2007) assert that homeless children have high rates of obesity due to nutritional deficiencies. Apparently, this view by Schwarz sounds awkward in the sense that these children go for days without proper food most of the time, especially within the African continent that is characterised by abject poverty and food shortages. Most people relate obesity to excess intake of food stuffs and other medical problems. So how concrete is it for one to consider obesity among homeless children as a result of malnutrition? Lee and Greif (2008) suggest that homeless children possibly experience more serious food insecurity given their reduced capability to secure food, which may lead to inappropriate behaviour like the practice of stealing and prostitution.

Laying emphases on the nutritional value of food supplied to homeless children, Kelly (2001) mentions that in most cases fruits and dairy products given to children or youth

in homeless shelters are often below recommended nutritional levels. Kelly's point of view unfortunately sounds generalised and might not be true of every shelter, because shelters with good financial support, a manageable population and trained caregivers might be providing good food with the right recommended nutritional values.

Another damaging effect of homelessness to children is that of drugs and substance abuse (CYC, 2004). It states that drug use by children on the streets is common as they look for means to numb their pain and deal with hardships associated with street life. A study by Fernandes and Vaughn (2008:674) found that up to 90% of street children use psycho-active substances, including medicines, alcohol, cigarettes, heroin, cannabis and readily-available industrial products such as glue, which may influence their immoral activities on the streets. All of these can greatly affect the mental, social and emotional growth of street children due to their nomadic lifestyle and the way in which they are chastised by authorities who constantly expel them from their temporary homes, such as doorways, parks, benches and railway platforms (CYC, 2004).

The above discussion seems to confirm the fact that homelessness is quite detrimental socially, psychologically and health wise for children.

2.10 SERVICES TO HOMELESS CHILDREN IN SWAZILAND

With regard to services to homeless children in Swaziland, UNICEF Swaziland (2007:19) mentions that half of the residential care facilities for homeless children have a sufficient complement of caregivers to meet the aims and objectives of facilities. The report states that facilities have a ratio of caregivers to children of not more than 1:10, with the emphasis that the low ratio allows caregivers to have relationships with the children and provide individual attention where needed. Contrary to this statement, the same report mentions that the other half of the facilities suffer from a lack of human resources – the reason being that though they are able to provide for the basic needs of the children, they are unable to fulfil other obligations, like providing reasonable salaries to the caregivers who in addition do not enjoy days off to relieve stress. The ratio of caregivers to children in such cases can be as high as 1:15 to 1:25, making it very difficult to provide individual attention to the children appropriately. This latter

statement tends to agree with the general consensus that care giving in most shelters is inadequate in the sense that one caregiver attends to about 20 to 25 children. UNICEF Swaziland (2007:19) concluded by stating that caregivers who work under such circumstances were found to be less enthusiastic and lacked interest in the work. However, they remain in the facilities solely for the pay and would leave immediately if a better job was secured, thereby compromising the quality of service rendered to the children.

In regard to training and quality service delivery by caregivers, UNICEF Swaziland (2007:19) mentioned that a majority (80%) of the facilities assessed recounted caregivers who already possessed skills to care for children. The report confirmed that skilled caregivers were to carry out 'on the job' training for more caregivers, while providing informal feedback on an on-going basis. Meanwhile there are a few other facilities that provide formal training through partnership programmes. Emphasising on the importance of services to homeless children, CYC (2004) asserts that services to homeless children have become a dire need which has provoked an international action plan for the provision of basic housing and other needs of homeless children.

In an effort to mitigate the appalling situation of homeless children, the Swazi Government in partnership with other stakeholders came up with programmes aimed at addressing identified needs of these children. However, all efforts fell short of expectations because in most cases the focus met only the physical, mental and spiritual development of the children, and left out aspects of emotional and social development (GKSNRPNC three-years Strategic Plan, 2008:17). This shortfall compelled the Government to re-strategize by enhancing the on-going GSNPA for OVC (2006:18). The Government decided to initiate the three years strategic plan (2008:5), with the focus on addressing the psycho-social support (PSS) issues for children in the country (GKSNRPNC Three Year Strategic Plan, 2008:17). It is mentioned that the focus will be on psycho-social support awareness and mainstreaming, standardizing of guidelines, training materials, monitoring and evaluation tools, incentives for caregivers, capacity building, caring for the carer, co-ordination of psycho-social support (PSS) programming, and resource mobilisation for effective and efficient psycho-social support programming in the country.

In 1992, the United Nations issued a resolution on the plight of the street children. It expressed concerns over the emergence and marginalisation of street children and the acts of violence against them (CYC, 2004). The resolution called for international co-operation to address the needs of homeless children and for the enforcement of international child rights laws (CYC, 2004).

At the level of practice, in policy and the design of programmes, CRC enforced a human rights treaty setting out the civil, political, economic, social, health and cultural rights of children (Panter-Brick, 2003; O'kane, 2003; Shanahan, 2003; CRC, 1989; Van Beers, 2003).

With good intentions and willingness to meet, provide and improve the plight of Swazi children including the homeless, the Government of the Kingdom of Swaziland ratified the CRC in 1995 (Gallinetti, 2007:5). This automatically obliges the country to remain compliant with Article 4 of the Convention which places an obligation upon the state to ensure the realisation of adequate protective, developmental, participatory and survival rights in domestic law (Gallinetti, 2007:5).

Although very willing to abide by the regulation and provisions of the Convention, Swaziland is yet to fully implement said laws effectively. This is because the country is still in the process of establishing its legal framework for the rights and protection of the child, having had its first ever Constitution in 2005 (Gallinetti, 2007).

According to information gathered from the Deputy Prime Minister's office, and the Department of Social Welfare, the researcher is aware of the fact that in 2011, a refined and legally-binding Bill of Rights for the Swazi child was forwarded to parliament. It is understood that deliberations are currently in motion towards its adoption and promulgation. All stakeholders, including child rights advocates in the country, are impatiently waiting for said legal instrument to be finalised. This is because it will enable said groups, including the Government, to efficiently and adequately carry out their operations under the guidance and umbrella of the laws of the country in compliance with the CRC. The researcher was able to see the draft of the Children's Protection and Welfare Bill (2010) that was presented to parliament by

the Deputy Prime Minister Mr. Temba Masuku. The Bill contains memorandum of objects and reasons which states thus:

The object of this bill is to further the provision and intentions of section 29 of the Constitution of Swaziland, 2005 and to extend, promote and protect the rights of children as defined in the 1989 United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the child and other international instruments, protocols, standards and rules on the protection and welfare of children to which Swaziland is signatory and to provide for other incidental matters”. The promulgation of this bill into law will come as a breakthrough in facilitating and guiding law enforcement toward effective service delivery processes in Swaziland.

Children’s rights form part of the domestic framework against which all laws will be measured. The constitutional guarantees that relate to children include the right to be protected from child labour, abuse, torture and other forms of cruel, inhuman and degrading treatment or punishment, and the right to parental or alternative care (Gallinetti, 2007:8). Despite the inclusion of the above in the Constitution, Gallinetti (2007:8) points out that many commentators have criticised various issues concerning the rights of the child – highlighting the fact that there is no general section providing for the best interest of the child principle as an interpretive guideline when dealing with children’s issues. Gallinetti maintains that scrutiny of the provisions in Swaziland law does not lead to the conclusion that this principle is articulated clearly with regard to the best interest of the Swazi child.

Emphasising some setbacks in the interpretation and implementation of said legal document, UNICEF Swaziland (2007:9) points out that residential care facilities are expected to have a written policy regarding the protection of the children under their care. This policy should be aligned to the national laws protecting children from abuse, neglect or exploitation. The report reiterated the need for working documents to ensure compliance with the minimum standards set by the CRC while providing guidance and procedures for staff that discover or suspect that a child has been abused or neglected.

Another crucial highlight in the report is the fact that despite the existence of individual laws governing children in Swaziland, there is no comprehensive framework for the protection of children from which child protection policies can be adopted. With such setbacks in the system, it was revealed that only about 25% of the residential care facilities for children have a child protection guide or instrument in place (UNICEF, 2007:9). While most caregivers and staff, and even some children, are aware of and can take action in a case of abuse, the majority are unaware of the laws governing abuse, exploitation and neglect – a situation that requires more training on such areas which would be beneficial to both the caregivers and the children (UNICEF, 2007:9).

2.11 DEVELOPMENTAL STAGES OF ADOLESCENCE

Before discussing the developmental stages of adolescence, the researcher will first present a brief overview of adolescence. The developmental stages as discussed below shall include: biological development, psychological development, sexual identity development, ethnic and racial identity development, cognitive development, socio-cultural development and personality development.

2.11.1 Adolescence

According to Louw and Louw (2007:278-279) adolescence is a transition between childhood and adulthood. Although biological and socio-cultural factors as well as individual differences play a role, adolescence is understood to begin at puberty, about the ages of 11 to 13 and ends at 17 to 21 years. The authors add that adolescence in South Africa legally ends at age 18, but with parental guidance still enforced. Cole and Cole (1996:710), however, point out that adolescence is a stage of child development between puberty and the time when economic and social independence is achieved. And from a cultural-content perspective several authors (Schlegel & Barry, 1991; Whiting et. al, 1986 in Cole & Cole, 1996) maintain that adolescence is the transition from childhood to young adult between the ages of 12 and 19, during which biological maturity is attained with little or no knowledge and skills for cultural reproduction.

Steinberg, as highlighted by Lesser and Pope (2007:270), mentions two significant transition points of adolescence. These are early adolescence from childhood, and

late adolescence to adulthood, which are both characterized by three sub-stages, namely: early adolescence (11-14 years); middle adolescence (15-14 years) and late adolescence (15-21 years).

From the perspectives of the different authors discussed above, it is not clear when adolescence begins or ends because children are unique and develop differently. The researcher may also disagree with the perspective of Cole and Cole (1996) with regards to the attainment of economic and social independence as a criterion for adolescent development mentioned above, because there are situations where people even at the age of 25 are not yet economically stable.

However, it is evident that adolescence is a developmental stage where children transition into adulthood. These children are often faced with stressful circumstances as they have to figure out ways of dealing with certain challenges on their own. This sometimes poses a threat to the children, their caregivers and society at large. The researcher may therefore suggest that parents and responsible caregivers should take responsibility to guide, educate and empower children through this stage of development. Tasks and challenges faced by adolescence shall unfold in their developmental stages discussed below.

2.11.2 Biological development

This is the period in early adolescence when pubertal changes and hormonal activities towards maturity begin, which involve the growth and development of the pituitary growth hormones and the sex hormones (Lesser & Pope, 2007:27). In the same vein, Louw and Louw (2007:283-285) mention that at early adolescence children experience rapid and extensive physical growth, characterised by the development of their secondary sex characteristics, namely beards and breasts, during which sexual maturity begins. The authors further assert that the effects of physical changes during adolescence have been found to be psychologically disturbing to the adolescents as they struggle to accept unwanted physical appearances and crackled voices among peers. This is more severe for girls as compared to boys, who see and appreciate these changes positively (Lesser & Pope, 2007:272).

In order to identify with peers, most adolescents especially girls, have in some cases fallen into eating disorders to lose weight (Low, Van Ede & Louw, 2003:393-394). Hence the effects of physical changes among youth come with lots of psychological problems that usually require assistance and support from parents or primary caregivers.

2.11.3 Psychological development

Studies by Freud, as highlighted by Lesser and Pope (2007:273), revealed that biological and psychological development are intertwined. The authors maintain that psychological development overwhelms the adolescent with new socially-unacceptable sexual and aggressive feelings that require time for processing. During this stage the child struggles to master or take control of the tension that develops with those feelings. The authors further reiterate Erikson's theory (1968), which indicates that this stage of child development involves the mammoth task of identity development. A time when the child is entangled between his or her own independent control and decision making versus parental control and dependency, thereby providing grounds for potential crises that may result in a successful or unsuccessful graduation to a responsible adulthood.

During this crisis stage the adolescent struggles to establish: trust in peers as against parents or primary caregivers; autonomy and willpower as against parental guidance; power to set their own goals and decide on their own future; and their own self-direction and independence while still maintaining cordial relationships with parents and primary caregivers (Germain, 1991:354). In accordance with Erikson's theory, Lesser and Pope (2007:274) further highlight the dangers of identity diffusion and confusion at this stage as opposed to the development of a secure identity.

Cole and Cole, as highlighted by Lesser and Pope (2007:274), emphasized that the child must be able to resolve both their individual and social identities which also has to do with how people judge the child and how the child judges others, including response from their environment. Building on the above discussion Elson, in Lesser and Pope (2007:274), asserts that adolescents were vulnerable to "disorders of the

self” which in turn manifest in low self-esteem, lack of goals, immobilisation, and acting out.

2.11.4 Sexual identity development

According to Erikson’s theory, this is the developmental stage when the child becomes capable of identifying and establishing intimate sexual relationships with an opposite sex or same-sex partner. However, other authors (Van Wormer, Wells, & Boes, 2000; Hunter & Hickerson, 2003) are of the view that at adolescence, children normally engage in sexual experimentation with both male and female partners in the process of identifying and developing their actual sexual orientations. In support of this view, Louw and Louw (2007:288) assert that at this stage, adolescents explore their feelings by practicing sexual activities during which they may discover their sexual orientation; be it heterosexuality, homosexuality or bi-sexuality.

It is thus important to note that these sexual experiences of the adolescent discussed above, come as an important developmental task in order to satisfy their sexual needs in a sociable and acceptable manner, thereby contributing to their developmental identity. Nonetheless, Savin-Williams (1995) contends that same-sex experimentation among adolescent boys is considered in many cultures as a way of learning about sex and becoming able to separate and later follow their natural sexual attractions. The author pointed out that children who later found that their natural orientation goes with same-sex activities tend to experience lots of emotional problems due to the rejection and stigmatisation from peers and families associated with people practicing homosexuality.

Taking cognizance of the risk factors associated with sexual activities such as sexually transmitted diseases, unwanted pregnancies and sexual abuse, especially during adolescence, parents and primary caregivers should take the responsibility to provide guidance and support to these children. Unfortunately, most of the time these efforts are considered frustrating and limiting to the adolescent; thereby creating grounds for misunderstanding, and severe social crises at home and the community (Louw & Louw, 2007:289). As indicated by Louw and Louw (2007:290), it is unfortunate that most cultures, parents and primary caregivers discourage sexual activities between

adolescents, but fail to provide alternative or adequate means of releasing that burning sexual drive in the youth, which often results in a crisis situation.

However, it is worth mentioning that support, guidance and counselling through different forms of learning have been provided to manage the situation, for example: building trust and close relationships with the youth so that intimate conversation and teaching can take place, and the introduction of cultural values, even through initiation schools which is common among certain tribes in South Africa (Louw & Louw, 2007:289). Unfortunately, with the easy access to electronic media where information about sexuality is sometimes incorrectly presented, these efforts have fallen short of expectations. Another problem highlighted by Louw and Louw (2007:289) is that, “factors such as Westernisation, urbanisation and the decline in parental control and supervision have also caused traditional African practices to disappear” which obviously resulted in an alarming rate of teenage pregnancies and other social problems in South Africa (Louw & Louw, 2007:289).

2.11.5 Ethnic and racial identity development

This is part of the adolescent developmental process when children start making sense of their own identity concerns in relation to their overall identity formation process (Lesser & Pope, 2007:277). A study by Phinney and Alipuria (1990) revealed that ethnicity was a very important identifying social factor in the life of an adolescent that identifies with the minority groups. The authors further state that often children of this age group find it difficult to reconcile or make sense of these conflicting values between the minority groups and the majority or mainstream cultures.

2.11.6 Cognitive development

Piagnel, in Lesser and Pope (2007:278), and Louw and Louw (2007:298) assert that cognitive development during adolescence refers to a period when adolescents begin to develop the ability to think and reason like adults. A process that usually starts around the age of 11 to 12 and carries on until about 14 to 15 years when the brain reaches its point of equilibrium. With the continued maturation of the frontal lobes, the adolescent develops cognitive abilities to make their own sound decisions and reject

irrelevant information, formulate complex hypothetical arguments and organise an approach to complex tasks (Louw & Louw, 2007:299; Ashford, LeCoy & Lortie, 2006:392).

Lesser and Pope (2007:278-279) add that during adolescence children experience growth in their cognitive abilities, learning to see themselves and others in a more realistic manner in replacement of the perception they previously had according to their parents' way of thinking. Particularly, middle adolescence provides them with the concept of seeing and appreciating things in the now, forgetting the past with fewer worries about the future. The authors further add that during this stage children tend to be moody, cognitively creative, and emotionally passionate. They rely more on their peers for support than their parents or primary caregivers. During late adolescence on the other hand, they start thinking about the future. They begin to interact and appreciate families and friends with a more balanced approach, and in the process strive to acquire and maintain family values and parental relationships.

2.11.7 Socio-cultural development

During this stage of adolescence, children develop a sense of belonging with considerable connection to cultural and family traditions (Lesser & Pope, 2007:280). With most cultures, puberty is considered to be the most appropriate time for initiation and impartation of cultural values to the youth, thereby providing them with certain rights and privileges (Lesser & Pope, 2007:281).

2.11.8 Personality development

Considering the difficulties such as turmoil, risks, confusion, parent-child conflicts, and the breaking of rules that are associated with the emergence of adolescence, most adolescents still try to make appreciated efforts towards adulthood. Flooded with lots of new insights, conflicting identities and emotional challenges, adolescence remains a thrilling experience with lots of lasting memories (Louw & Louw, 2007:308). In connection with the personality development discussed above, the authors have further highlighted an important aspect of personality development in adolescence which is the identity development as presented below by Erikson.

2.11.8.1 Erikson's theory: Identity versus identity confusion

According to Erikson's theory (1968), "identity refers to the individual's awareness of him or herself as an independent unique person with specific place in society." Erikson maintains that the central crisis during adolescence was the development of an identity in order to avoid role confusion as the end result (Louw & Louw, 2007:309). The authors add that a child's identity formation could only be achieved when all the psycho-social crises of his or her life before adolescence has been resolved. Louw and Louw (2007:309) further maintain that Erikson considers identity development to mean the adolescent's ability to "define who they are, what is important to them and what directions they want to take in life", which is otherwise considered a time of confusion, exploration, questioning of existing values, and experimenting with alternative roles in order to develop their own way of life. During this time of psychosocial moratorium, as Erikson calls it, children try out various identities by endless "self-examinations, investigation of careers and ideologies, fantasizing about roles and identifying with other people and hero-figures" (Louw & Louw, 2007:309). Hence in order to develop their own identities Erikson maintains that adolescents should have to master the following tasks (Louw & Louw, 2007:310):

- They form a continuous, integrated, unified image of the self. Erikson refers to this as ego-synthesis. This means that regardless of the course of time and accompanying changes, a person should feel that he or she is still the same person.
- They have to form a socio-cultural identity, which means that the adolescent's identity must include the value-orientations of his or her culture.
- A gender-role identity must be firmly established. Apart from accepting the changes associated with sexual maturity, adolescents must accept their identities as male or female.
- A career identity must be formed. This implies that adolescents must be realistic regarding their own abilities and achievements, in order to make a realistic career choice.

- An own value system must be developed. This implies that adolescents must rethink certain values to the extent that they may form an own basic philosophy, which may serve as an anchor in their lives.

Erikson held that successful completion of the above tasks creates standards against which the adolescents' sense of identity can be measured, thereby limiting chances of confusion. Identity confusion in this case occurs when adolescents are not sure of themselves and their roles. A time when they are confronted with contradictory value systems which they fail to make sense of, and consequently lose their self-confidence and lose the ability to make proper decisions.

2.12 SUMMARY

Chapter 2 was composed of the literature review which included a brief introduction; the definition of concepts that included the definition of homelessness and homeless children; the theoretical framework of the study which is the 'Theoretical perspective of Gestalt Play Therapy'; characteristics of homeless children; the nature and extent of homelessness; homeless children in Africa and Swaziland; experiences of homeless children in other African countries; effects of homelessness on children; reasons for leaving home and moving onto the streets; services to homeless children in Swaziland; and a discussion on the developmental stage of adolescence. The chapter concludes by emphasising the fact that homeless adolescent children live under severe negative circumstances that remain a threat to their security, success and prosperous adulthood.

CHAPTER THREE

RESEARCH METHODOLOGY, EMPIRICAL FINDINGS AND INTERPRETATION

3.1 INTRODUCTION

Despite efforts by different stakeholders to manage and mitigate its impact and continuous increase across the globe, homelessness remains a major social crisis in the world today. Studies carried out by UNICEF (2005:40-41) confirm that the exact number of homeless or street children is impossible to quantify. However, the figure almost certainly runs into tens of millions across the world. Homeless Child (2008) states that an estimated 100 million children live and work on the streets in the developing world with about 40 million in Latin America.

The COTS (2007) mentions that homeless children experience much more than not having a home; their displacement strains virtually every aspect of family life, damaging the physical and emotional health of family members and interfering with the children's education and development.

This chapter covers the research methodology, empirical findings and interpretation. It presents the overall plan and process employed by the researcher to approach and complete the empirical study.

The goal of the researcher's study was to explore the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland, and the objectives of the study included the following:

- To theoretically describe homelessness as a phenomenon as it affects children.
- To explore the psycho-social experiences of the homeless adolescent children.
- To formulate conclusions and recommendations based on the findings of the study regarding service delivery to homeless adolescent children by Government and other stakeholders.

In order to realise the goal and objectives of the study, the researcher formulated the research question which was: **What are the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland?**

3.2 RESEARCH METHODOLOGY

3.2.1 Research approach

The researcher undertook a qualitative study since the objective was to explore the psycho-social experiences of homeless adolescent children. According to McRoy (1995:2009–2015), qualitative research refers to research whereby the researcher derives meaning from the respondents' perceptions and experiences. During the empirical study the children had the opportunity to express their psycho-social experiences of being homeless. From participants' contribution the researcher gathered meaningful and first-hand information concerning the experiences of being homeless, since the researcher was concerned with observation and understanding of the phenomenon. Thus it regards reality as the subject (Fouché & Delport, 2011:64).

3.2.2 Type of research

The research type applicable to this study was applied research which is aimed at solving policy problems and assisting those in practice to accomplish various social responsibilities (Fouché & Delport, 2011:95). This research type has a strong emphasis on applications and solving problems in practice (Sarantakos, 2005:10). Most applied research studies have implications for knowledge development (Fouché & De Vos, 2011:95). In addition, Applied Research (2008) indicates that the goal of applied research is the scientific planning to induce change in a troublesome situation. This gives reasons for the researcher to state that this research type was appropriate because of the problems experienced by homeless children who are at risk or experience loss, shame, rejection, fear, depression, family disintegration, grief, insecurity, hurt and pain.

3.2.3 Research design and methodology

3.2.3.1 *Research design*

In exploring the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland, the researcher used the phenomenological research design because it enabled the researcher to have an in-depth understanding of the homeless phenomenon as it affected homeless adolescent children through their own conscious experiences of everyday life and social actions (Bentz & Shapiro, 1998:96; Cameron, Schaffer & Hyeon-Ae, 2001; Creswell, 2007:57). Creswell (2007:57) mentions that phenomenological research describes the meaning of the lived experiences of a phenomenon or concept for several individuals such as homeless children. The researcher desired to identify the needs of the homeless children from their own experiences and then make appropriate recommendations for the enhancement and adequate support of their psycho-social well-being, among other needs.

Several authors (Schram, 2006; Welman & Kruger, 2001:181) agree that in order for this in-depth understanding to take place, the researchers should distance themselves from their judgements and perceptions about the nature, essence and experiences of the particular phenomenon under study and picture themselves in the participants' life world. This design did allow the children to express or talk about their homeless experiences

3.2.3.2 *Population, sample and sampling methods*

- *Population*

The researcher's population for the study was made up of all homeless adolescent children in a shelter in Manzini, Swaziland, which is one of the four regions in the Kingdom of Swaziland with more than five shelters for homeless children. This target population included the children in the shelter in Manzini at which the researcher carried out her study. This particular shelter was selected for the study because it

housed children that had certain characteristics (age group and fluency in English) that suited the scope of the researcher's study.

- *Sample and Sampling Methods*

The study was in line with the non-probability sampling technique, specifically purposive sampling in which researchers rely on their experiences, ingenuity, and previous research findings to deliberately obtain units of analysis in such a manner that the samples obtained may be considered as representative of the relevant population (Kumar, 2005:164; Welman & Kruger, 2001:63). The sample for the researcher's study was established with the aid of the staff of the shelter. The researcher made initial contact with the management of the shelter and gave them the criteria and characteristics of the participants needed for the study. The management then used their judgment in hand-picking and establishing a list of potential participants for the study. To avoid bias, the researcher selected the first available eight children that were representative of the population, ranging between the ages of 14 and 18 years, comprising three boys and five girls who reside in the shelter in Manzini and are fluent in the English language.

3.2.3.3 Data collection

Data for the current study was collected from the primary sources – that is homeless adolescent children in a shelter in Manzini. The semi-structured interview, done with an interview schedule (see Annexure F), was used to collect data in order to have a detailed picture of the participants' beliefs and perceptions about their psycho-social experiences as homeless adolescent children (Greeff, 2011:351).

Data collection was done with the aid of a voice recorder with permission from the staff of the particular shelter in Manzini and all participants that took part in the study.

The researcher built a safe relationship with participants by creating a rapport by means of familiarising herself with the children and the environment through communication in order to establish a platform through which her interview with the homeless adolescent children took place, thus enabling the researcher to explore

those sensitive issues with the children. Under said circumstances the children in return felt comfortable and relaxed, and there was room for flexibility to both the researcher and the participants so that much could be explored on particular issues of interest that emerged in the process (Greeff, 2011:351-352).

3.2.3.4 Data analysis

Data analysis is the process of bringing order and meaning to the mass of collected data – a time consuming but creative and interesting process that brings light and meaningful results to the empirical study. It does not proceed in a linear fashion; it is not tidy, but a search for general statements about relationships among categories of data (Schurink, Fouché & De Vos, 2011:397-398).

The researcher carried out qualitative data analysis during and after data collection. The collected data was analysed and interpreted, using Creswell's 2007 data analysis process which could be best represented by a spiral image – a data analysis spiral (Creswell, 2007:150-155). The steps followed are discussed below.

- *Planning for recording of data*

Schurink, Fouché and De Vos (2011:404) state that prior to the data collection exercise, the researcher should inform participants about the proposed activity for the day, including the usage of electronic equipment – getting their consent is essential. Before commencement of data collection and analysis in this study, the researcher consulted the legal guardians of the eight children. With the support of the authorities of the organisation, she met with the guardians and the children and explained that she will be using a tape recorder and the reasons for this use. She reiterated her obligations and commitment to confidentiality with the information she was going to collect from them, thereby gaining their consent and cooperation to carry out the study.

- *Data collection and preliminary analysis: the twofold approach*

Schurink, Fouché and De Vos (2011:405) assert that data analysis in a qualitative inquiry necessitates a twofold approach; the first part of analysis takes place on site during data collection; and the second aspect involves data analysis conducted between site visits prior to, as well as after completion of data collection. The on-going or continuous analysis process provides the researcher with a vivid and clearer picture of the data collected. Marshall and Rossman (1999:151) mention that data collection and analysis typically go hand in hand in order to build a coherent interpretation of the data. The researcher is guided by initial concepts and developing understandings, but shifts or modifies them as she collects and analyses the data.

During this stage, the researcher carefully analysed the collected data, utilising the twofold approach. She carried out preliminary analysis on site during the interview process with participants. She took notes of recurring issues and observed the emotions and facial expressions of participants. The researcher then carried out the second phase of the analysis process on completion of each interview process off site and after completion of the data collection process.

- *Managing the data*

Schurink, Fouché and De Vos (2011:408) state that at an early stage in the analysis process, researchers organise their data into file folders, index cards or computer files. In this phase the researcher put together the collected data in an orderly manner. She organised the various data from participants into file folders to avoid confusion. The researcher named the various file folders allocated to each participant with different code numbers to ease identification. Highlighting the importance of managing or organising data, Patton (2002:440) mentions that getting organised for analysis begins with an inventory of what you have. The researcher made sure that all files were properly arranged with their identification codes, dates of interviews, time, place and numbers as per individual interview.

- *Reading and writing memos*

According to Krueger and Neuman (2006:440), writing memos in the margins of field notes or transcripts or under photographs helps in the initial process of exploring the data. The researcher read the collected data over and over. She then listened to the tape recorded interviews in order to relate what was written down on paper with what was captured on the tape. As she listened and read through her notes, she began to jot down key issues that emerged during the interviews, relative to the empirical study. Marshall and Rossman (1999:153) put it thus: “Reading, reading and reading once more through the data forces the researcher to become familiar with the data in intimate ways.” During the reading process, people, events and quotes constantly shift in the researcher’s mind, whereby the researcher can list the data available on note cards.

- *Generating categories and coding the data*

This is the process where special attention and focus is given to collected data in order to identify and allocate respondents’ input into categories and themes (Schurink, Fouché & De Vos, 2011: 410). The authors assert that this technique of analysis enables the researcher to properly interpret and narrate data appropriately in the true sense of the interviews. In this phase, the researcher provided ample time during which she analysed the data by carefully putting together categories, themes and sub-themes that emerged. She took time to interpret and narrate the data appropriately in order to extract the true sense and meaning of participants’ input.

During the analysis the researcher made use of direct quotes from the scripts and used her own opinion as well in developing appropriate and meaningful conclusions from what the interviewees said.

- *Coding the data*

According to Grinnell and Unrau (2005), the need for coding is to identify and label important categories or topics of data. Babbie (2004:318) states that coding is the

process of transforming raw data into a standard form. In order to facilitate identification and avoid a mix-up of the data during the analysis process, the researcher coded the themes and sub-themes that emerged from the data under study. She also coded and numbered the data according to the order, date and time when the individual participants were interviewed.

- *Testing emerging understanding*

Schurink, Fouché & De Vos (2011: 415) assert that this entails a search through the data during which the researcher challenges the understanding and searches for negative instances of the patterns that are then incorporated into a larger construct as necessary, in order to evaluate the data for their usefulness and centrality. On completion of the coding exercise, the researcher then proceeded to test emergent understanding. She rigorously carried out a concise evaluation of the data analysis process to make sure that her understanding of the whole concept was concrete. The researcher critically checked and challenged the established patterns of the analysed data for any plausible explanation and linkages. This exercise enabled the researcher to remain sure that her derived patterns achieved were the most plausible.

- *Interpreting and developing typologies*

The interpretation of data during the analysis process involves making sense of the data and the lessons learned (Schurink, Fouché & De Vos, 2011:416). This is the point when the researchers step back and form a broader opinion of what is going on with the data (Flick, 2006). Developing typologies enhances the process of interpretation and making sense of qualitative materials (Schurink, Fouché & De Vos, 2011: 416). At this stage the researcher carefully interpreted the data and made sense of it. The subsequent information from the analysed data provided the researcher with vital keys to formulate theories relevant to the research study.

- *Presenting the data*

According to Schurink, Fouché and De Vos (2011:418) the final phase of the spiral is the presentation of what was found by the researcher in a tabular or figure form. On completion of the data analysis process as presented above, the researcher came up with key findings for discussion, as will be presented further below.

3.3 TRUSTWORTHINESS IN THE QUALITATIVE RESEARCH

Being a phenomenological research study, the researcher took into consideration vital measures to ensure the quality, rigour and credibility of the study in order to maintain trustworthiness with regard to the design, data collection, analysis, interpretations and conclusions (Patton, 2002).

Considering her passion for children the researcher undertook the study in the best possible manner bearing in mind the following:

- **Reflexivity:** The continuous critical analysis of the researcher's thinking, feelings and perceptions concerning the research topic under study, the approach and methodology in order to avoid biases as the researcher of the study forms an important tool that could be used to enhance the quality of the research (Etherington, 2006). In this study the researcher constantly kept in mind the principles of reflexivity by making sure that her own values, perceptions and empathetic feelings for homeless and vulnerable children did not deflect or influence her listening, understanding and reconstruction of participants' input. The researcher made sure she only reported what was said by the homeless children.
- **Audit trail:** According to Etherington (2006) an audit trail is a systematically maintained documentation process of the researcher's continuous critical analysis of all decisions and actions taken during the entire research process. This displays the interaction between the researcher and the subjects in such a way that the study can be understood not only in terms of what was

discovered, but also how it was discovered. In this study the researcher maintained the audit trail by providing and explaining the necessary documents to participants in order to facilitate the empirical study. She kept participants well-informed about every step of the research process.

- Fittingness or transferability: According to Rubin and Babbie (2013:263) fittingness and transferability in a qualitative research study provides grounds to authenticate the trustworthiness of the study in the sense that the research study must provide enough details about the participants, scope and context of the study in order for the public to ascertain whether the findings are applicable to the study population in question. In line with this criteria the researcher in this study made sure that all the necessary informative details of participants, and their contributions were explicitly provided. Sufficient details on the place and context of the study have also been adequately provided in a manner that will ease public understanding.
- Peer debriefing: This is a very important criteria to ensure trustworthiness in a qualitative study because it compels the researcher to engage with other experienced researchers who are not part of the study and make valuable discussion about the study in question in order to acquire insight and more knowledge on how to go about the study to avoid or minimise discrepancies and bias (Lietz, Langer & Furman, 2006:453). In line with this criteria the researcher in this study, met and acquired expert advice from the supervisor. A debriefing on the study was done during which expert advice was acquired on how to correctly manage and interpret the analysed data.
- Member checking: According to Rubin and Babbie (2013:263) member checking which is very crucial in a qualitative research study is usually done to verify collected and analysed data by participants for authenticity. It is the process whereby participants are given the opportunity to recheck or confirm whether the research observations and findings are a true representation of their meaningful participation and contributions. In this study the researcher made sure that all entries were solely data that was collected from the participants. The researcher made sure that the transcribed interviews and

interpretations were re-verified by participants to confirm if they were in line with participants' contributions and experiences.

3.4 PILOT STUDY

Before commencing the actual data collection for the empirical study, the researcher carried out a pilot study (Strydom, 2005:205), using three selected homeless adolescent children from the population to ascertain if the proposed interview questions were suitable for the investigation. However, the children who took part in the pilot were not part of the main empirical study.

During and after the pilot study, the researcher realized that there was a need to make some adjustments in the sequence and structure of the interview questions, because some of the questions were not clear to the children, which necessitated their re-phrasing in order to ensure clarity, flow and continuity.

3.5 FEASIBILITY OF THE STUDY

To ensure feasibility of this study, the researcher visited said shelter prior to the commencement of the study to enquire about the possibility of undertaking the study. She spoke with the authorities concerned at the shelter, who gave her the assurance and provided her with a letter permitting her to undertake the study (Annexure A). In addition, the researcher acquired clearance to carry out the study from the Post-graduate and Ethics Committee of the University of Pretoria (Annexure B). Arrangements and appointments to meet participants were well coordinated by the staff of the shelter. Other critical issues that influenced feasibility of the study included the following:

- Access and distance to the shelter; participants were about 45km away on good roads. This condition facilitated logistical issues and time constraints.
- Before commencing the project the researcher took into consideration the cost implications of the study and then drew up a budget to cover the cost. However,

cost for the whole study was affordable to the researcher since the study was conducted within 45km of the researcher's residence.

3.6 ETHICAL ASPECTS

Levy (1993:2) views ethics as preferences that influence behaviour in human relations, whereas Babbie (2001:470) states that both ethics and morality deals with matters of right and wrong. Ethics is therefore about right and wrong, honesty, integrity and professionalism. Ethical guidelines also provide standards which researchers must always consider when evaluating their own conduct (Strydom, 2005:57).

The researcher took into consideration the importance of ethical issues and made sure that during the empirical study she adhered to them accordingly to avoid any negative consequences for participants. Ethics and ethical issues are the considerations of certain codes of conduct in terms of human relations during the research project, in order to avoid or minimise negative consequences for participants and stakeholders (Strydom, 2005:57). The following ethical issues, according to various authors as indicated below, were observed in the researcher's study:

- **Avoidance of harm to participants**

According to Babbie (2007:27, 63), harm that participants may experience includes harm in regard to their family life, relationships and work. Another potential harm is the fact that negative behaviour of the past may be recalled to memory during the investigation. Researchers are therefore advised to avoid the extraction of personal and sensitive information from participants unless such information was crucial for the research goals (Strydom, 2011:116).

The researcher protected participants from both physical and emotional harm. During the process the researcher made sure she minimised emotional harm (fear, shock and withdrawal provoked by a recount of past experiences and buried emotions), by informing the respondents about the impact of the investigation and told them that they are free to withdraw at any time if they felt they cannot cope. The researcher made arrangements for a trained counsellor

from within Manzini to be nearby for help should any past emotional issues be recalled to memory during the interview.

- **Informed consent**

Williams, Tutty and Grinnell (1995:30) agree that it is important to obtain informed consent. This implies that all relevant information on the goals and objectives of the investigation, advantages, disadvantages, dangers and credibility of the researcher have to be made known to the subjects or their legal representatives. The relevance for this is to let participants understand what the investigation is about before giving their consent voluntarily (Strydom, 2011:117). According to Babbie (2004:64), nobody should be deceived into participating in a research project because participation must be voluntary.

In this study the researcher took into consideration the importance of informed consent. The legal guardians of the children and the children signed the consent and assent forms and all information regarding the investigation was made known to the children and their legal guardians. Before practical utilisation of the recorder during each session, the children were briefed about usage of the equipment to acquire their assent. Participation was voluntary and the participants were told that they are free to withdraw at any time. The researcher double checked with participants if they were emotionally ready for the interviews before taking part in the process and also reminded them that they had the liberty to withdraw at any time.

- **Deception of participants**

According to Struwig and Stead (2001:69), deception of participants implies deliberate misrepresentation and withholding of truth and information from participants in order to influence their decision. During the empirical study the researcher avoided deliberate deception of participants. Respect was paramount and accurate information was provided about the goal of the study,

the procedure to be followed, and the fact that participants will not be paid for taking part in the study.

- **Violation of privacy and confidentiality**

In regard to violation of privacy and confidentiality, Strydom (2011:119) states that the right to privacy implies an individual's right to decide when, where, to whom and to what length his or her attitudes, beliefs, and behaviour could be exposed. It is thus important for the researcher to respect the participants' privacy and decisions. Strydom (2011:119) defines confidentiality as "an agreement between persons that limit others' access to private information". In this study the privacy and confidentiality of participants were maintained. The researcher made sure that the identity of participants was concealed by using different letters to represent participants and made sure no information went out to other persons without the consent of the participants.

- **Actions and competence of researcher**

Strydom (2011:123-124) mentions that researchers are ethically obliged to ensure competence in the study they want to undertake and must be aware of the values, norms and customs of the particular community they are going to work with in order to demonstrate respect and ensure support and cooperation from them for purposes of success, authenticity and credibility of the study.

Before commencing the study the researcher acquainted herself with the subject matter as well as acquiring sufficient information about the norms and customs of the participants to avoid any potential harm to participants and the process as a whole. The researcher has also completed the research methodology course and she undertook this study with the guidance and supervision of a competent and professional supervisor.

- **Release or publication of findings**

Strydom (2011:126) states that at all times researchers should clearly and objectively formulate all the information collected in a manner that ambiguity is avoided and confidentiality is maintained. Any limitations and errors of the investigations should be mentioned clearly in the report (Rubin & Babbie, 2013:292).

In accordance with the ethical guidelines, the researcher will publish the findings on the psycho-social experiences of homeless adolescent children in a shelter in Manzini with extreme consideration to avoid any ambiguity. Publication of findings will be made, taking into consideration confidentiality of all participants. Any omissions, errors and limitations realised will be made known to the appropriate stakeholders and authorities. The report will be made available to the University of Pretoria, the shelter where the study was done and the participants.

- **Debriefing of participants**

Bless, Higson-Smith and Kagee (2006:143) mention that after the research project has been compiled, the researcher should correct any misperceptions that may have generated in the minds of the respondents. In this regard, Babbie (2004:68) also mentions that debriefing sessions are important in order to learn about respondents' experiences in participating in the research project. By so doing, any problems generated by the research experience can be corrected.

The researcher debriefed the participants about the study after the interviews. She carried out a debriefing session with participants to know how they felt about participating in the research project. She organised discussions with participants about the whole process in order to capture any high or low point areas in participants so that appropriate measures could be taken to normalise any uncomfortable situation.

3.7 RESEARCH FINDINGS AND INTERPRETATION

This last section of chapter three is comprised of findings and interpretations based on results from the empirical investigation with homeless adolescent children in the shelter in Manzini, Swaziland. It will include section A, which is the biographical profile of the participants, and section B, findings of the qualitative research study and summary of the chapter.

3.7.1 Section A: Biographical profile of participants

Table 3.1: Illustration of biographical information

Description	N	Percentage	Average
<u>Ethnicity</u>			
All blacks (Swazis)	8	100	
<u>Age groups</u>			
14 yrs	3	37.5	15.5 yrs
15 yrs	2	25.0	
16 yrs	1	12.5	
17 yrs	2	25.0	
<u>Gender</u>			
Males	3	37.5	
Females	5	62.5	
<u>Length of stay in the shelter</u>			
2 yrs	1	12.5	5.8 yrs
4 yrs	2	25.0	
6 yrs	3	37.5	
7 yrs	1	12.5	
10 yrs	1	12.5	

Table 3.1 above presents the profile of participants and illustrates that the study participants were all Black (Swazis), with the average age for both boys and girls being 15.5 years. Males represented 37.5% of the participants while females represented

62.5% of the study's participants. With regards to length of stay at the shelter, one (12.5%) of the participants had lived in the shelter for two years; one (12.5%) of the participants had lived in the shelter for seven years; one (12.5%) of the participants had lived in the shelter for 10 years; two (25%) of the participants had lived in the shelter for four years; and three (37.5%) of the participants had lived in the shelter for six years. The average length of stay of participants in the shelter was 5.8 years.

3.7.2 Section B: Research findings

On completion of the empirical investigation on homeless adolescent children the following themes and sub-themes emerged as described below.

Table 3.2: Summary of identified themes and sub-themes

THEMES	SUB-THEMES
Theme 1: Experienced socio-economic changes which compelled participants to leave homes.	<ul style="list-style-type: none"> • poverty • lack of education
Theme 2: Experience social losses	<ul style="list-style-type: none"> • loss of identity • loss of belonging • loss of contact with family
Theme 3: Experience general emotional distress/trauma	<ul style="list-style-type: none"> • Emotional distress due to buried emotions • Emotional distress due to grief
Theme 4: Experience a need for psychological well-being	<ul style="list-style-type: none"> • Experience mixed feelings of safety and security vs. missing family
Theme 5: Experience the rules of the shelter as strict.	
Theme 6: Experience moments of psycho-social support.	<ul style="list-style-type: none"> • Psycho-social support from friends etc.
Theme 7: Experience a need for psycho-social support and counselling	

The afore-mentioned themes and sub-themes will be discussed and interpreted below.

Theme 1: Experienced socio-economic changes which compelled participants to leave home

All participants identified with some social setbacks as a result of some socio-economic changes, among which poverty and education surfaced more evidently. Participants related how their homeless circumstances resulted from socio-economic setbacks – stating that the decision to leave home was beyond their control, propelled by desperation and frustration. Because of the strength and development of their cognitive abilities (Louw & Louw, 2007:298), the children who were at the adolescent stage were able to identify with the importance of their well-being, social security, and future that were being negatively affected by poverty and lack of education. In view of socio-economic changes the majority of participants echoed the following statements:

- *“I was brought here by my mother because there was no money for food and school, because my father and mother are not working.”*
- *“My uncle brought me here in 2008 when my father fell sick and my mother was not able to pay my school fees. So my uncle brought me here.”*
- *“My grandmother brought me here in 2008 because she did not have money to care for me and she did not have money to send me to school.”*

The socio-economic well-being of an individual contributes immensely to one’s personality and behaviour (Drake & Pandey, 1996; Randall, 2008; Visser, 2007). Studies by several authors (Moore, Gleib, Driscoll, Zaslow & Redd, 2002; NCTSN, 2005) confirmed that socio-economic changes give rise to suppressed emotions in homeless children. As revealed in the literature and as stated above, several research studies (Blom, 2006:23; Congner, Rueter & Congner, 2000; Drake & Pandey, 1996; Linver, Brooks-Gunn & Kohen, 2002; Randall, 2008; Visser, 2007) agree that socio-economic changes influence homelessness and other social behaviour in children, and fracture their holistic structure as humans. Moreover, the fact that these children are in their adolescent stage of development makes the situation even more

devastating, because during this stage people start striving to achieve economic and social independence (Cole & Cole, 1996:710), yet participants in this study remained caught up in circumstances that do not provide room for them to adhere to this natural sense of self-actualisation.

- **Sub-theme 1.1: Poverty**

All participants mentioned that the lack of money and the ability to afford basic health and social needs contributed the most to their decision to leave home. Most of these children had to move out because of the death of one or both parents, the loss of jobs or income-generating activities by parents or guardians. The care and welfare of these children before leaving their homes were transferred to other members of the family; most of the time grandparents who often than not failed to provide for the children's needs due to financial difficulties. With regard to their financial difficulties some of the participants stated thus:

- *“My mother had no money to send me to school.”*
- *“I was brought here by my mother because there was no money for food and school.”*
- *“When my father fell sick my mother could not be able to pay my school fees. So my uncle brought me here.”*

Studies by Moore et al. (2002) found that long-term poverty is associated with children's inner feelings of anxiety, unhappiness and dependency; while present and continuous poverty is associated with acting out, disobedience and aggression. This vicious cycle of events negatively affected the lives of these children holistically. Poverty has been predominant for the most part of these children's lives and has negatively affected them psychologically and emotionally. These findings confirm the painful effects of poverty on homeless adolescent children. With their active cognitive abilities these children were able to make realistic judgements about the present and long-term effects of their poor and homeless situation, as they remained anxious and hoping for a sudden change in their lifestyle (Lesser & Pope, 2007:278-279).

Other studies by various authors (Congner et al., 2000; Congner, Wallace, Sun, Simons, McLoyd & Brody, 2002; Linver et al., 2002; Yeung, Linver & Brook-Gunn, 2002) agree that poverty is also related to children's social and emotional development, with greater risk of displaying behaviour and emotional problems such as disobedience, impulsiveness and difficulties getting along with peers. Emphasising the negative effects of poverty on children, Evans and Schamberg (2009) confirmed that stress due to family poverty undermines children's working memory. This finding is in line with Moore and Vandivere (2006) and Pagani, Boulerice and Tremblay (1997), who contend that the change in family structure due to poverty affects or influences the social, emotional and behavioural outcomes of children in poverty-stricken homes, compared to children from more affluent homes.

- **Sub-theme 1.2: Lack of education**

The majority of participants mentioned the need for schooling. It is important to remember that most of the children mentioned that they were brought to the shelter by grandparents due to poverty and the desire to attend school. Having had the opportunity to live in the shelter, the children thought chances of attending regular schooling were guaranteed, but unfortunately that was not the case. The lack of a formal schooling programme for the children within or out of the shelter was very disturbing to them. Some of them complained that they attended school for a while, but failed to sit for final examinations for reasons beyond their understanding. When participants were asked to say something about schooling, some of them mentioned the following:

- *“Life in the shelter is bad because we do not go to school. They had promised to send us back to school in January, but now they say if our parents have money they should go and pay outside for us to write exams.”*
- *“It is hard and painful because some of us cannot even go to school, but someone is provoking us about University.”*

The children expressed disappointment about their future in relation to not being educated. Research studies have confirmed that homeless adolescent children are

faced with a multitude of problems in pursuing education. They lag far behind other children both educationally and developmentally (Rafferty, 1995). The most evident hindrances to homeless children's education are those related to problems with enrolment and participation, created by movement to and from residence in a shelter. Their nomadic lifestyle renders them handicapped towards a continuous schooling progress track record. The inconsistent school attendance makes it difficult for homeless children to perform well compared to other normal-school going children such that prospective sponsors, when available, find it difficult to assist (Anderson, Janger, & Panton, 1995).

Even after enrolment, homeless children struggle to orientate themselves to new schools, teachers, classmates and curriculum; and teachers are forced to reassess their new students to identify their levels of education and needs. They are frequently left out of extended class projects and are three times more likely to be recommended for special education programmes than their peers (Nunez, 2009). These impediments, as mentioned by Nunez (2009), only hint at the devastation to a child's education caused by the psychological impact of homelessness. According to Le Roux (1995), most street or homeless children are functionally illiterate, but most express a desire to return to formal schooling. The fact that these children were able to perceive the effects of this complex and unfortunate situation in their lives, and were able to foresee the implications of not having proper schooling and education (Louw & Louw, 2007:299; Ashford et al., 2006: 392), explains the depth of their pain. Lesser and Pope (2007:278-279) concur that during adolescence children experience growth in their cognitive abilities to see themselves and others in a more realistic manner.

Conversely, the minority of the participants did not bother about the issue of not attending school; they did not say anything about education, but were more concerned about their physical needs.

Except for the minority that did not comment about the need to attend school formally, the majority indicated the desire for proper education. Research findings as cited above explicate the desire by homeless children to be educated or attend school, even in their disadvantaged circumstances, in order to secure a better future (Rafferty, 1998).

Theme 2: Experience social losses

All participants identified with three dimensions of social losses: loss of identity, loss of belonging, and loss of contact with family. Their staying away from family and home was as a result of several social factors beyond their control. As they mentioned during the interview, most of them left home because of socio-economic pressures and the absence of parents and responsible adults. Considering their developmental stage, it was easy for the researcher to see how disturbing and painful it was for these children to be experiencing the effects of the identified social losses mentioned above, without any kind psycho-social support.

In light of the above discussion, Louw and Louw (2007:299) assert that at the operational stage of development discussed earlier adolescents develop the capacity for abstract, scientific thinking whereby they look at the occurrences around them, in comparison with their peers and then make conclusive judgments. The reality of not being with parents, relatives and friends while some of their peers are created lots of psychological problems that necessitated some form of support. With regard to social losses, some participants voiced the following statements:

- *“I feel sad because I do not know where my mother is.”*
- *“I am not feeling good, because my mother is dead.”*
- *“I miss the friends that I used to play with. I also miss the people that use to help us with food. I just want to go and say thank you to them.”*

Blom and Dhansay (2006:11) agree that the inability to self-regulate as a result of social disconnection may translate into inappropriate behaviour, poor relationship building, poor sense of self and lack of contact making with the environment, which tend to affect the children’s developmental health. Hence it negatively impacts the children’s psycho-social well-being. Some of the effects of social losses on homeless children were also highlighted earlier in the literature review in chapter two where it was mentioned that due to the current economic situation in Swaziland and the effects of HIV/AIDS, most relatives of orphaned children tend to shy away because they cannot support additional or extended family members, leaving these children

hopeless and abandoned (United States Country Report on Human Rights Practice, 2005).

- **Sub-theme 2.1: Loss of identity**

The majority of participants identified with loss of identity. It emerged that they were not able to identify or relate with families back home as they would wish to. The fact that they were not with their parents and other siblings did create emptiness or loss in them. It seemed as though life had no meaning without their families. Participants reported the desire to relate with biological parents in order to keep their identity alive. According to Erikson's theory "identity refers to the individual's awareness of him or herself as an independent unique person with specific place in society." Erikson maintains that the central crisis during adolescence was the development of an identity in order to avoid role confusion as the end result (Louw & Louw, 2007:309). In expressing their feelings, some of the children said:

- *"I am not feeling nice because I want to stay with my father and mother."*
- *"They say I am very black and laugh at me. This makes me cry because it reminds me of my father since I look like him."*
- *"It was fine before my father died, because we were together as a family."*

Thompson, McInnis and Park (2005) concluded from their research studies that increased emotional attachment is associated with greater emotional distress. The absence and separation between these children and their parents may constitute grief, distress and negative emotions (Thompson et al., 2005). Sharing the same view, Ferraro, Escalas and Bettman (2011) mention that people build their self-esteem by living in a manner that is consistent with and reflective of their values, such as valuing individual and interpersonal relationships with parents or family members. Culture and ethnicity appears to be important aspects of the young people's identity because when elements of this culture – including religious faith – are mentioned, their sense of dread posed by loss is minimised (Ni Raghallaigh & Gillighan, 2010). The identity struggles of adolescents are part of a human need to connect with their natural clan and failure to do so may precipitate psychopathology (Wegar, 1995).

- **Sub-theme 2.2: Loss of belonging**

The majority of participants exhibited loss of belonging. They mentioned that the shelter was not like home for them. They felt that the environment had no privacy. The fact that they did not have the right or privilege to contribute in any decision concerning their lives or have any say in their daily routine in the shelter gave them no sense of belonging. Consequently, they preferred to go back to families if things were ok. As they responded to interview questions, some of the participants voiced out the following:

- *“I want to stay with my parents and my own sisters.”*
- *“I will be happy to leave with my father and mother,”*
- *“We use to be together as one family – I also miss good neighbours who use to help us when my mother is not there.”*

In line with the children’s voices, Lesser and Pope (2007:280) assert that during adolescence children develop a sense of belonging with considerable connection to cultural and family traditions. In agreement with this view, studies by a number of researchers (Minnes, Carlson, McColl, Nolte, Johnston & Buell, 2003; Schofield & Beck, 2005; Nunez, 2009; Törrönen, 2006) revealed that the need to belong is characterised by two main aspects that include: experiencing valued involvement and being fully part or a member of a group of people or institution. Wilkes (1995) maintains that the desire to belong is a basic human need that motivates behaviour. The author contends that the need to belong, to succeed and to feel needed influences the behaviour of young people. Baumeister and Leary (1995) agree that the need to belong is highly connected to emotional and cognitive processes and the physical and psychological health of individuals. Additionally, another study confirms that the sense of belonging is associated with people’s physical and mental health (Canadian Mental Health Association, 2009).

Other research findings equally confirm that children identify with the sense of belonging to the family or the community as a contributing factor to their positive well-

being (Gabhainn & Sixsmith, 2005). Therefore the loss of belonging negatively correlates with life satisfaction, used as a measure of well-being (Firth, Hayashi, Cummin, Mellor & Stokes, 2008). Other studies have shown that the sense of belonging can be a mediator of the protective effect of social support against symptoms of depression (Choenarom, Williams & Hagerty, 2005).

- **Sub-theme 2.3: Loss of contact with family**

The majority of participants exhibited loss of contact with family. They complained of missing their parents and other family members. The fact that their parents could not provide for their needs, which eventually contributed to their homeless situation, did not in any way distort their attachment and emotional feelings for their parents. As they responded to interview questions some participants mentioned the following:

- *“I do not feel nice, because I don’t see my mother.”*
- *“I fell too bad. Sometimes I even cry knowing that my father is alive, but I cannot see him.”*
- *“I am not happy, because I no longer see my parents. They don’t phone me. They don’t visit me, and I don’t even know what is going on.”*

Commenting on the consequences of loss of contact with family, Prior and Glasser (2006:17) assert that anxiety following the loss of an attachment figure is considered to be a normal and adaptive response for an attached minor or infant. If the figure is unavailable or unresponsive, separation distress occurs (Prior & Glasser, 2006). Kobak and Madsen (2008) equally contend that in children, physical separation can cause anxiety and anger, followed by sadness and despair.

A caring relationship with an adult is a powerful protective factor against the negative effects of stress, child maltreatment and other psychological difficulties (Masten & Shaffer, 2006). In the empirical study the children lamented the absence of their parents in severe distress and emotional pain. Even though adolescents may want to spend more time with their peers according to their developmental stage as discussed earlier, running back to their family for love, support and nurturing is still very important

in their lives. It is for this reason that the researcher could say that the need for children to relate and remain in constant relationship and communication with biological parents or trusted and reliable caregivers plays a very important role in their social development and psycho-social well-being.

Kerns (2008) mentions that the role of relationships and interaction in the lives of children enhance their support mechanism. In the event of broken relationships with parents or trusted and reliable caregivers, homeless children tend to rely on peers for support to make up for the loss of relationship with parents. However, peer relationships differ from child-parents relationship. Complementing this view, Schaffer (2007) states that relationships among children and their peers generally have a distinct influence from that of parent-child relationships.

Theme 3: Experience emotional distress/trauma

All participants expressed significant symptoms of emotional distress and trauma. Their devastation due to circumstances beyond their control caused these children to lament how unfortunate and painful their experiences were. Under circumstances of emotional distress children fail to make contact with their environment in order to satisfy their needs (Blom, 2006:29). The author asserts that homeless children fail to make contact with themselves and the environment due to the buried emotions and the unfinished business in their lives. Contact is an individual's actual interaction with their environment to satisfy their needs (Blom, 2006:29). In expressing their emotional distresses some participants related the following statements:

- *"I feel pain about my parent's situation. Sometime I ask myself why all these things are happening to my parents."*
- *"My father is dead. He died when I was here."*

These direct quotations from the children depict their feelings which is in line with the views of Lesser and Pope (2007:278), who mention that teenagers at middle adolescence tend to be moody, emotionally passionate and flooded with emotional challenges. Research has proven that children at adolescence experience a transition

in life during which they desire parental figures with whom to share their teenage experiences and at the same time strive to acquire and maintain family values and parental relationship (Lesser & Pope, 2007:279). Unfortunately this kind of relationship is hardly present in the lives of homeless adolescent children who are often deprived of adequate psycho-social support.

In line with the above discussion, other studies have revealed that with the multitude of challenges and difficulties that homeless children face, it is frequently depicted that these individuals are vulnerable and emotionally distressed and remain at risk (Bean, Eurelings-Bontekow & Spinhoven, 2007; Hodes, Jagdev, Chandra & Cunnif, 2008; Rea, 2001).

Emphasising the pain and difficulties homeless children experience, Knit a Square (2008) asserts that the scale of sadness, grief and suffering homeless children experience is such that it should motivate not just the children's charities working so hard to reduce the impact of homelessness, but also each and every one of us.

Echoing the lack of adequate psycho-social support and the painful experiences of homeless children in Swaziland, the GSNPA for OVC (2006:11) states that one of the reasons for these children's traumatic experiences is social isolation due to the breakdown of guardianship and limited legal recourse, leaving them vulnerable to neglect and abuse. These findings highlight the psychological impact being homeless has on these children.

- **Sub-theme 3.1: Emotional distress due to buried emotions**

All the participants exhibited signs of buried emotions. During the interviews, these children expressed their dissatisfaction about their life circumstances. They reported that it was difficult to make sense of what was happening in their lives; the effects of not staying with love ones in addition to deprivation in a situation where there is no one to talk to freely, yet there is a lot on the inside. In narrating their experiences, they came to moments when they could hardly talk, but remained silent. Results from the interviews confirmed that these children experience lots of painful and difficult

moments in their lives and usually with no reliable and trusted person available to whom they could confide in except for their fellow homeless children or friends.

The children went on to say that during tough and painful moments they relied on friends to comfort them – more often telling them to cool down, forget it and move on. This manner of support or comfort from friends is usually superficial while the pain remains buried on the inside. It was not surprising to see these children lament over their situation with so much pain and anger concerning their lives. This is because according to Louw and Louw (2007:319), adolescents experience severe emotional instability, mood fluctuations coupled with intense anger and depression, which as the researcher would suggest calls for the proper attention and expression of care, love and patience. Unfortunately, these services were unavailable to the children due to their homeless circumstances such that some of them had to voice out the following:

- *“I feel pain inside - it makes me feel like crying.”*
- *“When I feel the pain I just try to forget about it.”*
- *“When I feel pain inside I just keep quiet.”*
- *“This makes me cry, because it reminds me of my father.”*

Carrying on like this for too long may translate into severe health and psychological problems as Kurus (2002) asserts that when people undergo painful or difficult experiences in life and are unable to cope with the pain or are just afraid of it, they dismiss this emotion and either get busy with other things or pretend it never happened. When this happens people suppress or bury their emotions. Emotions that are suppressed or buried on the long-term are emotions that normally cause physical illness (Kurus, 2002). These homeless children are able to perceive and make proper judgement of their unfortunate circumstance (Louw & Louw, 2007:299; Ashford et al., 2006:392) but lack or fail to get support from society, and so they tend to suppress their emotions which may be detrimental to their health and social well-being.

In support of the above, Miller (2007) emphasises that people who habitually suppress negative emotions find short-term relief but suffer longer-term health consequences. In other words, burying or suppressing emotions as a pattern of coping – although

adaptive in traumatic situations – can be problematic in the long-term (Goodman, 2004:1192). Similarly, Beiser and Wickrama (2004) suggest that suppressing and disconnecting burning issues of the past may be effective short-term strategies, but that maintaining these strategies forever may be impossible. Yet despite these concerns it was evident from the interviews with the children that suppressing their emotional pain was the only way they could manage to deal or cope with their problems since there was usually no trusted and responsible person with whom they could share their problems. These types of suppressed and emotional disorders are usually more liable to cause depression and problematic behaviour (Schechter & Coates, 2008; Schechter, Zygmunt, Coates, Davies, Trabka, McCaw, Kolodji & Robinson, 2007). The above discussion appears to suggest that there is need for adequate intervention.

- **Sub-theme 3. 2: Emotional distress due to grief**

The majority of the participants reported moments of grief in their lives as homeless adolescent children while in the shelter, whereas others did not show any signs of grief because their parents were still alive, but resided in areas far away from the shelters and had not seen or visited them for a long time. This latter group showed signs of coping in painful situations. Those that grieved did so for the death of either one or both parents, as well as for the absence or separation from loved ones. They lamented the absence of these loved ones such that some of them voiced out the following statements:

- *“My father is dead - he died when I was here. They say I am very black and laugh at me. This makes me cry because it reminds me of my father since I look like him.”*
- *“I do not know where my mother is.”*
- *“My mother went to join my father in Johannesburg and since then I have not seen or heard from any of them.”*

When someone experiences a great loss, which may be the loss of people, property, jobs, normal routines of life and dreams of what might have been, grief usually creeps

in, and may include physical, emotional, intellectual, social and spiritual responses (National Health Care for the Homeless Council, 2008). According to Shuurman and Lindholm (2002), teenagers experience a broad range of emotions and physical reactions after someone dies. Adults are sometimes surprised to notice that teenagers grieve differently.

Even though grieving is a natural reaction to death and other losses, it does not feel natural because it may be difficult to control the emotions, thoughts, or physical feelings associated with death (Shuurman & Linholm, 2002). While self-care is a very important component in maintaining one's health in order to provide healing for others, it is equally important to develop sensitivity and skills in helping others deal with grief and loss – common themes in the lives of anyone who has been displaced by natural disaster, loss of homes, loss of job, loss of family and loss of identity (National Health Care for the Homeless Council, 2008). In addition to their severe emotional problems highlighted above, adolescents are also inclined to feelings of anxiety, guilt and shame (Louw & Louw, 2007:319), which could be associated with not being present to support and pay last respects in the passing on of loved ones; and not having the ability to see loved ones regularly. These experiences create lots of emotional pain for these children and it is even worse in the absence of adequate support mechanisms.

The death of a parent is usually a devastating, distressing experience in the life of a teenager. When a parent dies, a young person's sense of security and stability in the world is turned upside down, regardless of the nature of the parent-child relationship (Shuurman & Linholm, 2002). Findings from the interviews have pointed out that the majority of the homeless children were grieving because of the absence of loved ones, not to mention the death of parents.

Theme 4: Experience a need for psychological well-being

All participants indicated that they were psychologically disturbed because of their homeless circumstances. The cognitive and conscious desires for a secured future, high self-esteem and success in life are usually an important factor for the adolescent's quest for psychological well-being (Lesser & Pope, 2007:274). Being aware and worried about the developmental changes that occur in their lives, these children get

concerned about how to deal with or manage such changes. This is a time when children become anxious and inquisitive about explanations and answers to the strange transformation taking place in their bodies, which only trusted and close associates like parents, reliable primary caregivers and some professionals can provide (Germain, 1991:274). And in the absence of these kinds of support systems, children are overwhelmed with psychological disturbances. However, the majority of participants mentioned that they have managed to accept their conditions and have decided to move on with life hoping that things will change for the better someday. From this fraction of participants, the following statements were mentioned:

- *“Sometimes the teachers comfort us and tell us to calm down, because things happen like this in life.”*
- *“It was very difficult at first, but as time goes on you get used to the situation because here you find people who are like parents.”*
- *“It is because we leave as sisters, sharing together and comforting each other when one is not happy.”*

The rest of the minority participants maintained dissatisfaction with their homeless condition. They wished their lifestyle could change immediately. Participants expressed how difficult it was to make sense of what was happening in their lives. The absence of parents and other family members from whom they could draw inspiration and the fact that they did not attend school regularly amidst the lack of other social amenities made it so difficult for them to be sure of what the future holds. Some participants from this other fraction summarised their feelings in these words:

- *“Sometimes I feel ok, but sometimes I don’t feel ok.”*
- *“I will be happy to go back home.”*

Blom (2006:43) states that the child in the synthetic layer of the personality may deny being angry and pretend to be happy. It could be implied here that these children exist in the synthetic layer as they pretend to believe that everything is fine when actually they are not happy. From the statements of the children one may suggest that they

are emotionally drained. This may be related to psychological discomfort since there is no immediate solution to their problems. As such they bury their pain.

Schimmel (2006) asserts that street or homeless children experience high levels of stress and psychological trauma as a result of being homeless, while other related studies on homeless children by Whitbeck et al., (2000) reveal that these children also suffer from psychological pathologies such as depression. Aptekar (1994) agrees that homeless children, particularly boys, have shown low levels of mental illness in some research studies whereas others have found evidence of high levels of depression and self-hatred among homeless children (Ahmadkhaniha et al., 2007; Kidd & Carroll, 2007; Batmanghelidjh, 2006). These research findings provide concrete reasons for the researcher to mention that the homeless children are psychologically troubled. Despite the fact that they struggle and carry on with their psychological issues, it remains clear according to the research studies discussed above that there could be so much buried on the inside of these children that needs to be addressed professionally.

- **Sub-theme 4. 1: Experience mixed feelings of safety and security versus missing family**

The majority of the participants identified with mixed feelings of safety and security versus missing family, while the minority did not. Those that identified with mixed feelings of safety and security versus missing family reported that although the shelter was not their regular homestead, they got used to it in time. They said the fact that their physical needs such as food, clothing and schooling were being met made them happy, because while they were staying back home they did not enjoy the kind of provisions they receive while in the shelter. Their response seems to suggest that even though these children were not happy being homeless and did not receive the services they wished for, they were somehow contented with the provisions they received. This sense of judgement indicates their cognitive ability as adolescents to make reasonable judgement about what is happening around them. Their implicit personal abilities at this stage of development are abstract thereby providing room for other people's choices, decisions and judgement (Louw & Louw, 2007:305). In which case some of the participants voiced out the following:

- *“Life in the shelter is a bit ok because they give us shoes, clothes, tooth brush, tooth paste, food and shelter.”*
- *“I don’t miss my homestead, because it is better here than there. It is better here, because there is stove, mop, and food. But there you have to go to the farm and fetch firewood. Sometimes there is no food and the weather is too hot.”*

In view of the participants who identified with mixed feelings of safety and security versus missing family, Burke (2000) states that as people attain a level of economic security that satisfies them, they tend to ensure that such a level of satisfaction is maintained and would prefer a safe and predictable environment to that plagued by unforeseen events.

However, the minority of participants indicated that despite the provision of their physical needs, they were not happy and wished to be with their family and friends in the homesteads. Some of them made the following statements:

- *“I am not happy here because I remember my mother. I miss my sister and brother in my homestead.”*
- *“I feel bad because I miss my homestead so much. I also miss good neighbours who used to help us when my mother is not there.”*

In view of the participants that did not identify with mixed feelings of safety and security versus missing family, Sheldon, Elliot, Kim and Kasser (2001) maintain that humans are social beings who require love and intimacy, but struggle under conditions of loneliness especially in the absence of loved ones or those they can trust. Whether people’s psychological needs are satisfied depends both on the environment in which they live and on the behaviour in which they engage (Deci & Ryan, 2000; Deci & Ryan, 2002). Several authors (Louw & Louw, 2007:299; Ashford et al., 2006:392) point out that this set of participants exhibited their cognitive abilities by remaining consciously geared towards their desires of acquiring their psycho-social well-being despite all that was being provided to them in the shelter.

Research studies by Deci and Ryan (2000) and Kasser (2002) reiterate the above discussion by suggesting that in order to survive and thrive psychologically, humans must have certain psychological needs satisfied. Therefore happiness requires feeling safe and secure, as worries about where one's next meal will come from or falling sick or the possibility of death shortly interferes with optimal psychological health and satisfaction (Sheldon et al., 2001).

Theme 5: Experience the rules of the shelter as strict

The majority of participants lamented and expressed their dissatisfaction about life in the shelter due to the lack of liberty to do as they pleased. The children complained about lots of restrictions and rules they have to comply with or get punished. This feeling was obvious among participants because, as Lesser and Pope (2007:278) put it, adolescence is the stage when children start making their own rules and strive to abide by them as against parental control and guidance. Although they appreciated the supply of their basic needs in the shelter, they disliked the idea of too many limitations and rules. Some of these children who have been their own bosses for quite some time find it difficult to submit under strict rules in the shelter. They would want to be left to do as they please. In regard to this theme some participants made the following statements:

- *"I miss the life there, because here there are strict rules, for example you don't go outside. Not supposed to keep money, because you can use to buy cigarettes."*
- *"We fight every time over money. The helpers do not want fights so they sometimes hit us."*

According to Le Roux (1993:76) some children find it hard to remain in the shelter because of rules and prohibitive measures such as restriction from drugs and sex, which to them seems to be encroaching on their freedom and autonomy.

The above scenario demonstrates to some extent the synthetic or false layer of the personality where the children don't live according to their true self, but do what others expect of them, such as being forced to change bad habits and live in a morally acceptable manner which to them is strange and frustrating. This experience could be part of the homeless children's life, because caregivers often make pre-defined rules with which the children must comply. Hence the children act according to what others expect of them and not according to their true selves for fear of being rejected or considered as bad children. This causes conflict within the self of the children and a lack of awareness of this contributes to a fractured sense of self (Blom, 2006:43).

According to Le Roux (1993:76), the shelter represents more than merely a roof over a child's head. It is a place where staff or caregivers create or provide a substitute home environment for the children, involving them in recreational activities, informed guidance and vocational guidance. When the children's bosses, teachers, parents or caregivers listen to their opinions and support their choices, the children have greater need satisfaction and a sense well-being than when their authority figures are more psychologically controlling (Deci & Ryan, 2002). In addition, people's needs for autonomy and competence are better satisfied when they engage in behaviour that will satisfy their own interests rather than focusing primarily on attaining rewards and praises or avoiding punishment and discipline (Deci & Ryan, 2002). However, this does not mean or imply that children in care points or shelters should be allowed to do certain things in their own way. The whole idea behind these rules and limitations is about helping the children through education and training for moral and social transformation.

Theme 6: Experience moments of psycho-social support

All participants commented on the support and comfort they require every day. The children mentioned how they all depended on friends and roommates in the shelter for support when experiencing psycho-social problems. This reliance on friends for support in the absence of professional support is typical of the adolescents, as Louw and Louw (2007:330) assert that an important characteristic of the adolescent development is the increase in their interest of interaction, involvement and reliance on peers and friends for their psychological well-being. In agreement with this point of

view participants stated how friends and roommates would listen and comfort them during painful moments, since there are usually no elderly and responsible individuals available to help, except the caregivers who sometimes are overwhelmed with work to the extent that getting their attention is difficult. According to the children, their friends play the role of counsellors, because there is usually no professional help when they experience emotional problems. In relation to the need for psycho-social support, comfort and friendship some of the participants echoed the following statements:

- *“Life is sometimes fine, because we live as sisters, sharing together and comforting each other when one is not happy. They also give us shoes and clothes and sometimes allow us to phone our parents and make them to come and visit us.”*
- *“My friends are good, we love each other and we share what we have together. We always talk about God and do good things. If someone does what is not good we tell her to go and say sorry.”*
- *“No, I have not told anyone. You are the first person. To deal with our pain we talk among ourselves and comfort each other.”*

And concerning comfort from caregivers, some of the participants voiced out the following statements:

- *“Sometimes the teachers comfort us and tell us to calm down, because things happen like this in life.”*
- *“Because Auntie Sonia (a member of staff) also takes good care of us. She treats us with love, gives us good things like clothes and does not shout at us.”*

Highlighting the importance of support from friends among homeless children, Mizen and Yaw (2010) state that survival for homeless children is understood as a dependence on a collective sense of give and take. In order to deal with their problems these children seek help from others, because they cannot help themselves, signifying that they live in the impasse layer of the personality. Blom (2006:44) mentions that in the impasse layer of personality, children start looking for external support to solve their problems, and believe they cannot act in a self-supporting manner.

From their statements, these children strongly rely on one another for support, more so because they all share many common negative life experiences which may include rejection, abuse, neglect, poverty and victimization. Findings from research studies in this regard reveal that the basis upon which homeless children make friendship is highly established or dependent on reciprocity (Mizen & Yaw, 2010). The authors agree that friendship among homeless or street children is informal which depends on one child relating to the others in terms of a complex system of asking, giving and receiving. Confirming the unstable or fluid relationship that homeless children establish for reasons of support and survival, Butler and Rizzini (2003) echoed other research studies which found that relationships among homeless children were informal and composed of heavy special fluidity. In addition, findings by Thomas de Benitez (2008:169) in Monaco confirmed that friendship among homeless children thrives while on the street for the sake of support, protection and entertainment and gets dissolved when they return home or move on.

- **Sub-theme 6.1: Psycho-social support from friends**

The majority of the participants identified with psycho-social support from friends. They stated how during moments of pain they read the Bible, chat with friends and sing songs as a way of loving, caring and nurturing the self. As stated, their only support system is friends. Echoing this means of support among homeless adolescent children, Louw and Louw (2007:330) contend that the emotional and self-nurturing needs of adolescents are usually associated with peer group interactions that normally provide opportunities for socialisation as well. Unfortunately this coping mechanism only helps in the short-term because it takes professional intervention to deal with psychological pain and unfinished business which is not available to these children (Beiser & Wickrama, 2004). Hence they have no choice but to depend on their own strength, and rely on friends and sometimes caregivers to deal with their psychological problems and unfinished business. When asked by the researcher how they managed their emotional problems in the shelter, participants responded by saying:

- *“We play games like skipping rope and ball with friends and people who work here.”*
- *“I eat, watch TV, and attend bible lessons and sleep.”*
- *“When we feel pain, we talk amongst ourselves and comfort each other.”*

Children are usually in need of support in the self in order to deal with their emotional problems, but children who have been through traumatic life experiences lack the ability to express the self. And under such circumstances children suppress their emotions, which may lead to low self-esteem (Oaklander, 2007:50-51). Similarly, Murray (2005:312) asserts that a child’s personality is fragile and gets damaged easily by unfavourable experiences that may lead to suppressed emotions or distortion of the self. The author contends that the social environment can play an important role in building the distorted self of the child, because the self entirely relies on the relationship with others for optimal growth (Murray, 2005:318).

Theme 7: Experience a need for professional support and counselling

All of the participants affirmed that they did not receive any professional help during times of emotional pain, indicating negative effects in the psycho-social well-being of the children. As the children responded to interview questions it became evident that no professional support was available to them. If they ever had any help, it came from their friends and caregivers. Research has confirmed that at adolescence children are confronted with lots of pressure and identity crises (Louw & Louw, 2007:309) in a manner that calls for adequate and constant regular parental guidance and assistance in order to ensure the possibility of their successful transition to adulthood. But unfortunately this is not what homeless children experience. Without such support systems to these children, their chances of survival and success remain uncertain, which obviously leaves them with no options other than that of emotional distress and psycho-social disappointment. The children’s contributions in this respect indicated their desire for professional help as they carry on with life in the shelter. In responding to the question whether they receive any kind of professional help or counselling, participants voiced out the following:

- *“No, the only people who came here are visitors who bring us things. One day some people came and gave us medicines and check if we are sick.”*
- *“I do nothing about my pain. I just think. Sometimes I ask myself why all these things are happening to my parents. No one like a social worker or counsellor has come to talk to me about my pain. I just try to forget about it.”*
- *“I have not told a counsellor or someone about my pain, you are the first person. When I feel pain we talk among ourselves and comfort each other.”*

The participants' voices above give the researcher reasons to mention that the children may be living in the impasse layer of their personality that requires professional help. Blom (2006:214) states that children in the impasse layer of personality may turn to the therapist to solve their problems. Failure to get this support may result in frustration, depression or withdrawal. The absence of professional help in shelters and care points could possibly be a common problem across the country as highlighted by the GSNPA for OVC (2006:11) by mentioning that homeless orphans and vulnerable children who are traumatised from abuse and from caring for and ultimately burying ill and dying relatives, also have limited access to counsellors and psychosocial support. Emphasising the lack or absence of professionals in shelters and care facilities in the country, UNICEF Swaziland (2007:10) states that carers in shelters revealed that social workers and other agencies only appear at the time of referral and are not seen again until another referral is given.

Children living under homeless conditions undergo stressors and remain compounded with immense psychological effects that play out in every area of their lives. Research studies by Jean (2008) revealed that 50% of children from homeless families experience anxiety, depression and withdrawal, compared to 18% of non-homeless children, with only a third of these children receiving any type of counselling. This situation is typical of this current study whereby children in the shelter face their emotional and psychological problems without the help of any professional counsellor.

3.8 SUMMARY

Chapter 3 covered the research methodology, research type, research design, data collection, empirical findings and interpretation. It provided the basis for the final chapter which is chapter four. Chapter four that follows provides an overview of the study including the goals and objectives, research question, conclusion and recommendations.

CHAPTER FOUR

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The previous chapter is comprised of the research methodology, research type, research design, data collection, empirical findings and interpretation. It provided the basis for the final chapter, which is chapter four. This chapter provides an overview of the study including the goal, objectives, the research question, conclusion and recommendations.

Homelessness of children has become a common phenomenon across the world. And its impact is felt in both developed and developing countries. The situation in the Kingdom of Swaziland is more devastating due to the inability by Government and other stakeholders to control and adequately mitigate the constant expansion of the phenomenon due to economic and other social factors that include poverty, droughts and death of biological parents due to HIV/AIDS, which thus increase the emotional and psychological effects on the children. The lack of trained professionals like social workers and psychologists to assist in most of the shelters makes it even more difficult for these children to deal with their emotional and psychological problems. This state of the situation necessitated this study so that findings in terms of the children's experiences will provide reasons for more and appropriate measures to be implemented by stakeholders to improve the situation. In order to successfully carry out the study, the researcher came up with the goal and objectives discussed below.

The goal of the researcher's study was to explore the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland. And the objectives included the following:

- To theoretically describe homelessness as a phenomenon as it affects children;
- To explore the psycho-social experiences of the homeless adolescent children;

- To formulate conclusions and recommendations based on the findings of the study regarding service delivery to homeless adolescent children by Government and other stakeholders.

To achieve the goal and objectives of the study, the researcher formulated the research question which was: **What are the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland?**

4.2 CONCLUSIONS

Based on the empirical findings of the experiences of homeless adolescent children in a shelter in Manzini, Swaziland, as presented in chapter three of this study, the researcher can conclude as stated below.

- **Experienced socio-economic changes which compelled participants to leave home**

The findings indicated that all of the homeless adolescent children became homeless because of some socio-economic changes. Poverty, lack of education and social support subjected these children to immense psychological problems. It was established in this study that these homeless adolescent children are deprived of social amenities such as accommodation, protection, education, love and psycho-social support. The vacuum created by these lacks provoked the tendency for inappropriate behaviour in these children. Emerging research findings have also found that socio-economic status affects people's neuro-cognitive brain functioning (Kishiyama, Boyce, Jimenez, Perry & Knight, 2009), thus justifying the common element of inappropriate behaviour associated with homeless children.

- **Experience social losses**

The findings also revealed that homeless adolescent children experience considerable psychological problems due to social losses. The loss of their identity, loss of belonging and contact with families, contribute to severe emotional discomfort

in the children. These children are in dire need of reuniting with their biological parents amidst the circumstances that caused them to leave home. They yearned to be with loved ones if the causes of their leaving home could be addressed. Providing shelter and basic needs has been proven insufficient to guarantee their happiness. Disconnection from their roots is quite a major problem that needs attention.

- **Experience general emotional distress/trauma**

Data confirmed how devastating and emotionally distressed homeless adolescent children's lives are. It indicated that the children are not happy with their life experiences. A lifestyle that is composed of buried emotions, unfinished business and grief under circumstances where no professional assistance is available. Being homeless and away from family in addition to emotional and traumatic distress is obviously too much for these children to handle.

- **Experience a need for psychological well-being**

The study revealed that the homeless adolescent children are psychologically disturbed due to their homeless condition, though the majority of participants stated that they were coping with their condition because they receive some assistance and provisions (food and clothing) in the shelter. But the absence of parents, families, neighbourhood friends and the assurance of what the future holds still keep the majority of them emotionally disturbed.

- **Experience the rules of the shelter as strict**

The findings highlighted the strict rules homeless adolescent children experience in the shelter. It was revealed that these children do not have or enjoy the liberty and freedom they desire due to strict rules. They live in frustration and discontentment most of the time because of rules that must be followed, else punishment is afflicted. This negative perception about strict rules in the shelter among the children may be as a result of the lack of adequate guidance and training these children experienced

prior to getting into the shelter. The children consider it harsh, while the caregivers consider it training.

- **Experience moments of psycho-social support**

The findings indicated that homeless adolescent children depend on their friends and roommates for support to cope with their psychological problems. It has been confirmed that the absence of professionals such as social workers and psychologists in the shelters to assist these children is quite damaging to their health and psychological well-being.

- **Experience a need for professional support and counselling**

Findings confirmed the researcher's observation made earlier on in the problem formulation that there is no professional help such as counselling for homeless adolescent children in the shelters. It has been ascertained that these children struggle on their own to deal with severe psychological and traumatic issues without help from trained professionals. This situation calls for serious attention from stake holders and the Government.

4.3 RECOMMENDATIONS

On the basis of the empirical study and the above conclusion the researcher hereby recommends that the following be incorporated to the current and future resources designed to improve the lives and well-being of homeless children in the country. The Government, in association with all stakeholders, should provide for the following recommendations.

4.3.1 Recommendations with regard to services based on findings

- Facilitate the appointment and engagement of trained professionals such as psychologists and social workers to assist homeless adolescent children in the shelters.

- Provide measures to avert the fundamental causes or reasons that forced the children to leave home as discussed in chapter two. These measure may include: child support grants, subsidies to shelters and other service providers, free education to OVCs, free healthcare services and helplines to report abuse.
- Provide crisis management centres wherein emotional and psychological support could be provided to homeless and vulnerable children.
- Develop norms and standards or proposals that will define the standards and modus-operandi of operations for all shelters and care points in the country.
- Implement monitoring and evaluation systems on the operations of all shelters in the country in accordance with the awaited legal instruments on the rights of the Swazi child.
- Government, private sector and relevant stakeholders should provide financial support and subsidies to promote vital and adequate service delivery to homeless children in the shelters.

4.3.2 Recommendations with regards to organisational practice

- Improvise and facilitate an adequate communication framework between homeless adolescent children, biological parents, significant others and caregivers.
- Special healthcare and psychological counselling support programmes should be introduced to assist homeless adolescent children in the shelters.
- Encourage and facilitate education/training and schooling programmes for homeless adolescent children (this may involve special programmes and systems that will suit the social circumstances of homeless children).

- Implement and facilitate reunification between homeless adolescent children and their families.

4.3.3 Recommendations with regards to further research

- Further research on intervention strategies to address the needs of homeless adolescent children in Swaziland.
- Most importantly, more research to be done and directed on how to successfully reunite these children with their biological parents and significant others in their homesteads or local communities, especially in Swaziland where there is a very strong traditional system and family ties among the Swazi people.

4.3.4 Achievement of the goal and objectives of the study

The goal of the study was to explore the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland.

The goal and objectives of the study are hereby evaluated to measure achievements as indicated in the table 4.1 below.

Table 4.1: Summary of the achievement of goal and objectives

NO	Goal	Goal achieved
1	To explore the psycho-social experiences of homeless adolescent children in a shelter in Manzini Swaziland.	The goal was achieved through the discussion in chapter three of the study based on the qualitative empirical study on the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland.
NO	Objective	Objective achieved
1	To theoretically describe homelessness as a phenomenon as it affects children.	This objective was achieved as per the discussions in chapter two of the study.

2	To explore the psycho-social experiences of homeless adolescent children.	This objective was achieved through the discussions in chapter three of the study based on the qualitative empirical study on the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland.
3	To formulate conclusions and recommendations based on the findings of the study regarding service delivery to homeless adolescent children by Government and other stakeholders.	This objective was achieved through the discussions and recommendations in chapter four.

4.4 SUMMARY

The purpose of this study was to explore the psycho-social experiences of homeless adolescent children in a shelter in Manzini, Swaziland. Through discussions of these children's experiences it could be concluded that the homeless adolescent children in a shelter in Manzini, Swaziland experience lots of psychological and traumatic problems that need urgent psycho-social intervention from all stakeholders.

Findings from this study are in agreement with other relevant research studies and literature confirms that homeless or street children became homeless as a result of the lack of certain social amenities and are generally unhappy and dissatisfied with their lives. They constantly experience emotional, psycho-social and psychological distress without access to professional help. Their lives in the shelters go on most of the time without adequate support from trained caregivers and social welfare professionals.

In order to improve the conditions of life for homeless, orphan and vulnerable children, the Swazi Government, via the deputy prime minister's office and in association with other relevant stakeholders, have adopted measures to enhance the plight of these children. However there is still much to be done. With the provision of the awaited legal instrument on the rights of the Swazi child which is in its final stage of approval and

implementation, there is hope that a lot more will be done to protect and assist homeless adolescent children in the country.

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ANNEXURES