"For They Shall Inherit the Earth":
Seeking Solutions for Durban's Street Children

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Abstract

As a visiting white, American female, I could not help but be struck by Durban's highly visible population of young African boys in the streets and on the beachfront. Although my experiences at a student-run homeless shelter and in the Housing Unit of Boston Legal Services have made me well aware of urban poverty and racial inequality, I was nonetheless shocked to see the extent to which young people bear the brunt of the problem in one of Africa's most "developed" young democracies.

Interested in what, if any, measures were being taken to curb the problem, I began to investigate the government's response to the issue, as well as the role of local non-governmental organizations. Through a series of serendipitous events, I discovered I-Care, a reputable religious organization committed to improving the lives of the city's most vulnerable youth. For five weeks, I made consistent site visits and conducted interviews (both formal and informal) with staff and children at every level of the organization. Over the course of my research, I learned a great deal about I-Care's multi-faceted programming, as well as the issue of street children, more generally.

My research led me to two clear conclusions: one, that the local and national government response to street children has been largely ineffective, and two, that non-governmental organizations (often with religious affiliations) offer the most holistic approach to curtailing the problem.

The following report chronicles the history of street children in Durban. By examining the methods of I-Care, a leader in both preventative and curative measures, I will highlight the strengths and weaknesses of existing outreach and prevention programs. I will also discuss the ongoing challenges these organizations face and how they envision their role in the coming years.

Introduction

Since 1998, Durban's "street child" population has ballooned from 400 to more than 5,000 (Children Rise).[1] This surge in transient young people has not gone unnoticed. Some aid organizations are calling Durban the "Rio de Janeiro of this decade," linking the growing number of street children in Durban to the traditionally high numbers in Brazil (Umthombo).

With the 2010 World Cup quickly approaching, government officials and community members fear international travelers will take note of more than the city's impressive new stadium and picturesque scenery. In spite of their concern, city, provincial, and national leaders have yet to adequately address the issue of street children. The few government policies designed to curb the nation's street population have failed, and state institutions are frustrated with their lack of measurable progress.

Taking note of the government's inadequate response, some local citizens have established organizations to raise public awareness, streamline material and human resources, and provide preventative and rehabilitative services to at-risk children. Each program employs slightly different methods, but all are dedicated to picking up slack for a government that has effectively washed its hands of the problem.

The primary objective of this study is to explore the tactics of such organizations. I examine what measures are being taken to care for existing street children and to prevent future generations of Durban youth from fleeing to the streets. My research centers around two key questions: what prevention and rehabilitation methods have proven most or least effective, and what kinds of challenges do these organizations encounter?

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[1] Other estimates are significantly higher. Streetwise, one of the primary street outreach organizations in Durban, reports that there are as many as 10,000 youth on the city's streets (Streetwise). Panter-Brick suggests that welfare agencies often inflate population estimates, while bureaucratic agencies report much lower numbers to evade financial and legal responsibilities (2002).

In an effort to find answers, I devoted a month to examining the work of I-Care, one of Durban's leading street children organizations. I-Care has been internationally recognized for its holistic approach to curbing the city's street child population. By spending time with people on all levels of the organization, I was able to gain broad insight into the complex issue of street children. Over the course of the study, my experiences at the Harvard Square Homeless Shelter and with Boston Legal Services allowed me to ask informed questions. Additionally, my background in religious studies helped me better understand the role of Christianity in the lives of I-Care staff, volunteers, and children.

History of the problem

History of "street children"

Linda Richter defines "street children" as "those who have abandoned (or been abandoned) by their families, schools, and immediate communities before the age of sixteen and drifted into a nomadic street life" (Chetty: 1997). The children live independent of their nuclear families; consequently, they turn to society to fulfill their physical, emotional, religious, medical, and legal needs—needs that are often left unmet. Generally the children leave their homes voluntarily; however, family and financial instability often contribute to their decision to run away.

Although street children are a fairly new phenomenon in South Africa, homeless youth have existed for centuries in other regions. In the wake of Europe's failed Children's Crusade (13th century), a growing population of transient young people began to emerge on European streets (Chetty: 1997). By the eighteenth and nineteenth century, urban centers around the world faced a similar problem.

In Ireland, increased poverty, evictions, famine, and political instability were to blame. In Spain, a spike in illegitimate births caused the surge in children on the street (Chetty: 1997). By the twentieth century, South America's fledgling independent nations had a street child population approaching thirty million. Whatever the contributing causes, the problem remained the same. How could each country address the needs of its most vulnerable children and prevent future generations from fleeing to the streets?

Durban's "street children"

South Africa remained largely untouched by this growing wave of homeless children until the late twentieth century. During this time, apartheid-era policies eroded the social and economic fabric of the nation's African citizens. (Chetty: 1997).

In 1979, Johannesburg was confronted with its first generation of street children. By the mid-80s, the trend had spread to other urban hubs in the country, garnering significant media attention. In 1987, Cape Town hosted South Africa's first national conference on street children. Within a year, Durban police formed a "street child unit," largely in response to political and societal pressure to address the growing problem.

A number of variables have contributed to Durban's drastic increase in street children, nearly all of which are symptoms of chronic poverty (neglect and abuse, domestic violence, single-parent families, drug and alcohol addiction, and deteriorating family structures) (Kariuki: 2007).[2] Vanitha Chetty divides contributing factors into four distinct categories: political, social, family, and individual (1997).

Political factors include specific legislative policies that disrupt the family, school, and community lives of black South Africans. For instance, the Group Areas Act of 1950 loosened family and community ties by prohibiting children from living in the white areas where their parents were employed (Chetty: 1997). Similarly, "influx control," designed to prevent the large-scale movement of Blacks to South African cities, forced migrant workers to leave spouses and children in remote rural areas. Systematically inferior education, as laid out by the Bantu Education Act of 1953, is an additional political factor. By restricting the curriculum and resources of African school, the Act created generations of unskilled, illiterate children.[3]

A number of social factors have also contributed to Durban's growing street child population. For instance, chronic unemployment often puts serious stress on parents, which may render them unable or unwilling to discipline or control their children. Strapped for funds, jobless parents may pressure children to work rather than go to school (Chetty: 2007).

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[2] Panter-Brick argues that poverty and abuse are not the sole reasons children leave home, noting that the majority of children in similar situations (including siblings) stay with their families (2002). Still, Keen's report on "street children" suggests 90 percent of adolescents leave home due to alcoholism, violence, and desertion in families (LeRoux: 1997).
[3] In 1982, the teacher to student ratio in KwaMashu was 115:1 (Chetty: 2007).

Additionally, South Africa's severe housing shortage has resulted in overcrowded homes and townships.[4] Competition for food and attention is exhausting, and many children welcome the freedom that comes with being self-sufficient on the streets. Moreover, although the Westernization of southern Africa has led to technological and economic gains on a macro level, the trend has unraveled traditional African codes of conduct and ethics, threatening the stability and security of black South African families.

Family issues have long been recognized as a "push factor" for children contemplating a move to the streets (Chetty: 1997). Many report that family violence and alcoholism ultimately motivated them to leave home. Often, an abusive step-parent or father is to blame; however, sometimes a mother or older child, fed up with being abused themselves, will take their aggression out on smaller children. Previous findings suggest that the bigger a child's household, the more likely he or she is to end up on the street (Chetty: 1997). The government's meager child support grant is hardly enough to support a bulging home, especially when that home lacks a stable breadwinner.

It is important to note, however, that the impact of broken families and unemployment on street children has been largely overstated. In the mid-1990s, a survey of 193 Durban street children revealed that nearly half had lived with both parents.[5] Although few regularly visited their parents after leaving home[6], 64 percent said they intended to return to live with their families in the future. Only 5 percent of those interviewed were orphaned. Surprisingly, researchers found that illegitimate children and those from bigger households were more likely to end up on the streets than their parentless peers (Chetty: 1997).

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[4] In 1989, white South Africans enjoyed a 37,000 unit surplus in housing, while their African counterparts faced a 583,000 unit shortage (Chetty: 1997).

[5] Forty-four percent came from "broken homes." Of these, 24 percent lived with their mothers and 6.2 percent lived with their fathers (Chetty: 1997).

[6] Seventy-one percent reported never seeing their mothers; 67 percent reported never seeing their fathers (Chetty: 1997).

New research suggests that parental employment can be just as harmful as *un*employment (Chetty: 1997). A 1997 survey of Durban street children found that 75 percent had working fathers, while 84 percent had working mothers. While children of the chronically unemployed struggle with sustained poverty, those with working parents are often left unsupervised. These "latch-key kids" may be more susceptible to peer pressure. Already accustomed to caring for themselves, some feel ready to take on the challenge of an independent life on the streets.

Past studies of "street children" have largely limited their focus to these kinds of external factors (political, social, and family). After more than two years of field research (1994-1996), Vanitha Chetty chose to probe a bit deeper. Her 1997 report on Durban's street children and service providers emphasizes the *internal* factors that cause young people to venture out on their own. Having concluded that the social profile of street children's families closely mirrors the standard profile of most black South African families, she concluded that other overlooked variables must exist. Otherwise, why wouldn't *all* impoverished or abused African children move to the streets?

Chetty cites a number of individual factors, including personality and mental health. She references Richter's 1988 findings on psychological disorders among street children. The study reports that one-third of street children demonstrate serious symptoms of a psychological disorder, one-third show no symptoms, and the remaining one-third fall somewhere in between (Chetty: 1997). Left untreated, these disorders can make adolescents more aggressive and/or rebellious. Additionally, these children may lack the coping strategies that enable their peers to handle serious financial or family problems.[7]

Although moving to the streets seems like an inadequate solution, Michael Bourdillion argues that, for some children, it is actually a rational economic choice (1995). In contemporary

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[7] Among these youth, delinquency and anti-social behavior (traits commonly linked to street children) were less prevalent than anxiety, depression, and/or interpersonal relationship problems (Richter: 1988, 1989).

South Africa, a high school education does not guarantee a job; consequently, many parents view school fees as an unnecessary expense (Aptekar: 1995). Furthermore, for many children, the streets represent freedom—from sexual abuse, boredom at school,[8] overcrowded shacks, and hunger (Bourdillion: 1995). In their minds, they are running *away* from a poor home life, not *to* a life of crime and deviance.

Interestingly, some children actually *do* fare better financially on the streets than at home (Panter-Brick: 2002). Their extensive social networks also offer critical emotional support. Often, the children create their own extended family on the streets—a family that shares food, clothing, shelter, drugs, and information (Singh: 2007). Still, in spite of these sophisticated coping strategies, it is important to recognize that most children are neither "invulnerable" nor "emotionally mature" (Panter-Brick: 2002). Their lifestyle also puts them at a significantly higher risk of sexually-transmitted infections and abuse (162).

Legislative response

The South African government's legislative response to this growing problem has been insufficient. Rarely are street children specifically addressed in official policies. The Child Care Act of 1983, which holds parents, guardians, or custodians responsible for the care of minors makes no mention of street children (Veeran: 1999). In 1996, the Act was amended to include "shelters" among its list of acceptable homes or places of safety (Chetty: 1997). Still, critics complain that it neglects the needs of children who leave home voluntarily (since children must be referred to a children's home by a registered social service worker). They also note that Blacks and Coloureds often wait longer for home placements than their white and Indian counterparts (Chetty: 1997).[9]

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[8] Thirty-seven percent of Durban street children said frustration with school was their primary reason for leaving home, with poverty and overcrowding at a distant second (14 percent) (Chetty: 1997).

[9] As of 1997, South Africa contained twenty-three schools of industry for "pedagogically neglected children." Of these, eighteen were for whites; three were for Coloureds; and two were for Indians. There were zero for African

The Criminal Procedures Act (and the Correctional Services Amendment in 1994) prohibits the detainment of children under the age of fourteen for more than twenty-four hours (Veeran: 1999). It also stipulates that fourteen to eighteen year olds may not be detained for more than forty-eight hours. The Act is a legislative response to concerns about children's experiences in prison (particularly, their exposure to sexual abuse and violence). Although it is a step forward, Chetty maintains that there are still serious problems with on-the-ground implementation. For instance, many street children are detained without trial and few actually receive legal counsel (1997). Often, police will ensure the child's attendance in court by simply holding them in prison cells until their court date. Judges rarely have adequate background knowledge of the child, and their rulings are frequently affected by the stigma attached to truant street children. Within the justice system, Chetty argues that "street children" are disadvantaged physically, racially, socially, economically, and educationally (1997). She believes that the Child Care Act and the Criminal Procedures Act are "incapable of protecting street children" and that both "entrench" street children's victimization and deviance (1997).

Even when protective policies do exist, the South African government often fails to enforce them. The South African Schools Act of 1996 makes school compulsory for all persons under the age of fifteen, and the Basic Conditions of Employment Act of 1997 prohibits the hiring of people under the age of fifteen (Veeran: 1999). While these well-intentioned Acts are good in theory, they can only protect children if properly enforced.

In 1989, the United Nations Convention on the Rights of the Child stated that children are to enjoy full citizenship rights (Panter-Brick: 2002). As citizens, children's needs should be treated as state-protected rights (Panter-Brick: 2002). Thus, concern for street children is "not humanitarian or charity, but the legal responsibility of the state" (2002).

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children. Similarly, of 119 non-governmental children's homes, seventy-six were for whites; twenty-six were for Coloureds; six were for Indians, and only nine were for Africans (Chetty: 1997).

The South African government has fallen short of its state responsibility to guarantee "protection, provision, and participation" to its youngest citizens (Panter-Brick: 2002).[10] Police are primarily responsible for getting children off the streets, but they are ill-equipped to deal with the larger social issues that cause young people to leave home in the first place.[11] Frustrated with the impossible task of "cleaning up" the streets, they may resort to using excessive force or racist tactics (Kariuki: 2007).[12] Often, this further contributes to the children's deteriorating respect for authority figures.

Recognizing the ineffectiveness of existing strategies, the Durban municipality recently handed over control of its street outreach program to the Children Rise Foundation and the Umthombo Street Child Action Partnership.[13] The city agreed to adopt the organizations' outreach strategies, replacing "clean-ups" with softer solutions created "from the streets, for the streets" (Umthombo).

Non-governmental organizations

Since then, a number of other non-governmental organizations have responded to the growing demand for street children outreach programs. Each year, they help thousands of Durban youth get off of the streets and into a safer environment for a day, a month, or even years. Oftentimes, they seek to reunite children with their biological or extended families, offering long-term counseling and follow-up services (Umthombo; Streetwise). Unlike traditional children's shelters, which are plagued with drinking, drug use, and sexual violence, the newer drop-in centers and children's homes are located at a safe distance from central

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[10] The United Nations holds national governments responsible for guaranteeing these rights to all citizens.

[11] In spite of their reputation as "deviants," more than 50 percent of the children in Chetty's study had never been arrested. Of those who had been arrested, the overwhelming majority were picked up for absconding from a place of safety or for appearing "in need of care" (1997).

[12] In her 1988 study of street children, Swart reports that "allegations against police included being kicked, teargassed, set upon by police dogs, thrown in lakes even though they cannot swim, and forced to drink or smoke glue, then beaten for drunkenness" (Chetty: 1997). Nearly a decade later, Chetty's interviews with Durban street children revealed that, although hunger is the most common experience, arrest is the foremost fear (1997).

[13] This change came into effect on December 1, 2007 (Umthombo).

Durban (Kariuki: 2007). Many of the programs offer job training and important life skills. They also provide HIV/AIDS counseling and drug rehabilitation (primarily for glue-sniffing) (2007).

Generally, these private-run organizations have a dual agenda that emphasizes both preventative and curative measures (Veeran: 1995). By targeting "at-risk communities," they can provide school fees, after-school activities, guardian support, meals, and business capital to unstable families before children feel the need to leave (1995). Most follow a flexible three-phase model that takes into account the needs of each individual child rather than expecting the child to conform to a one-size-fits-all program.[14]

Common to nearly all of these organizations is an affiliation with the broader Christian community. Sometimes the connection is subtle; other times it is quite explicit. Programs are often funded by sympathetic churches (both in South Africa and around the globe). Most staff and volunteers are recruited from public-service oriented congregations, and prayer and Bible Study is a part of the programs' daily routines (Personal observation, 1 April, 2009).

In South Africa, churches play a role in a number of public services, picking up slack for a young democracy that tends to promise more than it can deliver. Durban is speckled with active congregations and faith-based organizations committed to feeding the hungry, assisting refugees and migrants, and caring for orphaned children. It is not surprising, then, that religious communities have been at the forefront of efforts to help the city's street children.

Few have examined the degree to which vulnerable clients internalize the religion of their service providers; however, it is hard to imagine that they are completely unaffected. For many children, these organizations offer the most supportive and stable environment they have ever known.

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[14] Phase 1 consists of drop-in day shelters that operate on a walk-in, walk-out basis. Phase 2 provides long-term shelter and education to children committed to staying off the streets. Phase 3 (Aftercare) attempts to link the child's shelter experiences to the real world. The child may be reintegrated into his biological family or adopted into a long-term care facility (Chetty: 1997).

Unfortunately, these private-run institutions are often far from perfect. Few childcare workers have pursued education beyond Matric or received formal training in child psychology or other relevant disciplines (Chetty: 1997). Chetty worries that many of these organizations operate in a vacuum; as a result, they may be unaware of useful referral sites or contacts that could better serve a child's needs. Furthermore, she discovered that many of the providers advocate "harder" solutions like schools of industry and places of safety (rather than children's homes or shelters). These institutions may use corporal punishment and lock-up cells to punish rather to rehabilitate children. Often, they operate in poor facilities staffed by ill-trained persons who are tired and disillusioned (Chetty: 1997).

Many organizations rely on subsidies from the state and are therefore beholden to government regulations that may limit the effectiveness of their programs (Chetty: 1997). Shelters must register and account for the children in their care before state funds will be allocated. Chetty believes this formal registration process is flawed in that it tries to apply "First World standards to a Third World problem" (1997). Instead of devoting full to attention to how they can best help their young clients, many organizations are stuck fighting through bureaucratic red tape for essential funding. Limited state funding also contributes to the shortage of alternative care sites (Cockburn: 1990 in Chetty: 1997). As a result, children spend months in shelters and places of safety which are designed to be "temporary refuges" while awaiting placement in a long-term facility.[15]

In spite of their best intentions, some programs still fall short of truly addressing the factors that cause children to escape to the street. Many give up on academically rigorous programs, opting instead for recreational activities that will simply keep the children busy. Cockburn warns, "If a child in a [place of safety] does nothing but kick a ball around day after

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[15] In 1997, Durban street children averaged 170 days in shelters and 140 days in places of safety (Chetty: 1997).

day, he has little chance of learning sound, acceptable morals and values" (Chetty: 1997). He supports "constructive programmes" and "enlightened legislation" rather than drop-in shelters that act as "holding pens."

Seeking solutions

Who is responsible for the implementation of such programs? This question, perhaps more than any other, has impeded progress in the effort to help Durban's street children. The city is caught in a circle of blame. The general public looks to the state, which in turn looks to welfare agencies, which inevitably point back to the children's home communities.

Luckily, some non-profit organizations have undertaken the challenge of reaching out to the city's most vulnerable youth. This paper highlights the work of one such organization (I-Care). It provides an overview of the organization's complex rehabilitation and prevention strategies, celebrating its many successes and highlighting ongoing challenges.

I-Care organization overview

History[16]

In 2001, Graham Cochrane sold all of his business interests and provided the up-start funds for a non-profit organization, I-Care. For years, Graham and his wife, Denise, had noticed children standing on street corners around South Africa's cities. Frustrated by the inadequate response of the municipal and national government and financially secure, the couple decided to do something about it themselves.

Denise explains, "We wanted to give something back, because we had been blessed in our own lives" (Personal Interview, 20 April, 2009).[17] The Cochranes were both University of Cape Town alumni. Graham graduated at the top of his undergraduate class before earning professional degrees in business and law. He worked at top consulting companies before opening his own tax firm in 1993.

Denise earned a social science degree with an emphasis on personnel management. She worked in the marketing department of Reader's Digest Magazine, then took a job in the personnel department at Shell. In 1985, she left the company to raise the couple's two daughters; however, she continued to assist with her husband's business.

Funding

The couple's professional backgrounds set them apart from directors of other charitable organizations. Their strong business sense helped with the budgeting and fundraising aspects of their work, areas that are often a struggle for non-profit leaders. Soon, the organization was operating with ample resources. Instead of passing up donations, they began to distribute

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[16] Biographical details and organization history come from a personal interview with Denise Cochrane and I-Care's extensive collection of newspaper clippings (most of which lacked full reference information).

[17] Denise also shared the story of the organization's trademark Bible verse (Zechariah 8:4-5): "This is what the Lord Almighty says: 'Once again men and women of ripe old age will sit in the streets of Jerusalem, each with cane in hand because of his age. The city streets will be filled with boys and girls playing there.'" Denise said Graham was touched by the passage, noting, "That's what we *don't* have in South Africa" (Personal Interview, 20 April, 2009).

funding and material goods (including food) to other street children projects, including Streetwise and Umthombo. For a time, I-Care was acting as a leading food distributor, using a refrigerated truck to bring food to outreach centers around the city.[18]

Today, the organization operates with a full marketing team. Seventy percent of funds are generated from private donors (who contribute monthly debit orders, starting at R25 a month), and 30 percent comes from corporate organizations. I-Care also hosts annual golf tournaments, raffles, and gala events to raise additional funds that are critical to the success of their programs.

Although they rely on hundreds of volunteers each year, Denise explains, "No organization can survive on volunteers alone. We need money for salaried personnel" (Personal Interview, 20 April, 2009). In her experience, full-time employees are often more reliable and invested in the organization than occasional volunteers with outside obligations. Long-term employees help provide consistent and stable support networks for the street children, who generally lack security and reliable mentors in their lives. The children develop real relationships with the staff, which allows I-Care to make appropriate referrals and take note of any changes in a child's personality or physical well-being.

Mission

Initially, the organization focused on community outreach and public awareness. I-Care sent a team of individuals onto the streets to talk to the children about the dangers of street life. They also operated a feeding scheme and developed a public awareness campaign for East Coast Radio.[19]

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[18] After discovering that Feedback was running a similar program, I-Care donated its truck and pick-up sites to them. This allowed I-Care to focus directly on community outreach.

[19] The campaign asked Durban residents to refrain from giving money to children on the streets. According to the organization's founder, "Giving money to kids is the worst thing to do because it keeps them out of shelters that offer care and counseling" (*The Mercury*. Monday, February 28, 2005). "I used to give them money at robots," he admitted, "but I analyzed why I was doing this, and it was to appease my conscience. It was not helping them.

Slowly, the organization developed the I-Care cycle, a holistic approach to handling Durban's street children. The cycle starts with prevention and awareness, then moves to outreach, rehabilitation, long-term care and education, and, hopefully, replacement with the child's immediate family. "Some [organizations] do outreach, others housing and education, others rehab," explained Denise Cochrane, "but we feel there is a benefit to having *all* of the components, because [helping street children] is a *process*" (Personal Interview, 20 April, 2009).

Over the years, I-Care has earned a positive reputation for its open-book budgeting and effective rehabilitation and prevention methods. The organization prides itself on adapting itself to the needs of each individual child, rather than applying a one-size-fits-all mold to every situation. Denise says that some of the city's other organizations (ex. Umthombo) try to place children back with their families as soon as possible. While this is the ultimate goal of I-Care, as well, children will not be taken home until an outreach worker has ensured that the child will not be entering an overly abusive or impoverished environment. This requires the I-Care team to work with children and parents simultaneously. Often, they will provide the family with food parcels or school fees to make sure the child's basic needs are being met.

Staff

I-Care's comprehensive approach to caring for the city's street children requires a large team of committed staff at every level of the organization. In addition to the main office staff in Umhlanga, the organization has experienced employees working at the Hope Centre reception centre in Greyville, as well as the I-Care Christian School and family homes in Amanzimtoti (approximately 30 km from Durban center). The majority of the organization's childcare workers are of African descent, although the program does not discriminate based on age, race, or gender.

Giving them money perpetuates the system that keeps them on the streets" (Arder, Greg. *The Mercury*. Wednesday, October 8, 2003).

Denise says it is difficult to find the "right people" for I-Care positions—people who are adequately trained[20] and passionate about their work. Often, I-Care finds new staff members through personal referrals. Although active religious life is not a prerequisite, although the organization prefers house parents with a Christian background. Denise says this helps ensure that the children are receiving consistent messages (basic Christian principles) from both the I-Care Christian School and their house parents.

Religious affiliation

The religious element of I-Care is undeniable, and the organization is unashamed of its Christian ties. A moderate religious current runs through all of the organization's official literature. The main office is located within Christ Church of Umhlanga, and the Hope Centre is operating out of Greyville Methodist Church until renovation of the building next door is complete.

Christian ethics and moral teachings came up in each of my interviews with I-Care staff. The organization relies on religious communities for donations and volunteers, and the staff often credits their personal faith for their ability to handle the emotional exhaustion inherent of their work.

Denise is adamant that the organization does not try to "indoctrinate" the children it serves; rather, it hopes to "change them from the inside" by instilling basic Christian principles (Personal Interview, 20 April, 2009). "We can't force religion down their throats," she explained, "or they'll just believe because they think you want them to."

The organization prides itself on meeting the spiritual needs of the children, in addition to their physical, mental, and emotional needs. Still, she believes the children view I-Care as a place to find food and shelter, not a place to find God. She thinks that religion is equally or more

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[20] All childcare workers must be accredited by the NACCW (National Association of Child Care Workers) and attend regular training workshops to help them better understand the unique issues of street children (abuse, neglect, poverty) (Personal Interview, 20 April, 2009).

important for staff than for the children. "As staff, we often need counseling ourselves. We

need strength from somewhere" (Personal Interview, 20 April, 2009). For many I-Care

employees, this internal strength comes from their personal commitment to God.[21]

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[21] On four separate occasions during my fieldwork, I was asked whether or not I was a practicing Christian. At the I-Care Christian School, an older teacher expressed relief when I said I had been raised Anglican. "Sometimes the Dutch teachers are not Christian," she lamented. "It makes me wonder why they want to come here. Of course we try to convert them" (Personal observation, 24 April, 2009).

Methodology

I conducted the bulk of my research in April of 2009. Throughout my fieldwork, I prioritized hearing as many voices as possible. These "voices" included I-Care administrators, childcare workers, church affiliates, and children. Because of the diversity of my sample, I relied on a variety of research methods.

Participant observation / informal conversation

In the earliest phase of my fieldwork, I used the old anthropological method of participant-observation. For two weeks, I visited the I-Care Hope Centre, a drop-in shelter for street children temporarily operating out of the Greyville Methodist Church. Each morning, I arrived in time to observe the children cleaning up and eating breakfast. Then I would accompany the group to their pre-scheduled activity, generally swimming or soccer by the beach. When the group returned to the Hope Centre for lunch, I would leave to record the day's field notes and conversations.

Because I was a curious outsider, the boys often engaged me in light conversation. They showed me pictures they had drawn or asked questions about the United States. Over the course of my visits, I managed to develop a rapport with a few of the boys. Though I had only known them for a matter of days, they shared sensitive information about their past—their motives for leaving home, as well as their experiences on the streets thus far.

Participant-observation allowed me to witness a typical day in the shelter. I was more than a fly on the wall, but less involved than an invasive interrogator. Soon, I became more of an observant participator. Because of my easy-going research methods, the boys felt at ease with my questions. I played the role of "curious friend" rather than of social scientist. Unfortunately, allowing the boys to guide the conversations in whichever direction they felt comfortable

resulted in a batch of unfocused interviews. While I think a formal interview schedule would have been impractical in the shelter setting, it may have provided a more useful set of responses.

Structured interviewing

Luckily, I was able to conduct more formal interviews with Denise Cochrane, the co-founder of the organization, and other I-Care staff. They understood that I was interested in playing the dual role of volunteer and researcher. All interview participants were incredibly open about their experiences with the organization—the rewards and the challenges. Most of the time, my conversations with staff took place while they were actively working on something else (driving, supervising, preparing lunch). This created a more relaxed atmosphere, and often the tasks at hand generated additional questions from me.

By necessity, my interview with Denise Cochrane was the most formal. Conscious of her time constraints, I scheduled the meeting days in advance. My pre-written questions yielded focused responses. The office setting did not spark any spontaneous questions; however, I tried to be an active listener and generate further questions from her answers.

Job-shadowing

Ironically, my most effective research method was completely unplanned. In an effort to show me every aspect of the I-Care program, one of the organization's directors allowed me to accompany him on his daily site visits. These days proved invaluable to my research. The I-Care structure is complex and, and until my weeks with Paul, I struggled to understand how each level worked together.

In the hours we spent driving, I was able to ask specific questions about the organization: its ideology, its funding resources, its recent developments, and its strengths and weaknesses. Each site triggered a new series of questions. Paul's schedule is determined by the most pressing needs of the day, which can change in a matter of minutes; consequently, it was difficult to plan

my days in the field. Remarkably, however, he managed to take me to every site at least once. He also helped set up the most involved part of my research: two days at the I-Care Christian School and an overnight at one of the children's homes outside of Durban. These extended visits allowed me to speak at length with teachers and home-stay parents. They also enabled me to compare the boys I had met at the Hope Centre to the boys who had progressed all the way to long-term housing.

Photography

Initially, I was reluctant to bring my camera to my research sites. I was not concerned with security; rather, I did not want to risk disclosing the boys' identities for the sake of a "photo opportunity." Surprisingly, multiple staff members encouraged me to take photographs. They assured me that the organization often documents I-Care events with pictures and, soon, I witnessed this for myself. Although, I never felt fully comfortable taking photographs with the boys, I do think it is important to attach a face and a story to the emotionally detached notion of "street children." Most of the boys were eager to jump into pictures and to play with the camera. It became obvious that they had seen cameras before and were fairly adept at using them.

Limitations of the Study

Like most field researchers, I encountered a number of stumbling blocks over the course of my study. Rather than ignore them, I found it best to acknowledge the challenges and address them as best I could. Although these obstacles do not invalidate my findings, it is important to consider their impact on my overall study.

Language

Although language was not a problem during my conversations with main office staff and church affiliates, it did become a legitimate challenge in the field. All three of the childcare workers I encountered spoke quite fluent English, however they generally spoke Zulu with the children. A few of the boys (those who had spent the most years in school) felt fairly comfortable with English, but all could articulate themselves better in their mother tongue. Unfortunately, I had lost most of my conversational Zulu skills by the time I began my field research. This made it difficult to communicate with some of the boys, as well as the house parents.

Time constraints/scheduling

For I-Care employees, flexibility is essential. Plans can change at a moment's notice due to weather, a missing volunteer, or the immediate needs of a child. I soon learned to adapt to the program's hectic schedule and trust that I would get all of the information I needed, regardless of whether my activities matched my pre-set plans for the day.

Unfortunately, I had less control over the larger time constraints of my research. I-Care is a multi-layered program, with a complex network of employees and funding sources. In order to truly understand how each aspect of the organization fits together, I would have needed much more time at each site. Often, I felt like I was skimming the surface at each location— developing relationships with staff and children just in time to leave. Ideally, I would have been

able to visit each place more consistently, so that I could have established more meaningful relationships with my subjects.

Loss of data

By far, the most frustrating problem I encountered was the loss of my field notes and interview transcripts. Over the course of my fieldwork, I kept detailed notes of my conversations and observations. By the end of April, I had accumulated nearly thirty pages of coded, single-spaced notes.

Regrettably, my hard drive crashed. All of my data, including the weeks of research notes, were lost. The setback was devastating. How could I recapture the careful details and quotes of my original notes in such a short time? Luckily, my experiences have had a profound impact on me. I am amazed at how easily I can recall conversations and events. Still, this technological disaster taught me a difficult lesson the hard way, and I inevitably lost some valuable material.

Emotional attachment/bias

Hours into my field research, I felt myself developing a strong affection for the staff and children at I-Care. Although it made my overall experience significantly more meaningful, my emotional attachment to the organization and the children it serves made my final write-up more difficult. "Street children" were not a mere social problem or the anonymous subjects of disheartening statistics. I found it difficult to objectively analyze the words and actions of people with whom I had grown so close.

Information overload

Examining a complex social issue like street children inevitably opens a Pandora 's Box of questions about public policy, social responsibility, and the efficiency of welfare services. I found it difficult to isolate any single aspect of the organization or of the children's lived

experiences. Everything I learned seemed valuable and interesting, a part of a larger story that needed to be shared. As a result, I was reluctant to leave out any significant pieces of my field experiences. Consequently, my research has yielded a broad overview of the organization, rather than a focused examination of a single issue facing street children.

The I-Care cycle

In its short history, I-Care has managed to develop comprehensive rehabilitation and prevention

programs. The organization's holistic approach to meeting the needs of the city's street children

sets it apart from similar non-profits who often choose to focus on one aspect of the problem:

food, shelter, and recreational activities.

I-Care is uniquely equipped to handle children's needs from street to home;

consequently, employees are able to develop meaningful relationships with the children.

Because of their close relationship with the youth, I-Care staff are able to make appropriate

referrals and prepare personalized "exit strategies" (a plan for moving the child through the I-

Care cycle and back into the community) (Denise Cochrane; Personal Interview, 20 April

2009).[22]

Awareness

Although the I-Care cycle has been quite effective in addressing the needs of current

street children, the organization holds out hope that one day its services will not be required. In

an effort to prevent a new generation of street children, I-Care has developed a strong

community outreach program, which targets high-risk areas in the greater Durban area (including

rural areas). Once an outreach worker has identified a vulnerable region, he or she will educate

the community on ways to prevent its children from fleeing to the city. I-Care helps local

residents develop feeding schemes, after-school programs, and community centers. The

organization also distributes food parcels to struggling families and ensures that children's

school fees are paid.

Outreach

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[22] Denise explained that it generally takes a child two years to work his way through the full cycle; however, this timeline varies based on a number of factors: age, education level, physical/emotional/mental health, and the feasibility of returning to one's biological family.

Outreach programs provide a point-of-entry for children on the street. Like other similar organizations, I-Care runs a daytime drop-in shelter and feeding scheme for Durban youth.[23] The shelter meets the basic needs of the city's street children: food, clothing, and medical services. Staff members also help the children register for IDs at the Department of Home Affairs (Paul Rowe-Needham, Personal Interview, 16 April, 2009). These IDs are essential for accessing government grants and services; enrolling in school; and finding employment.

Each morning, shelter employees drive the I-Care van to specified pick-up points around the city. Some boys who are already in the vicinity of the church opt to walk into the shelter alone. By 10:00 AM, the church holds as many as two dozen street children, generally African boys ranging from eight to twenty-one years of age. The boys use the church's shower facilities before getting dressed. Often, the boys wear clothes that have been donated to the organization. If there are limited clothes available, they find clever uses for the few articles they do have.[24]

Around 10:30 AM, one of the I-Care employees retreats into the church kitchen to prepare a makeshift breakfast from donated foodstuffs. Often, this is a stack of sandwiches smeared with over-ripe bananas or hot dog buns sprinkled with dried meat. Occasionally there will be a plate of cut fruit to accompany each boy's three or four sandwiches. The boys are also offered tea or juice.

When they finish breakfast, the boys help stack chairs and sweep crumbs off the wooden church floor. Then they prepare for the day's pre-scheduled activity. Generally, the children are taken to the beach to swim, surf, or play a game of soccer; however, Scripture Union volunteers regularly lead discussion groups and Bible study sessions in the church. One veteran childcare

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[23] The Hope Centre is temporarily located in Greyville Methodist Church, which also provides shelter and noon meals to hundreds of the city's homeless adults. By June of 2009, the Centre will be relocated to an old theater next door. This new location will be equipped with a full kitchen, computer room, and homework center and function independently of the Greyville Methodist Church.

[24] For instance, one boy put his legs through the sleeves of a red, wool sweater, then gathered and tied the fabric around his narrow waist.

worker explained that the Hope Centre's primary goal is to keep the children busy as long as possible. The longer they are at the shelter each day, the less time they have to wander the city's streets sniffing glue or causing mischief.

Around 1:00 PM, the group returns to the church for a quick lunch, before starting some sort of afternoon activity. The day formally ends between 3:00 and 4:00, when boys are dropped off at their regular pick-up sites. However, it is important to note that the boys are free to leave at any point during the day. Denise Cochrane, the organization's co-founder, explains that the shelter's "walk-in, walk-out" policy is crucial to its success (Personal Interview, 20 April, 2009). Staff members are not babysitters; rather, they exist to offer activities and entertainment that can keep the children occupied for the bulk of their weekdays. If a boy does not want to participate in a certain activity, it is to the rest of the group's benefit for him to leave, rather than to disrupt the others.

Of the Hope Centre's three full-time employees (all African), two are veteran outreach workers who served as the organization's first house parents. The single female is also the youngest of the three. Although she is new to I-Care, she has considerable experience working with street children organizations around the city. All three have passed Matric and received special childcare training.

Rehabilitation

Every four months, the Hope Centre staff refers a handful of boys to the Khuthaza rehabilitation center, a joint project with the Durban Children's Home. At the center (a house located in a quiet residential neighborhood just outside of the city), ten boys participate in a three-month program designed to cure substance abuse addictions and provide abuse counseling. A trained social worker leads the boys in problem-solving games and team-building activities.

Here, an emphasis is placed on providing a safe structured environment. The boys vary in age. Often, they act more like siblings than housemates. In spite of their mild teasing, the older boys have a clear affection for the younger children. Prominent in the house are two large sheets of paper, displaying the boys weekday and weekend schedules. Although they are not yet placed into schools, the boys have little down time. Their days are spent helping with household chores, participating in social worker-led discussions, and engaging in Bible study.

In spite of its home-like atmosphere, the Khuthaza center often loses three to four boys each three-month session. Boys who "abscond" are often lured away from the quiet suburb by the excitement and independence of street life. The program does not imprison the boys at the home; however, boys who leave the program are not allowed back into the house until the following cycle.

Housing / shelter

After a child graduates from the Khuthaza Rehabilitation program, he often goes to one of two places: back to his home community or into one of I-Care's three new family homes. In the past, these long-term facilities operated in local rental properties; however, after a sizable donation, the program opted to build its own three homes in Amazintoti, a Durban suburb.

Each home is designed to house six children and two "house parents" (certified childcare workers specially trained to handle the special needs of youth coming off of the streets). By limiting the number of children in each home, the house simulates a real family, rather than an institutional facility (Denise Cochrane; Personal Interview, 20 April, 2009). Generally, the house parents are of African descent; however, Zulu lineage is not a prerequisite.[25]

Like the Khuthaza center, the houses are designed to be comfortable and welcoming. They are supplied with plush couches, fully-stocked kitchens, and televisions. Because the

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[25] For example, one house father is originally from Burundi. Although he does not speak Zulu, he is able to communicate with the boys in English.

houses are clustered together, the boys frequently pass in and out of each other's homes, creating a strong sense of community. Although the boys complain that the small town is "boring," all of the children seem to appreciate the stable home environment overall.

Each weekday, a house parent wakes the boys around 5:30 AM. By 6:30, the children have eaten breakfast, finished their morning chores (sweeping, mopping, washing dishes) and prepared themselves for school. In the afternoons, the boys are free to play around the quiet neighborhood. Often, they will start a game of soccer or gather in one of the homes to watch a movie.

Like other I-Care programs, the homes are governed by basic Christian principles. To ensure this religious environment, I-Care prefers to staff the homes with practicing Christians (Denise Cochrane; Personal Interview, 20 April, 2009). Rule sheets are posted around the house to stress the importance of respecting peers, parents, and property.[26] Each boy is also assigned simple chores to help keep the home running.

The difference between the boys at the Hope Centre and those in the family homes is striking. In Amazintoti, all of the boys are confident and respectful. They are well-fed, well-dressed, and well cared for. Like all children, they have their occasional ups and downs, but they understand what is expected of them and, more often than not, rise to the challenge.

At times, it is difficult to remember that the boys were ever on the streets.[27] To an outsider, the members of each household form a tight family unit. The boys trust and respect their house parents and each other. Still, the homes are not intended to be a permanent substitute

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[26] Each month, the boys are provided with R50 of pocket money, to give them some degree of financial independence. The boy who demonstrates top behavior receives an additional R30. However, for every five rule violations, R10 is deducted from their monthly stipend.

[27] However, sometimes I was confronted with harsh reminders. For example, when I asked a boy how old he was, he responded that he didn't know. On another occasion, I was making a polony sandwich for the smallest of the group. As I reached for a knife to slice the bread, he told me matter-of-factly that he had been "hit with one of those" at his old home.

for the boys' biological families. The ultimate goal is to return the children to their home communities, where they can be reunited with their parents or guardians.

Education

All of the boys in the family homes attend the I-Care Christian School. The two-room "school" is located in Illovo, just minutes away from the homes in Amazintoti. It shares a building with the Mother of Peace School and Bobbi Bear counseling services.

The school opened in 2007 to serve the needs of I-Care boys. Many street children are years behind in their education. Consequently, a fourteen-year old may only be educated at a Standard 2 level. To avoid the humiliation of being placed with significantly younger students, I-Care began its own alternative school. The school uses the Accelerated Christian Education (ACE) curriculum, which allows students to progress at their own pace through levels numbered one through 144 (Matric level).[28]

Students are assigned to one of two classrooms based on whether they are literate in English. Those who still need basic reading and writing skills are limited to three subjects: English, Word-Building, and mathematics, while those who are more advanced study Social Studies and Science, as well.

The school currently employs three full-time instructors, all white females. One is an older woman who has experience teaching with first-time offenders; one is a young European who recently relocated to South Africa; the third is a four-month volunteer from Holland. Rarely do the women give formal lectures. Instead, they allow the children to work independently, offering constant assistance and personal attention.[29]

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[28] Most of the literate boys have reached the 30s, while boys not yet proficient in reading/writing are in the single digits. Because the school is still in its infancy and the students are all quite young, none of the boys have had time to progress to Matric level (Teacher; Personal interview, 24 April, 2009).

[29] Students have small South African flags attached to the sides of their desks. When a child needs help, he simply raises his flag and waits for the next available teacher (Teacher; Personal interview, 24 April, 2009).

School begins at 8:00 AM each weekday morning with a pledge to South Africa and to the Christian Bible. In the less advanced room, the teacher begins by providing a detailed overview of a single English letter. In the higher level class next door, the boys simply pick up where they left off, choosing the order of their assignments.

At 10:30 AM, the students pray, then scatter for break-time. Most of the boys spend their half-hour in the new break room, outfitted with an air hockey game and table soccer. The oldest students tend to linger outside, snacking on sandwiches they have brought from home. Depending on the afternoon's activities, the boys are released at 12:30 or 1:00 PM. An I-Care kombi picks them up outside and brings them back to the family homes to change and make a quick lunch. A few of the boys opt to stay at home, but most are driven to some sort of extra-curricular activity—surfing, lifeguard lessons, tennis.

In spite of the school's generic uniforms, the education is anything but ordinary. Students have the freedom to set their own agenda, and each boy is provided with his own individual study space. The instructors play a dual role: teachers *and* mentors. Often, the international volunteers will accompany the boys on their after-school excursions—a chance to interact with them in a non-academic context.

The school strictly prohibits the boys from speaking in Zulu. The reasons for this are twofold: one, to prevent inappropriate comments in a language the teachers cannot understand; and, two, to increase the students' English fluency (and, consequently, their employability). Although it is a struggle for some of the younger boys (who still speak Zulu with their house parents), the teachers try to adhere to the policy.

Overall, the boys are committed to their education, but like most adolescents, they regularly become restless. Occasionally, they need a bit of outside encouragement. On my final day in the school (a Friday), one teacher closed the day with a heartfelt plea to the students:

"You guys already have shorter school days then most other students, so you must work hard. You are all trying to catch up in a second language, which is incredibly difficult, but we know you are capable. That is why we as teachers are here everyday, and that is why I-Care is willing to provide you with this opportunity" (24 April, 2009).

Skills / job creation

I-Care develops an "exit strategy" for every child in the system. Depending on their individual circumstances, students may ultimately return to their families or receive some sort of vocational training or higher education. Before boys are returned to their families, I-Care speaks with their families to ensure that the child will be entering a healthy, stable environment. If poverty is still an issue, the organization will provide the family with food parcels and money for school fees. In the months after home placement, an outreach official will check in on the child and his family to make sure that the reunited family is safe and happy[30].

In the event that a child lacks a strong support network, I-Care offers funding for education or job training (Denise Cochrane; Personal Interview, 20 April, 2009). Some of the boys have been trained in paneling, spray painting, or life-guarding. A few are working on Durban's 2010 World Cup stadium. Two are entering a tertiary institution. I-Care aims to provide the boys with marketable skills so that they will be able to be financially independent in years to come.

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[30] In some cases, re-integration into the family is difficult. Often, the family's financial situation has not substantially improved since the child first left. One house parent shared a story of a boy who had been returned to his family in December. The parent said that, during an Aftercare visit, the child expressed his wish to return to the I-Care home (House parent; Personal Interview, 23 April, 2009).

On-going challenges

Glue / substance abuse

Glue sniffing is common among the city's street children. Although the glue does irreparable damage to the boys' minds and bodies, many children use it to numb the pain of life on the streets. I-Care's scrapbook contains a newspaper clipping citing an interview with a fourteen-year old Durban child: "Glue makes our blood warm," he explains. "At night, we don't feel the cold. The fear and sadness I feel when I assault people goes away. There's no hunger."

At the Hope Centre, I regularly smelled glue on a few of the boys. One morning, I witnessed one of the children huffing from an empty snack bag outside of the church. On another occasion, I watched a few older boys pass their glue to the staff, so that they could join the other children in soccer. Driving back to the shelter, I could tell that the boys were sniffing glue in the back of the vehicle.

The smell is overpowering, and the boys' attitudes change quickly. They become aggressive and goofy—more prone to hassling each other and those around them. Only a handful of the Hope Centre boys sniff regularly around the shelter, but all of them have witnessed firsthand the effects of the drug. Some of the children openly express disgust as their peers breathe into glue-painted bread bags, and staff members clearly disapprove of the boys' habits. However, instead of throwing away the glue or asking the children to leave, I-Care workers try to keep the boys busy enough that they will forget about their need for another fix. At least when the boys are at the shelter, they have adults around to monitor their actions and make sure they are safe and well-fed.

In the future, perhaps the municipality should consider regulating glue sales to minors. Retailers surely know that adolescent boys are not using the tubs of glue for school projects. Still, they seem to have few qualms about supplying the boys' lethal habits.

HIV / AIDS

As the HIV / AIDS epidemic continues to spread across sub-Saharan Africa, outreach workers worry about the disease's impact on South African youth. Although the government supplies AIDS sufferers with free antiretrovirals (ARVs), I-Care's co-founder calls this response, "Too little, too late" (Denise Cochrane; Personal Interview, 20 April, 2009). The first generation of AIDS orphans is starting to age, and childcare workers fear that, without proper care, many will take to the city's streets.

Only 5 percent of the street children interviewed in Vanitha Chetty's 1997 Durban census were categorized as orphans. However, over a decade later, these statistics have undoubtedly changed for the worse. One I-Care director said that a number of the children in the organization had lost parents to the disease.

Lack of government response

The Durban municipality and the Department of Social Development host occasional forums on the city's street child problem. Nonetheless, all of the I-Care staff expressed dissatisfaction with the government's overall response. The organization's co-founder complained that, although I-Care was entitled to two significant grants last year, it did not receive either of them because of budget shortages. While I-Care was financially secure enough to withstand the blow, other smaller organizations were seriously impacted by the government's empty promises. Not only did they lose valuable funds; the majority lost valuable time that was wasted filling out bureaucratic paperwork.[31]

The I-Care staff also voiced their frustration with inexperienced or under-qualified government officials—people who, in spite of their best intentions, do not know how to effectively fund the country's essential social services programs. "If you are going to a

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[31] Denise said that her friend in a similar organization devoted 70 percent of her time to filling out government forms and applications (Personal Interview, 20 April, 2009).

Department of Social Development meeting, you better bring a teaspoon and a pillow," remarked one of the organization's directors (Personal Interview, 20 April, 2009). His comment was meant to emphasize the ineffectiveness of the agency—how they spent their time chatting and drinking tea.

I-Care's co-founder believes her organization can function just as well, if not better, without government involvement. The additional funding is not worth cutting through government "red tape" or the hassle of dealing with city officials who are oblivious to many of the organization's needs. She says the city councilor recently appointed to oversee Durban's street child issue had been charged with xenophobia. I-Care was also concerned that the councilor sat on the board of an organization that was competing with I-Care for funding.

Additionally, Denise feels that the government often spends its limited funds wastefully. She believes the money spent on putting up conference attendees in luxury hotels and other extravagances would be more beneficial to under-funded welfare programs.[32]

Policing efforts

As non-profit organizations assume increasing responsibility for caring for the city's street children, police brutality has been less of a concern. However, with the 2010 World Cup looming on the horizon, many fear that the city will authorize forced removals of the boys in a brutal street sweep reminiscent of years past.

I-Care employees hope the police will focus on enforcing laws meant to help, rather than hide, the city's street children. For example, a few years ago, the city prohibited motorists from giving children money from their vehicles, making it a minor traffic violation. Although the organization appreciates the policy, maintaining that the money only perpetuates the boys' existence on the streets, Denise believes it is an empty gesture if not properly enforced.

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[32] The recent announcement that Zuma's inauguration ceremony will cost upwards of R75 million provides more weight to her argument (Warby, Vivian and Louise Flanagan. "Jacob Zuma's inauguration to cost R75m." *The Mercury.* 27 April, 2009).

Unfortunately, she says the city's police lack the manpower and the will to implement such a policy, given the more pressing needs of the community (crime, vehicular accidents).

Changing public perceptions

In order for real progress to be made, Durban residents must recognize the city's street children are not just young delinquents or freedom-seekers. Often, they are running away from a poor family life, and seeking refuge in the best way they know how.

The public should also understand the arguments against giving money to young pan-handlers. If people are serious about helping, I-Care encourages them to give money to reputable outreach organizations that can ensure the funds go to feeding, clothing, and educating the children, not perpetuating their dangerous addictions. In addition to funding its own projects, I-Care helps distribute money and resources to other outreach programs. "We provide these organizations with a predictable flow of money so they can focus on rehabilitation and training programmes, as well as meeting the basic needs of the children in their care" (Personal Interview, 20 April, 2009).

Addressing underlying causes

As important as the aforementioned challenges are, they might no longer exist if the underlying causes of children on the street were adequately addressed. Poverty, unemployment (or underemployment), drug abuse, and domestic violence are all symptoms of a larger problem: class and racial inequality. The sum total of these is daunting, and such complex issues will not be solved in a few years, or even decades. Nonetheless, any effort made to minimize disparities in wealth, education, healthcare, and other basic services will help prevent future generations of Durban youth from fleeing to the streets.

Conclusion

Over the course of my research, I struggled to isolate a single aspect of Durban's complex street children situation. At times, I felt pulled down specific avenues: the role of religious organizations, the issue of glue, the success rate of children who returned to their biological families. It would be difficult to come away from this experience with any hard and fast conclusions or "magic bullet" solutions about the growing number of children on the streets. However, of two things I am sure: one, that the response of city, provincial, and national government has been inadequate; and two, that non-profit organizations (like I-Care) currently offer the most effective programs for curbing the problem.

It seems unfortunate that the task of "cleaning up" the city's streets must fall squarely on the shoulders of donors and non-profit workers. However, even if it is not technically the organizations' responsibility, most are happy to provide services to Durban children. I-Care founder Graham Cochrane explained, "Many people have said to us that it is up to the government to take care of the problem, but we believe that we *all* have a responsibility to those around us, and if we do our little bit, we can deal with the problem conclusively" ("Give children a meaningful start to life"; I-Care).

Recommendations for further study

The topic of "street children" has by no means been exhausted. Speaking about the early days of the organization, I-Care founder Graham Cochrane once said, "We were stunned by the lack of research into street children. For people in authority, this is just not an issue" (Arder, Greg. "I-Care beat aims to beat despair." *The Mercury.* 8 October, 2003). The last substantial research I found dated back to 1997. New quantitative studies are needed to track the changing demographics of Durban's street children.

In the future, one might examine the culture of glue sniffing among the children. How many of them actually engage in the activity and why? Has there been any public pressure to regulate the sale of glue? Do manufacturers and retailers feel in any way responsible for the well-being of the children?

Alternatively, one could interview beachfront business owners about their perception of the boys roaming the shore. Do they blame the children or the city for the boys' incessant "loitering"? What do they think should be done about the problem?[33]

Future research might also investigate the impact of HIV/AIDS on the street child population, the success rate of children who have completed the I-Care program (based on the organization's archives and records), or how the city will (or did) handle the children during the 2010 World Cup games.

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[33] Asked about police "clean-ups," one beachfront business owner commented, "Even though most people complain that the children have negative effects on their sales, I would rather there be a proper solution to this problem" (Immerman, Marian. "Plea to city to take long view of street children." *The Mercury.* 25 May, 2005).

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Umthombo (http://www.umthombo.org/site.php?id=61&level=6

Personal Interviews:

Denise Cochrane: 20 April, 2009
Paul Rowe-Needham: 13-24 April, 2009
I-Care teachers: 23-24 April, 2009
I-Care house parents: 23-24 April, 2009
I-Care Hope Centre staff and children: April 2009

Appendix: Interview Questions

Questions for outreach staff:

1. Name, age, birthplace
2. How long have you been working at the Hope Centre?
3. How did you find out about the position, and what made you apply?
4. Did you have any other relevant work experience before working here? If so, where and for how long?
5. What is the greatest challenge of working with street children? The greatest reward?
6. How do your friends, family, and church members (if applicable) view your service here?
7. What makes the Hope Centre different than other child outreach programs in Durban?
8. Why do you think children choose to come here?
9. Is religion an important aspect of the Hope Centre's work?
10. How does your personal faith impact your work here, if at all?
11. Do you think working inside/next to Greyville church has an impact on I-Care or on the boys it serves?
12. Do you believe the boys have become more or less "religious" since being on the streets? Since coming to the shelter?
13. What qualities do you look for in the boys you refer to long-term shelters?
14. Why do you think some boys are able to stay in the homes, pass Matric, go on to tertiary institutions, etc. while others are drawn back to the streets?

Questions for I-Care co-founder:

1. Name, home area
2. Can you tell me about the history of the organization?
3. Did you have any other relevant work experience before starting I-Care? If so, where and for how long?
4. How do your friends, family, and church members view your service here?
5. Is religion an important aspect of the organization's work?
6. What (if anything) makes the I-Care program different than other Durban outreach organizations?
7. Why do you think children choose to come here as opposed to other drop-in centers?
8. What do you look for in potential employees?
9. What is the overall mission of I-Care (health, safety, spirituality, emotional support, etc.)?
10. How do you envision the organization in 5, 10, 15 years?

Note: I did not use a formal interview schedule for my conversations with Greyville church affiliates, I-Care house parents, I-Care Christian School teachers, or the children themselves.