



Life on the Streets

**A Study of Homelessness
in Mauritius**

Contents

	PAGE
Introduction	3
Methodology	4
Survey Results	5
Focus Group Discussions	17
Recommendations	20
Conclusion	25

Introduction

Homelessness typifies the most extreme form of poverty and social exclusion. Persons experiencing homelessness live a precarious existence, stripped of dignity and are denied their human rights.

Homelessness is a complex, socioeconomic problem that merits greater attention and more resolute strategies.

One of the major constraints in devising more effective interventions is the lack of adequate information and data. Other than one-off, point-in-time counts of homeless persons living on the streets conducted by the Police, there exists no comprehensive assessment of the issue of homelessness in Mauritius.

The 'Life on the Streets' study analyses the causes that contribute to a person becoming homeless, the profile of the homeless, their experiences and needs for support.

Information gathered from the study will serve to:

- Provide an initial evidence base for more extensive data collection, measurement and mapping of the extent of homelessness in Mauritius
- Promote a multistakeholder dialogue and partnership on the issue of homelessness
- Inform national policies and programmes to improve social protection of the homeless

The study is a research undertaken by the National Social Inclusion Foundation (NSIF) with the support of NGOs working with homeless people.

Methodology

The study employed a mixed methodology to capture both quantitative and qualitative information.

Data collected from a survey questionnaire were supplemented by insights of participants from focus group discussions.

Given that the homeless population is unknown, the study used convenience sampling to identify participants that were the most easily approachable.

The beneficiaries of 4 NGOs funded by the NSIF were targeted, namely:

- Association Pour Personnes En Larmes (A.P.P.E.L) – Port Louis
- Association de Père Laval des Sans Abri (La Passerelle) – Port Louis
- Caritas - Night shelters at Port Louis and St Jean
- Groupe A de Cassis (Lacaz A) – Port Louis

There is no official definition of homelessness in Mauritius. For the purpose of data collection, the study defined the following 3 categories of persons in homelessness situations, based on the European typology of homelessness and housing exclusion (ETHOS).

Definition of Homelessness Used

1. People sleeping rough – living in the streets and external/public spaces
2. People in emergency accommodation – overnight shelters
3. People living in temporary/transitional accommodation for the homeless

The survey questionnaire was administered to 102 homeless persons and 4 focus groups of 5 participants each were held at the service sites of the different NGOs.

Survey Results

Age

The age range of survey respondents was 15 to 75 years, with the average age working out at 41 years. The majority were in the middle-aged group. Thirty-five (35) percent were aged between 40 and 54 years. A further 31 percent were between 25 and 39 years old. More than one in five (22 percent) of the homeless persons identified in the survey were older adults aged above 55 years, with 3 individuals having reached 65 and above. Homeless youth aged 15 to 24 made up 12 percent of the respondents. It is noteworthy that the age distribution of the homeless population identified by the survey generally reflects that of the Mauritian population.

15-75

Age range of the homeless

41

Average age

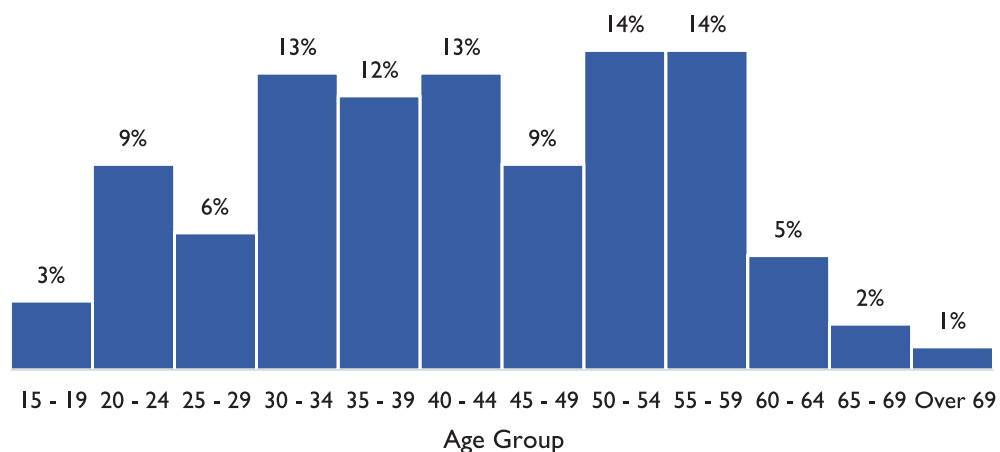
12%

Homeless youth

22%

Older adults aged above 55 years

Figure I: Age Distribution of Respondents



Gender

Much of the literature shows that street homelessness is more likely to be observed amongst males than women. Women tend to remain in precarious living situations with family and friends rather than sleeping rough on unsafe streets. Because the present survey, for the most part, reached beneficiaries of shelters for homeless men, the gender-based differences in homelessness could not be reliably captured.

92 percent of respondents were male. Seven (7) homeless women were surveyed, one of whom was aged only 18 while the remaining were

between 38 and 51 years. One respondent did not identify as being either male or female.

Marital Status

Ninety (90) percent of the homeless persons in the survey were not in any relationship. More than half of the respondents (55 percent) were either divorced, separated or widowed and 35 percent were single. Only 10 percent were married or in a union. Divorced, separated or widowed respondents were aged between 40 and 54 while the singles were between 25 and 39 years old.

Figure 2: Gender

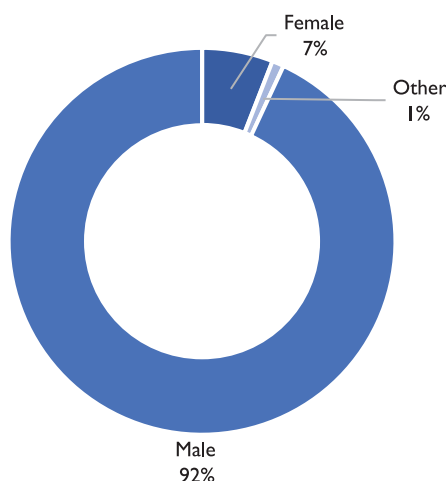
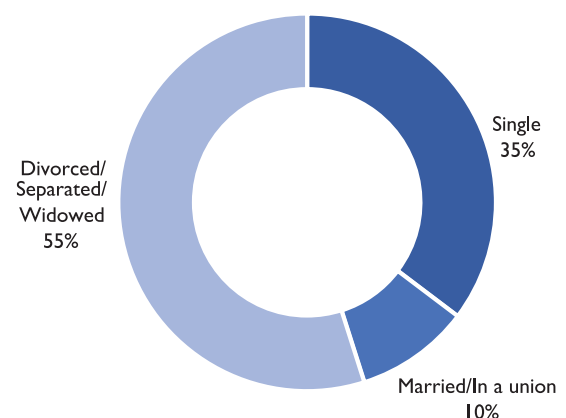


Figure 3: Marital Status



Education

The academic trajectories of the homeless persons surveyed were fraught with challenges and characterised by early drop-out from school and low educational attainment. Thirty-one (31 percent) of respondents had left school under the age of 12, 50 percent stopped schooling between the ages of 12 and 16 while the remaining 19 percent left school after reaching 16 years old.

In most cases (33 out of 69 responses i.e., 48 percent) the respondents had left school before

the age of 16 because of family reasons, followed by 23 percent who reported having lost interest in school. Other reasons included health and learning difficulties.

72 percent of respondents were literate. The highest qualification obtained by most respondents (29 percent out of 59 responses, i.e. 49 percent) was the Certificate of Primary Education (CPE) while 19 percent had reached the School Certificate (SC) and above.

Figure 4: Age left school

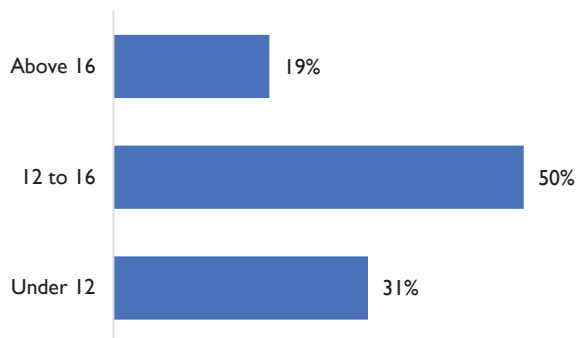


Figure 5: Whether literate

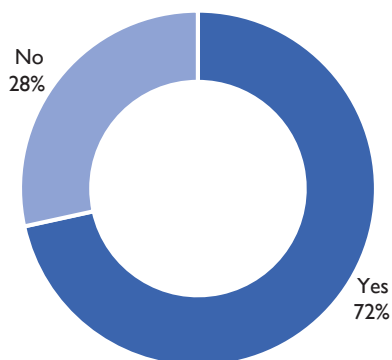
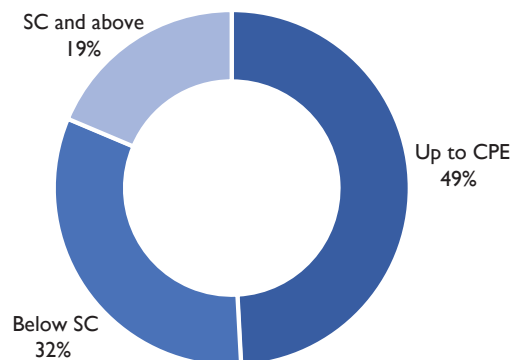


Figure 6: Highest education level attained



Note: Statistics based on 59 responses only

Institutional Setting

Many of the respondents had some involvement with reform, rehabilitation and residential care institutions. This shows a connection between transition from institutional settings and housing instability and homelessness.

Forty-three (43) percent of the respondents had previously been to prison. Seven (7) percent went through the Correctional Youth Centre (CYC) and 9 percent had been to the Rehabilitation Youth Centre (RYC).

Substance abuse and mental health issues were common among the homeless persons surveyed. Seventeen (17) percent reported having had

treatment at a drug rehabilitation institution and 19 percent at a mental health institution.

Twelve (12) had suffered neglect and/or abuse as children and were placed in Residential Care Institutions (RCIs).

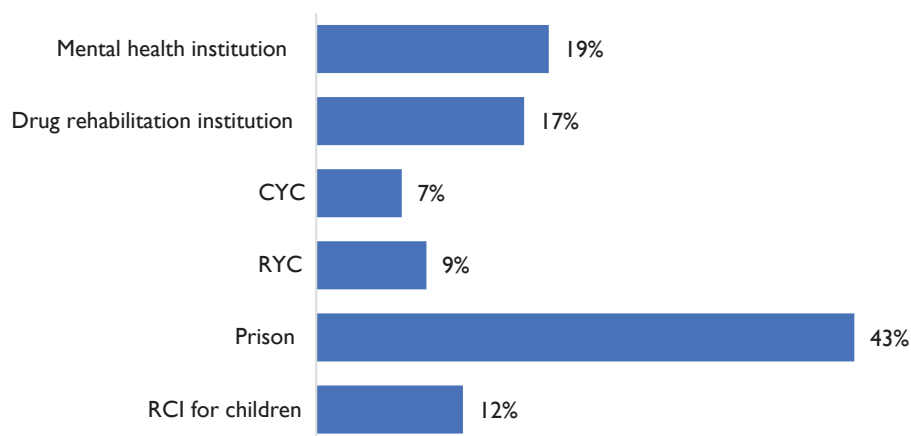
43%

Previously been to prison

12%

Placed in RCIs for children

Figure 7: Ever been in institutional setting



Note: Percentages do not sum to 100 due to multiple responses

Homelessness situation

More than 90 percent of the homeless persons identified in the survey lived alone. Thirty-five (35) percent had slept on the streets or public spaces all the 7 days in the past week prior to the survey while 40 percent spent the night in shelters. Seventeen (17) percent lived in temporary residential accommodation with supports for the homeless. Six (6) percent stayed with family, friends or acquaintances. Two (2) percent of respondents reported spending the night at their place of work.

Type of homelessness

The most common type of homelessness observed in the survey was of a recurrent nature. Fifty-one (51) percent of the respondents had experienced homelessness more than once, of whom 40 percent for up to 5 times, compared to 49 percent who was experiencing homelessness for the first time.

Sixty-four (64) percent of respondents had been homeless for one year or more. One out of 4 respondents (25 percent) experienced long-term homelessness exceeding 5 years, more than half of whom had been without a home for more than 10 years.

Figure 8: Where respondents sleep

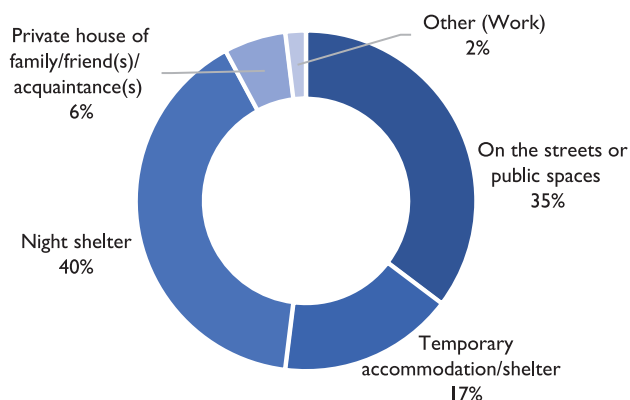


Figure 9: Whether homeless for the first time

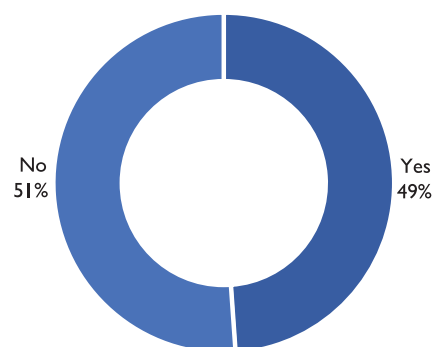
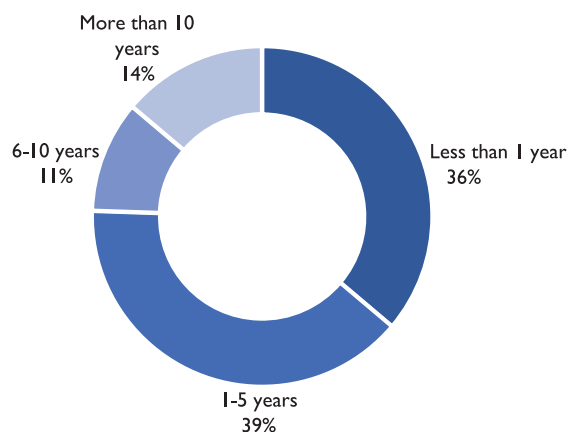


Figure 10: Duration of homelessness



Location

Most respondents (69 percent) were based in the region of Port Louis followed by Quatre Bornes (26 percent).

Respondents reported limited movements both between different regions and within the specific areas where they were located. Two thirds of respondents seldom or never moved from one area to another and 51 percent reported never or seldom moving within the areas where they were actually based.

The choice of a particular location for the homeless were primarily guided by access to shelter (50 percent), services (48 percent) and work (25 percent). Other reasons included location where they were born/grew up and/or had friends and family.

Figure 11: Whether respondents move around

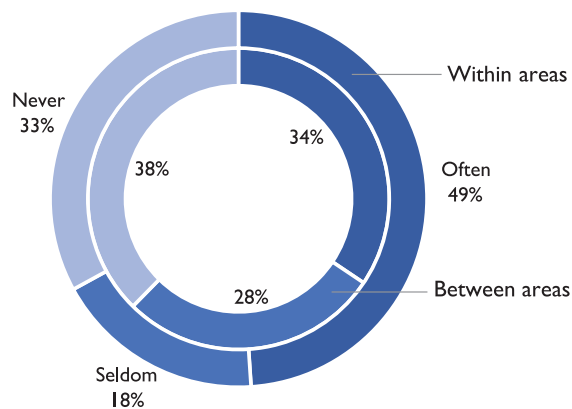
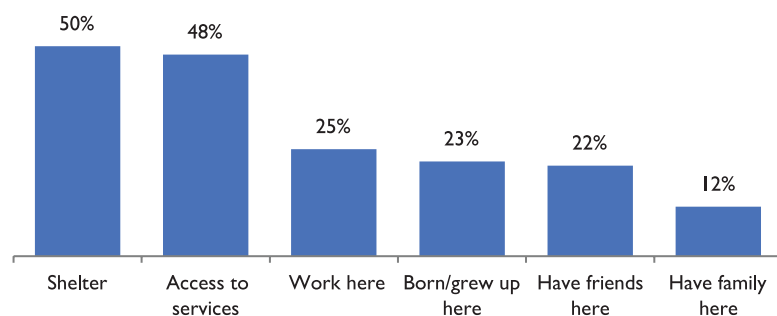


Figure 12: Reasons why staying at current location



Note: Percentages do not sum to 100 due to multiple responses

Housing situation prior to being homeless

Eighty (80) percent of respondents had a stable/permanent housing situation, living in their own/family home or in rented accommodation prior to being homeless. Sixty-two (62) percent lived with their families.

Age of first homelessness experience

The average age when respondents first experienced homelessness was 33 years. Twenty-four (24) percent were aged above 45 years while

20 percent were youth aged between 18 and 25 and 13 percent were children under 18 years.

Connection with family

The majority of the homeless surveyed (76 percent) reported having some connection with family and friends. Of those who did not have any contact, 58 percent were willing to reconnect.

Prior to being homeless

80%

Had stable housing situation

62%

Lived with families

Figure 13: Connections with family/friends

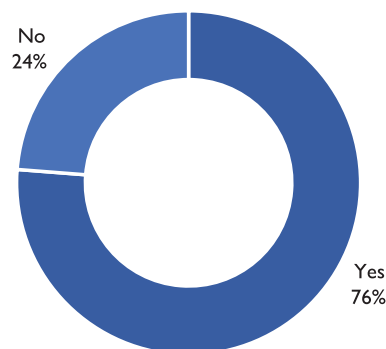
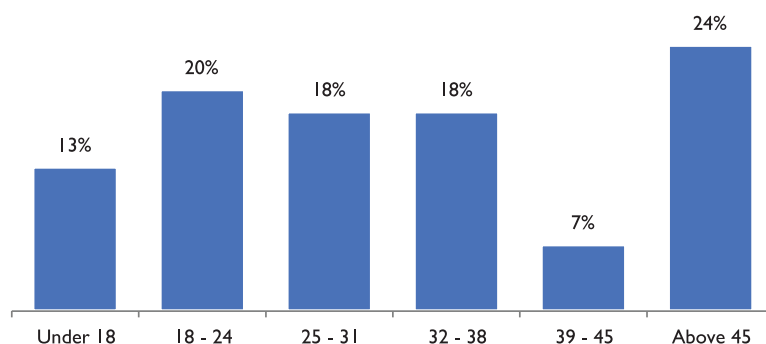


Figure 14: Age when first experienced homelessness



Reasons for being homeless

The primary reason for homelessness was family disputes, which accounted for 37 percent of the responses, followed by divorce/separation (28 percent), drug addiction (25 percent), unemployment (25 percent), poverty (24 percent), alcohol addiction (22 percent) and incarceration (12 percent).

The survey also showed that respondents were most likely to stay homeless because:

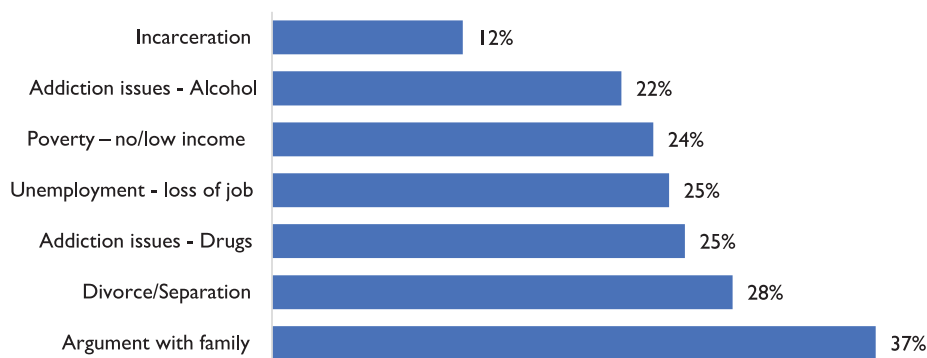
- they could not afford stable/permanent housing (43 percent)
- they had no stable job/income (39 percent)
- landlords were not willing to rent to single persons (31 percent),
- no affordable housing was available (30 percent)
- they suffered from substance abuse (24 percent) and
- they had no assistance to find housing (20 percent).

37%
of respondents experienced homelessness because of family disputes

25%
due to addition to drugs

22%
because of alcohol addiction

Figure 15: Main reasons that led to being homeless



Note: Percentages do not sum to 100 due to multiple responses

Health conditions

The most common health problem faced by the homeless was alcohol and drug addiction as indicated by 28 percent and 25 percent of respondents respectively. According to the respondents, their addiction problems had, to a large extent contributed, to them being homeless.

Respondents with alcohol addiction were older, aged 47 on average, compared to those addicted to drugs who were of the average age of 36. They also mostly slept in night shelters and temporary accommodation whilst drug abusers mainly lived on the streets or in public spaces.

Eighteen (18) percent of the homeless persons surveyed suffered from a mental disorder and 12 percent had a physical disability. Respondents also reported suffering from chronic health conditions (16 percent), foot problems (16 percent), HIV/AIDS (13 percent) and respiratory problems (12 percent).

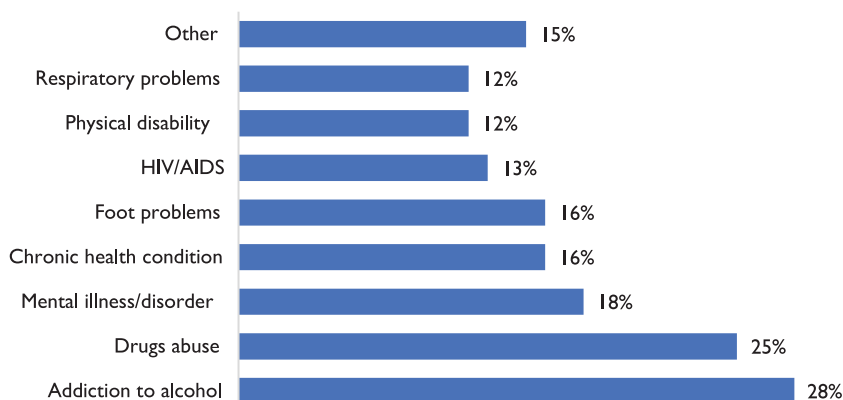
It is noteworthy that 40 percent of respondents, mostly aged between 20 and 39 years old, had thought about suicide, of whom, half (i.e. 1 out of 5 respondents) had attempted suicide.

In 38 percent of cases, poor health conditions impaired the ability of the homeless to work and live independently.

Respondents generally received healthcare at the hospital or the area health centre. Twenty-nine (29) per cent indicated having required hospitalisation in the past 12 months.

Eleven (11) percent of respondents had been victim of alcohol/drug overdose, 10 percent of physical violence, 7 percent of road accident and 2 percent of sexual abuse.

Figure 16: Health problems



Note: Percentages do not sum to 100 due to multiple responses

Access to food and hygiene

Although the majority of respondents managed to eat adequately every day and reported having sufficient energy for everyday life, it should be underlined that 42 percent of the homeless persons surveyed had to skip a meal, 33 percent had gone without eating for a whole

day and 38 percent did not have a proper/good quality meal at least once in the past week prior to the survey. Almost a quarter of respondents did not have access to basic hygiene such as taking a bath, brushing teeth, putting on clean clothes on a day-to-day basis. Similarly, 14 percent did not have clean drinking water daily.

Figure 17: Access to food in the past week

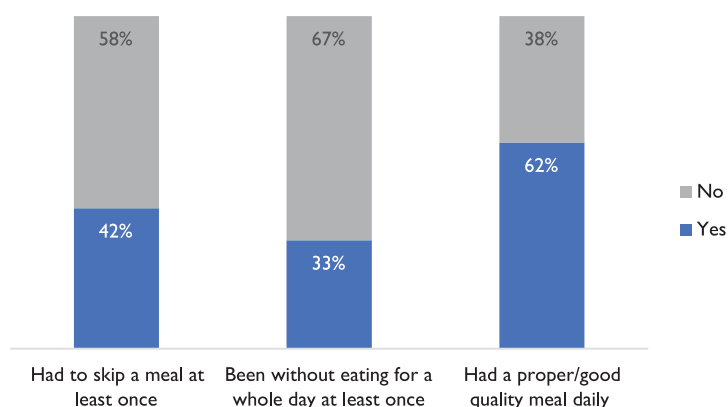
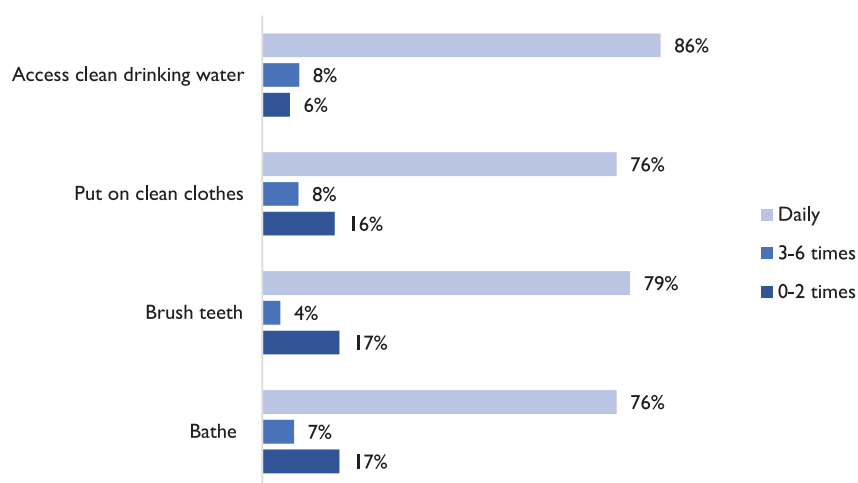


Figure 18: Access to hygiene in the past week



Access to work and income

Forty-two (42) percent of the homeless persons surveyed had been in regular employment in the past month and 30 percent had done some casual work. They generally worked as helper, cleaner, hawker, watchman and on construction sites as painter, mason, plumber and electrician. There were 2 sex workers among the homeless females.

Wages from employment was the main source of income for more than half of the respondents. Eight (8) percent of respondents, having reached 60 years and above, received the basic retirement pension. Fourteen (14) percent of respondents received social assistance while the remaining received help from friends and family or resorted to begging.

Figure 19: Whether working/worked in the past month

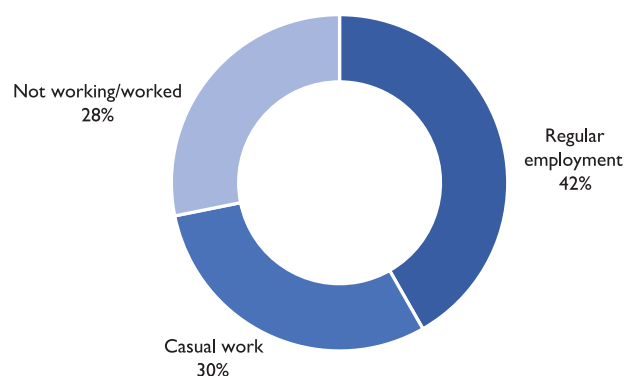
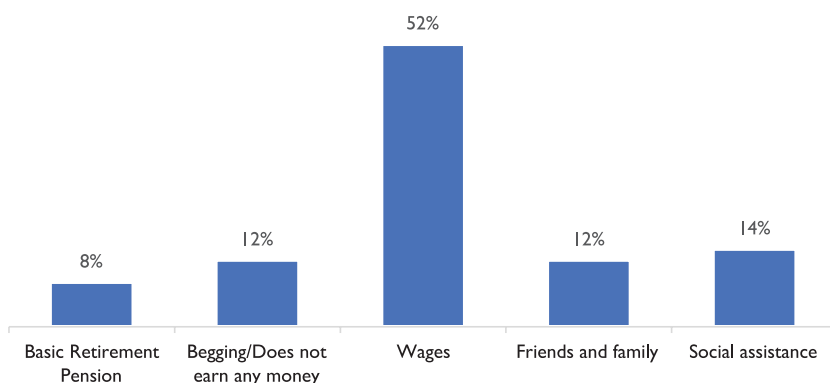


Figure 20: Main source of income



Types of assistance

Respondents are generally unaware of available social assistance. Very few actually looked for information about and/or applied for any social assistance.

The main reason was that they found it difficult to seek assistance from public institutions on their own.

Assistance to the homeless was mostly provided by NGOs, often in the form of food, clothing, hygiene, shelter, counselling and referrals.

The survey asked respondents about the kind of services they essentially needed but which were not sufficiently available.

Most of the respondents expressed the need for better housing support, in particular, assistance to find some form of stable housing.

Whilst awaiting stable/permanent housing, there was a need for temporary modes of shelter, for example, day care centres, night shelters and temporary supported accommodation with rehabilitation and referral services.

Other types of assistance and services to be extended included:

- Psychosocial support and counselling
- Support to reconnect to family
- Support to access social assistance
- Support to access jobs
- Support to access health care and treatment and rehabilitation of substance abuse
- Food and hygiene programme

Focus Group Discussions

The purpose of the Focus Group Discussions (FGDs) was to further delve into the reasons explaining homelessness, the homelessness experience of participants, rehabilitation and the types of assistance required. The FGDs took place at 4 NGO service sites, namely APPEL, Port Louis, La Case A, Port Louis and Caritas Abri de Nuit at Port Louis and Belle Rose. Discussions were held in groups of 5 participants, aged between 26 and 58 years.

Reasons for being homeless

Many of the participants in the different sessions explained that their pre-existing addiction problems compounded recurrent and often violent family disputes. They were eventually pushed out of their family homes and were left without a roof. Some explained that their behaviours were linked to childhood traumas and difficulties they faced growing up. Some participants had also spent time in institutional settings such as prison and RYC. Others were victims of neglect and abandonment as children and were placed in Residential Care Institutions (RCIs). However, they were not able to reintegrate their families after leaving the RCIs upon reaching 18.

- **“Par frekantasion, mo finn tomb dan ladrog ek aköz sa mo la”**
-
- **“Gagn problem avek fami aköz ladrog”**
-
- **“Mo finn gagn problem avek mo madam aköz mob war. Kan mob war, mo pa kapav control mwa. Mo vinn violan”**
-
- **“Mo finn pass enn lanfans difisil. Sa tromatiz mwa”**
-
- **“Pena okenn preparasion pou sorti dan fwaye. Ena lor simin, ena inn tomb dan lalkol ousa ladrog”**

Homelessness experience

Relating their experiences of living on the streets, some participants explained that they would sleep in public spaces, bathe and wash their clothing in rivers and would resort to leftover food from restaurants, bakeries and street vendors.

- **“Mo dormi deor dan enn ti-kiosk”**
- **“Dan lari, pa facil. Bizin rod enn plas pou dormi, parfwa dan enn loto kase ou dan enn drin”**

One of the participants recollected his daily struggle to survive. He stated that:

“Mo tipe bizin trase. Mo al rod feray. Mo al vann feray. Mo al travay partou-partou. Mo ti bizin rod kas pou manze ek pou droge”

Another participant said **“Si mo zwenn enn fami ou enn kamarad, mo gagn enn 5 rounpi. Me avan mo gagn sa, pa facil”**

- **“Lazourne, mo al dan lavant. Mo gagn 1-2 ti-legim, mo al vande”**

Some participants worked as watchmen and could sleep over at their workplace. Others came to know about night shelters through their friends. They could spend the night at the shelters and work during the day. However, they had nowhere to go during the day when they weren't working.

- **“Mo kas enn poz dan zardin, mo asiz-asize”**

Many participants did not get daily work. Some worked as helpers as and when needed by their employers. Sometimes, having not eaten adequately or not in good health meant that they wouldn't have the energy to meet the physical demands of the job.

- **“Ena zour ena travail la, ena zour pena, bisin trasser”**
- **“Anfle kamion, bizin bien solid pou fer sa travay-la”**

Since many of the participants did not have a regular job that paid sufficiently well, they could not afford any stable housing. With the money earned, they could barely afford to eat and buy basic clothing.

- **“Mo bizin aste manze pou mo kapav travay. Manze-la li enn depans. Toulezour bizin trouv Rs 120”**

Rehabilitation

Participants having gone through rehabilitation were able to overcome their addiction problems and build up their self-confidence and life skills. Strong will, perseverance and constant support were necessary to avoid falling back into addiction. Some had received training and employment at the NGO where they were being treated. With the income earned they were able to save money and were looking forward to moving into stable and permanent housing. During the interview, participants being rehabilitated explained that their families were now willing to reconnect and establish positive relations with them.

- **“Mo sey aret ladrog, me mo retombe. Mo fer prizon tou avek sa program-la. Bann terapi ek kitsoz nou aprann, li fer nou avanse”**
- **“Mo fami, li rezet mwa. Avek letan, kan zot finn trouve mo anvi sanze, mo pe persevere, mo bann fami zot inn apros mwa, zot inn refer mwa konfians”**
- **“Avek led sa travay-la, mop e kapav ranz mo lakaz”**

Assistance

During the FGDs, the participants expressed that their main need for assistance was to be supported in finding a stable home. They would ideally want to have their own homes but were open to different types of housing solutions such as sharing a house with other people or living in studio type rented accommodation. They also suggested that psychosocial and rehabilitation support, social accompaniment, referral services and job placement and training assistance be provided, especially given the previous addiction problems of some participants and their experience in prison. Some of the participants also wanted help to reconnect with their family. Participants also mentioned day care services and food assistance.

- **“Ti pou bon si bann SDF gagn enn lasam ou enn ti-studio, zot pey enn ti-lwaye tou lemwa, zot kone zot kot zot ek zot gagn enn ti-lakonpagnman, enn ti-koudepous pou zot arive”**
- **“Kan ena gro lapli, santie ferme, pena travay, kot pou ale? Ti pou bon ena enn plas dan lazourne”**
- **“Seki pa travay, bizin gete kot pou ale. Dan lazourne, pena ase pou manze. Ti kapav gagn enn ti led”**

Recommendations

In light of the above results, the following recommendations are made for addressing homelessness in Mauritius.

I. National Policy and Strategy on Homelessness

- The current response to homelessness in Mauritius is limited to a fragmented provision of basic survival needs and low-intensity support delivered by NGOs, faith-based organisations and volunteers. There is no national agenda or strategy to effectively protect and support those experiencing homelessness.
- There is a need for a comprehensive policy and strategy for dealing with the complex and interconnected issues of homelessness at the national level.
- It should, inter alia:
 - Identify a structure/agency responsible for driving the national agenda on homelessness
 - Propose national guidelines for supporting homeless people
 - Develop a framework for coordinated and integrated homelessness service provision including housing support, basic needs assistance, rehabilitation and empowerment
 - Facilitate access and eliminate barriers to social protection for the homeless
 - Enable concerted efforts and better collaboration between stakeholders
 - Establish clear mandates, roles and responsibilities as well as accountabilities
 - Empower local authorities and NGOs in terms of planning, resources and capacity building
 - Set measurable goals and targets and provide for monitoring and evaluation systems

2. Legal Framework

A legal framework may be useful for:

- Enforcing the national policy and strategy
- Provide a legal definition of homelessness
- Ensuring a basic level of service to the homeless
- Outlining statutory responsibilities e.g. for local authorities to address the issues of homelessness within their jurisdictions
- Regulating the provision of homelessness services, in particular residential services

3. Homelessness Observatory

- Evidence-based and data driven policies and actions lead to more tangible and impactful results.
- The lack of reliable data is a clear limitation for adequately addressing issues of homelessness.
- The setting up of an Observatory on Homelessness is proposed to:
 - Periodically measure the extent, analyse trends and map the situation of homelessness
 - Collect disaggregated data and set up a database of the homeless

- Contribute to a better understanding of homelessness through considerable evidence and knowledge on its different aspects
- Inform and prioritise policies, prevention and interventions

4. Coordination Mechanisms on Homelessness

- Fragmented homelessness service provision by different actors, including Government, hinders more impactful outcomes to be achieved.
- It is necessary for interventions targeting the homeless to be focussed and coordinated both nationally and by region.
- Appropriate coordination mechanisms should be put in place to direct and strengthen collective efforts by Government and stakeholders for addressing homelessness more effectively.
- Regional coordinating mechanisms within local authorities should be set up and made to report on plans, actions and progress to a centralised structure at the national level

5. Review of Policies, Regulations and Administrative Procedures

Homeless persons may not benefit from adequate social protection due to policy, regulatory and administrative barriers.

For example, homeless people without documents or address are prevented from having access to social assistance and services.

A review of social protection policies, regulations and procedures is necessary to ensure that the homeless is not denied access to existing social assistance, services and supports.

It should also help to identify new forms of protection to the homeless and thereby further strengthen our social protection system.

6. Extending the Range of Homelessness Services

- Homelessness services should be adapted and varied in order to be responsive to the complex needs of the homeless.
- The range of services needs to be extended giving due consideration to the following.
 - Integration of services combining basic needs provision and specialised support and care
 - Emphasis on psychosocial, counselling and case management support

- Daycentres and street outreach connecting the homeless to services by providing information, support and referral to existing services
- Rehabilitation and social integration through life skills, education, training and employment services
- Specialised health care support with a focus on addiction and mental health
- Fixed site and coordinated distribution of food and other essentials
- Family reconnect support
- Retirement care for older homeless people
- Housing focused support services for the resettlement of the homeless in stable housing
- Furthermore, given that services are presently concentrated around Port Louis, access to homelessness services should be made more equitable across regions (municipalities and major villages).
- Special attention should be given to setting minimum standards for service delivery, particularly for residential services, and to adequate capacity building of staff working with the homeless.

7. Prevention

Homelessness prevention systems may include:

- Early interventions targeting young people exiting care and/or corrections
 - Provision of stable housing and financial support
 - Access to training and employment
 - Strengthening family and social relationships
- Strengthening support to families living in poverty and vulnerable groups, in particular substance abusers and ex-offenders
 - Case management
 - Psychosocial support and counselling
 - Socio-economic empowerment
 - Treatment and rehabilitation
 - Sensitisation on gender-based violence
 - Assistance to access social housing

Conclusion

This study essentially focusses on the issue of street homelessness. It contributes to the understanding of the characteristics and experiences of the homeless and identifies the key factors leading to homelessness.

The findings establish the average profile of a rough sleeper as a middle-aged male, often with a history of addiction problems and incarceration, having low educational attainment and surviving on low paid, unstable jobs.

Youth homelessness should be a matter of concern as the survey also identifies 12 percent of respondents as youths aged 15 to 24.

Homelessness appears to be recurrent and chronic in nature rather than transitory. Many respondents had been without a home for years, the main reason being the inability to afford any kind of stable housing.

The study enables to identify the pathway to homelessness, namely, broken relationships and families, drugs and alcohol addiction issues, experiences in institutional settings, such as prison and Residential Care Institutions (RCIs) and poverty.

Respondents were also scarred by childhood traumas which had adversely affected their behaviours and situations in adult life.





While respondents reported being able to manage the best they could, life on a day-to-day basis remained difficult for many in terms of access to food, shelter and hygiene.

The needs for assistance and support included: housing support and basic needs assistance, psychosocial accompaniment, referrals and access to social assistance, treatment and rehabilitation of substance abuse, job assistance and support to reconnect to families.

Considering the results of the study, several recommendations are made as follows.

- Elaboration of a national policy, strategy and legal framework on homelessness
- Setting up of a homelessness observatory and establishing of coordination mechanisms for assistance and support
- Review of existing policies, regulations and administrative procedures
- Extension of the range of homelessness service provision
- Homelessness prevention measures



National Social Inclusion Foundation
6th floor, Garden Tower, La Poudriere Street, Port Louis.

T: 260 2406 | E: info@nsif.mu | W: www.nsif.mu