

RESOURCE PACK
PREVENTION OF STREET MIGRATION

**CONSORTIUM FOR STREET CHILDREN
& UNIVERSITY COLLEGE CORK, IRELAND**

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Prevention of Street Migration

Project co-ordinators:

Anita Schrader – Consortium for Street Children UK

Dr. Angela Veale – Department of Applied Psychology, University College Cork, Ireland.

Translation: Misael Marceliano

Editing: Christina Janke, Neide Cassaniga

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Appendix 1 CEDRO

Thanks to CEDRO for permission to translate and reproduce the workshop material in Appendix 1, and to Street Kids International and JUCONI for the cover photographs.

Cover illustration: ‘Primavera’ Creche for children whose mothers are seeking alternatives to prostitution in Medellin, Colombia.

**Consortium for Street Children
Unit 306, Bon Marche Centre,
241-251 Ferndale Road,
London SW9 8BJ, UK**

Tel. 00 44 (0)20 7274 0087 Email: info@streetchildren.org.uk

www.streetchildren.org.uk

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INTRODUCTION

The Consortium for Street Children, U.K consists of 35 organisations concerned with the welfare and rights of street living and working children. Our member agencies support the work of projects in Latin America, Asia and Africa and increasingly in parts of Eastern Europe. Member agencies are involved with the following broadly defined categories of street children:

- **Homeless street children** - those who for the majority of the time sleep on the street and retain limited or no contact with their family of origin.
- **Family based street children** - children who work (both wage labour and marginal activities) on the street, who for the majority of time sleep in a home environment, and who maintain strong and significant contact with their family of origin.
- **Children at risk of engagement in street life**- such as the younger siblings of street living and street working children, or more broadly, urban children in poverty who may be deemed at risk of moving to the street.

The focus of this pack is on homeless street children: it describes the way in which some agencies have identified **which** children are at highest risk of street living, and **some intervention strategies** which have been developed as a result.

While children are now found on the streets of cities in both the developing and developed world, programmes for street children have a longer evolutionary history in developing countries, and in particular Latin America. Through systematic research and attention to the voices of street children and their families, policy makers

and practitioners are moving from understanding the more observable risks posed to children in the street environment, to the conditions that push children there in the first place.

Intervention initiatives for homeless street children are now well established in many countries throughout the world. However, many organisations have begun to ask: given what we have learnt about the processes that create street children, to what extent can the movement of children to street life be anticipated? Can mechanisms be put in place that reduce the likelihood that categories of children identified at high risk of moving to the street can be prevented from doing so?

To what extent can the movement of children to street life be anticipated?

This pack of materials has arisen from an expressed need of organisations to share ideas and experiences on how they have begun to answer these questions.

The case studies represented in this modest pack are some samples of the work being done by organisations which work in this still relatively new field. We hope that it will be updated and you are welcome to send the CSC materials which you think may be useful to others.

We hope that you will find in this pack material of interest to your programme. A bibliography, and list of addresses should make it easier to contact other agencies linked to the Consortium for Street Children in whose work you have an interest.

Anita Schrader - CSC UK

Developmental and Responsive Prevention

Angela Veale, Child Studies Unit, University College Cork, Ireland

While chronic poverty, both rural and urban, is indisputably the context of enormous hardship manifest in a variety of ways, we ask the question: why do some children from similar socio-economic backgrounds retain a close relationship with home, while others, for whatever reason, move full-time to the streets?

I. Introduction

“Every day I fight with my father. Every day my father drinks and fights with the family, so I left home. My brother left later. My family asks me to stay but I run back to the streets again. (14 year old street boy, Ethiopia).

“My father was killed during the 1994 war. After the war and the death of my father, I started going to the street. I woke up early in the morning and went to the bus station where I used sell biscuits and pocket tissues. All the day long I was out on the streets. I ate just one bread and one drink. I was giving my mother some money and keeping some myself. Sometimes policemen grabbed our goods and took them. We were obliged to start again from zero. Sometimes passers-by said we should be chased out of town. One day, my friends told me that we could earn money staying outside until late and when we arrived home, our parents did not open the doors for us. We stayed in the streets for five months, sleeping outside on sacks and cartons in an abandoned house in the area” (15 year old, ex-street boy, Rwanda).

These statements, by street living boys in Ethiopia and Rwanda, capture some of the factors which contribute to the movement of children to street life. The narratives of street children offer a kaleidoscopic view of the challenges they face both in their homes and on the streets.

But while the factors pushing children to the street vary with each child’s story, the reality of life on the streets is remarkably similar whether in Africa, Latin America or the capital cities of Europe.

Intervention initiatives for street children are now well established in many countries throughout the world. Awareness of the risks to physical and psychological health that children face in the environment of the street has led to the establishment of a myriad of programmes which seek to protect the child from the high risk aspects of street life. Seeking to address the immediate needs of children in the streets, many organisations have established shelter and/or feeding programmes, basic health services, street education and income generation support. In general, such intervention strategies may be regarded as *maintenance* strategies; they aim to support and protect the child while in the street environment, aiding physical and psychological development while reducing exposure to high risk behaviours and situations. Such street based contact is usually the first step in the long process of reintegrating the child in his or her family or community.

The diversity of creative and effective strategies for working with children and reintegrating them in the community continues to grow. However without a complementary prevention agenda, reception centres, drop in centres, street education programmes, all indicate a fundamental acceptance of the inevitability of street life involvement for children. They shy away from addressing the more difficult question - why are children on the street in the first

place? Where do children come from? Why have parents let go of responsibility for the care and welfare of their children, leaving it to the street and NGO's to provide for them?

Moving attention from the street to the factors which bring children to the street has been a logical step in the evolutionary development of many street child projects. Project staff are asking; what can be done to prevent street migration in the first place?

What is prevention?

It is important to try and define 'prevention'. Ager (1994) defines a preventative approach as one "marked by an attempt to anticipate risk and put in place actions considered likely to reduce the likelihood of the onset of difficulties, rather than respond to needs only when such difficulties have clearly arisen" (p 17). In child centred programmes in general, and street child programmes in particular, the advantages of focusing on prevention to protect children from engagement in environments that are potentially damaging to their development are obvious. Once children are initiated to street life, it is much more difficult to reintegrate them in their community of origin as they have become assimilated by the community of the street.

However, the real challenge to developing a prevention agenda is in 'anticipating risk'. Given the myriad of causal factors pushing children to the street, from macro-level factors such as war, displacement and chronic poverty to micro-level events at the familial level such as family breakdown, where should the focus of prevention work aim to fall?

The first step must be an understanding of **the predisposing factors** to street life.

The next step is to understand **the immediate family and situational factors** which push children to the street. **Preventative action can then be targeted at those vulnerable points when children are at high risk of precipitation to the street.**

II. Developmental and responsive prevention

Tolfree (1995) argues it is useful to distinguish between two levels of prevention responses: **developmental prevention and responsive prevention.**

Tolfree identifies prevention as actions which enhance the capacity of communities, families and children to cope with the conditions which give rise to a particular problem: Tolfree's discussion is with reference to the processes that lead to the institutionalisation of children in developing countries. However, similar processes are often at play in the creation of street children. He defines the main aim of developmental prevention as likely to be "to provide a range of facilities or services which support families, enhance the quality of life for children, families and communities, and serve to create the social conditions in which the likelihood of family stress and breakdown is diminished" (p 111). When applied to street children, the main objective of developmental prevention may not be to prevent a very specific outcome, such as the movement of children to street life, but to support the material or psychological resources of the community or family so that their ability to provide for the best welfare of their children is enhanced.

Responsive prevention refers to more focused strategies which aim to influence the circumstances of specific families identified as at risk.

From the perspective of prevention of street migration, it is suggested that prevention strategies can be assigned to one of the following categories.

- Developmental prevention strategies are strategies which seek to address the familial, situational, economic and psycho-social factors which predispose children to street life involvement (such as the Child to Child programme and the case study from “El Tuerto”)
- Responsive preventative strategies, in particular, may seek to identify families and children who are at particularly high risk – that is, whose children are most likely to opt for street life.

The aim may be to equip families which are under severe pressure, such as in times of serious family disharmony or acute economic stress, to cope more effectively with their problems (the case with CEDRO and JUCONI).

- The term may also refer to family or community based strategies which address the needs of children that have been reintegrated in their community of origin. Programmes such as JUCONI and Link Romania runs a follow on programme, during which educators visit former street children who are with their families, in order to strengthen reintegration and address the conflicts which may precipitate children back into street life.

What should ‘prevention programmes’ be trying to prevent?

As a programme objective, the ‘prevention of street migration’ is a difficult one to present to planning meetings and donors. Who will be the target beneficiaries? What specific conditions will targeted resources alleviate? How will the programme be conceptualised so as to address push factors to the street as opposed to macro-level social problems which are beyond the scope of implementation programmes? What exactly should prevention programmes be trying to prevent?

While chronic poverty, both rural and urban, is indisputably the context of enormous hardship manifest in a variety of ways, we ask the question: why do some children from similar socio-economic backgrounds retain a close relationship with home, while others, for whatever reason, move full-time to the streets, either ‘abandoning’ or being ejected from home?

In different countries (and even in different regions within the same country), the push factors may differ enormously and at a local level, will influence the profile of the street child population in any city or country. The proportion of girls to boys on the streets varies according to local conditions. For example, in Muslim countries, girls are very rarely found on the street as the presence of unaccompanied girls in that environment is socially unacceptable. The proportion of family based street children compared to homeless street children is also influenced by social and political factors. For example, three quarters of street children in Addis Ababa, Ethiopia are family based and cited poverty as responsible for their initiation to the street. By comparison, in Rwanda, half of Rwandan street children are homeless, and a third orphaned as a result of the genocide and social upheaval¹. Other factors which influence the numbers of children on the street are factors such as levels of access to primary and secondary education, or

¹ See Veale et al. (1997); Veale (1996).

the existence of alternative sources of demand for child labour in the informal or uncontrolled economic sector.

As the case studies of JUCONI and CEDRO, and the analysis from Angola and Ethiopia (Chapters 5 & 6) show, it is important to look carefully at the social causes of street migration. One of the more interesting and useful findings to emerge from the observations of project partners and researchers in the developing world is that most children who live on the streets do not flee only poverty, but also violence and family stresses exacerbated by poverty. Research from a number of sources is uncovering some of the mechanisms by which macro-level forces such as poverty, war, social turbulence and family breakdown impinge directly on parents and children, creating conditions which precipitate children to the street.

There is evidence that the quality of family relationships is a fundamental issue. In Brazil, for example, Rizzini et al. (1992) found that homeless children reported higher incidents of corporal punishment at home, 63% compared to 23% of working street children. In Ethiopia, homeless children reported significantly higher levels of abuse at home in the form of violence, shouting between family members and beatings than family based street children (Veale, 1996). In Peru a national programme was initiated to prevent the migration of children to the streets (see Chapter 2).

Even in this very short analysis, it can be seen that the 'prevention of street migration' is a highly complex task as the social causes of street migration are very diverse across different settings and difficult to target. Addressing the phenomenon of street migration at its source means addressing large social problems; at a programme level, the challenge is how to intervene in a meaningful way in such a complex environment.

Given the complexities of prevention, is prevention of street migration an achievable objective?

III. Developmental prevention

Targeting poverty

Inevitably, the focus of prevention programmes for street children is fundamentally related to assumptions about causal factors. Programmes which identify poverty as a root cause attempt to raise the socio-economic standard of families in strong push communities for street children. One such example is 'Prevention Programme for Street Children' run by Save the Children USA and Forum for Street Children, Ethiopia. This is a targeted income generation and tutorial support programme for families judged at high risk of their children becoming involved in street life (see Box 1). The programme is based on two core assumptions:

- 1 Low economic status and the inability of families to provide for their children pushes children to the streets.
- 2 Participation of children in income generation activities is an economic survival strategy for many families; if children have to work on the streets, 'prevention' means supporting children's continued links with school, family and community to prevent them moving further into street life.

The programme objectives are twofold: raise the economic level of high risk families, and prevent children falling behind and dropping out of school.

Box 1: Prevention Programme for Street Children, Ethiopia

Having run a drop-in centre and feeding programme for street children in a destitute community in Addis Ababa for many years, SCF USA and local partner Forum for Street Children, Ethiopia felt it was time to phase out the feeding programme and empower families to support their children, thus preventing children having to go to the street in search of their survival needs.

In conjunction with local government structures (*Kebeles*), SCF USA and Forum for Street Children, Ethiopia used their youth community workers and street educators to assess the economic situation of families in an urban poor community of Addis Ababa.

- The local government office nominated families evaluated as at high risk of sending their child to the street based on the results of the needs assessment
- Families themselves nominated a target child they judged as vulnerable of dropping out of school or going to the street, within an age range specified by the organisation

The prevention programme consisted of the following components:

- The establishment of a credit and savings scheme for mothers to establish income generation activities
- Paying school fees for the target children
- A daily 2 hour tutorial support programme for target child which provided help with school work and a place to study supervised by community youth workers
- Access to basic health care
- Advocacy with the community and society of the risks to children of engagement in street life

An evaluation of the programme was carried out after eighteen months (Veale et al. 1995). Using visually based drawings and rating scales to represent different programme activities with parents and children, qualitative and quantitative information were gathered about beneficiaries' perception of the programme.

With regard to the first objective, 60% of parents said the income generation activities had somewhat eased the difficult economic condition of the family, a quarter reported no difference, and some even said their standard of living had degenerated due to repayment demands and a rising cost of living. For most beneficiaries the main difference experienced was in their ability to provide an extra meal a day, or provide *enjira* (a local staple food) instead of bread. The profit made would certainly be insufficient to cover the costs of school fees, books and materials and health care after the programme withdrew its funding for these things.

The basic premise, that the credit and savings component should raise the income level of families so children would not be obliged to work had not been realised. A fundamental problem was that given the marginal income levels of families and potential risk of defaulters, loan sizes were small to ensure the minimum risk. However on very small loans, it was difficult for beneficiaries to undertake initiatives that could make any substantial difference to the household income. The rise in income level was not significant enough to ensure that parent(s) were no longer dependent on the income of their children from street work.

Of the evaluation sample (50 children), 72% of children were engaged in income generation activities such as selling the outputs of the mothers income generation project, *enjira*, local beer, or vegetables, cigarettes or chewing gum, or other street based activities. In fact, in a few cases, the income generation activities of mothers stimulated the need for child street labour.

The programme objective was not to prevent street work, but to prevent children breaking ties from family and community and becoming street living. A major component of this was the education and tutorial support programme which aimed to keep children from dropping out of school, thus retaining strong links within the community.

With respect to the education and tutorial support programme, of 300 child beneficiaries, only 2.3% had dropped out of school, and children reported very positive feelings about it. Children from the programme and a matched control group were compared on indicators of school performance at the end of the school year. 59% of child beneficiaries had increased their rank in the class (compared to 39% of the control group), 47% improved their year average (40%) and 25% ranked in the top 10 of their class (12%).

The evaluation examined children's daily routine, to see if all these various demands of work and after-school tutorials were in fact creating extra pressure, possibly adding to their work load, rather than reducing it. Using a 'sun scale' depicting morning, mid-day and evening, children estimated the time engaged in different activities in a typical day.

Street working children reported that they commonly worked for an average of 2-3 hours a day on the streets, typically for an hour before school and for another hour in the evenings. 8% worked on the streets only at the weekends. However, children said that their involvement in the tutorial programme after school reduced the amount of time they are available for work. Parents also appreciated this. One mother commented "Most children spend their time after school either playing or working on the street but now most of their time is spent studying". Another said "If the children are at the tutorial programme, there is less chance of them being out in the streets, where they may be involved in a car accident, or get in trouble with the police for selling things". This was echoed by another mother; "If it were not for the programme, my child would be playing on the street, the programme keeps my child out of danger".

Where does children's play fit in all this activity? Perhaps sadly, children themselves rated the 'play and recreation' element of the tutorial programme, involving sport, handicraft and music, as their least favourite element while the study element was liked best (90%). The reasons children gave as to why they rated the recreation programme their least favourite component included a lack of interest in these activities, ill health, being too hungry to engage in sport, and because it "wasted their time" that otherwise could be spent studying.

In terms of prevention objective, the evaluation paints a complex picture. The conceptual base of the programme, of improving the income levels of families in order to make them less reliant on children's street labour is undermined as an objective, because of the dynamics of the labour needs of the household in the face of income generation activities. However, *in tandem with* the education and tutorial support programme, children may be prevented from drifting full time to the street as they perceive other future options.

If the street literature demonstrates anything, it is that street work and life is a product of children's and families choices in an environment that, because of poverty and stressful family

environments, presents few other alternatives for children (Felsman, 1981; Aptekar, 1988; Veale, 1996, Mobeley, this volume). Through the tutorial programme, children could see other options to falling out of school and onto the streets. Many reported their aim of completing secondary school, and a few expressed a desire to go to University.

Targeting parenting skills

An example of a prevention programme that could be argued to span both developmental and responsive prevention is a parenting programme implemented by Save the Children U.K., in conjunction with local partners in the Caribbean (see Box 2). Noting that a breakdown in family relationships was one of the most significant causal factors of homeless street children, the programme aimed to equip parents with the social skills necessary to communicate with their children, promote self discipline and self esteem, handle anger and conflict in the family and recognise their own needs as parents.

Outlining the objectives of the SCF parenting approach, Tolfree (1995) notes “In Jamaican society, a quarter of all children live in families headed by single women, most of whom also work outside the home. Local research revealed a growing incidence of child abuse by parents; large numbers of teenage pregnancies; a rising crime rate among young people, with particular concern about violent crime and drugs; widespread difficulties among parents coping with adolescent behaviour and a growing number of children living on the streets....The (parenting) programme evolved out of work with young people who had already experienced a breakdown in family relationships. By tracing back the history of the problems faced by children living on the streets it was possible to identify deficiencies in parenting skills as one amongst a number of significant factors” (p 117).

Box 2: “Pathways to Parenting”: Parenting Education Programme

Save the Children UK, Jamaica felt it was important to provide support to families under strain.

- A symposium was organised to discuss the results of preparatory research on existing parenting education programmes in Jamaica. With the participation of over 100 delegates, it was clear that demand for parenting education programmes exceeded the capacity of the few ‘experts’ in the area to deliver community based programmes, and the quality of many programmes varied.
- SCF U.K, in partnership with community based organisations in nine countries in the Caribbean, decided to establish training for local partners on facilitating parent groups. The broad objective of the programme was to support parents in their child rearing tasks.
- A training manual for community based facilitators of parent groups was developed, which included one volume on general skills in working with parent groups, and a second volume with step by step exercises for teaching parents to deal with a range of child rearing issues common to most parents. Particular emphasis was given to the social/emotional aspect of child development.
- A research component was introduced into the process to evaluate the impact and effectiveness of the parenting education approach.
- A partner organisation offered to develop a television series of the parenting workshops. The television series would also be a training tool, using an activity format similar to that used in the community workshops. This maximised the audience that could benefit from exposure to parenting education skills.

The community workshops covered a wide range of topics including getting parents to look at

their own parenting models, promoting self esteem and self discipline in children, and using reinforcement rather than punishment as discipline. The manual was structured to explore the following issues:

- **“Families have many faces”**. Training began by assisting participants to recognise the central importance of the family in the healthy development of the child, and to understand that there is no single “ideal” family structure. It is what family members do (or do not do) for each other that is important, not the structure of the household; if household members work together consistently and lovingly, it is effective as a family.
- **“How we learn as parents”**. Participants were encouraged to reflect on their own habits and skills as parents, examine what effective and ineffective parenting habits they learnt in their own childhoods, and select one or two skills to work on.
- **“Stages of development”**. Participants learnt about the critical issues in development at different ages.
- **“Understanding more about disabilities in children”**. Disabled children are a particularly vulnerable group in society. Facilitators focused on examining personal attitudes about disabilities, the need to recognise that the basic needs and rights of disabled children are the same for all children, and measures to prevent disabling conditions.
- **“Promoting self esteem in children”**. How to foster healthy self esteem in a family
“Discipline - reinforcing the behaviour we want” by examining the ways the negative and positive behaviour are reinforced.
- **“Communicating with children”**. Exploring effective and ineffective communication.
- **“Preparing children for school and working with the school”**. These sessions involved getting participants to recognise their own role as their children’s most important teacher, and the role of their involvement in play in assisting children to learn. Parents role as advocates for their children within the school system, and their role in strengthening the school environment were explored.
- **“Handling anger and conflict in the family”**. Participants were assisted to understand that angry feelings are natural, all families experience conflict, but there are successful and unsuccessful ways that parents and children handle angry feelings and negotiate conflicts. Participants examined their own family patterns of conflict management, and set personal goals for instigating improvements.
- **“How children develop moral values, ...decision making and learning responsibility”**. Participants were exposed to methods that are most effective in developing moral judgement and moral action in children, and to discover how children learn decision making and responsible behaviour.
- **“Men and women, sons and daughters: gender issues in families.”** Participants were encouraged to examine their own attitudes about male and female behaviour in adults and children, and reflect on how gender socialisation affects their expectations of their children positively and negatively.
- **“Dealing with your children’s sexuality”**. The session focused on examining attitudes to human sexuality, reducing myths and misinformation, identifying blocks in communicating with children about sexual matters, and discussing strategies for responding to children’s sexual questions, concerns and behaviour.

- **“Preventing child abuse”**. Participants examined what they can do to reduce the incidence of abuse of children, and to be aware of the potential in all persons to be abusive, and to confront and curb any tendency in themselves to be abusive to their children.
- **“Issues of parent absence”** and **“When parents need extra help with children’s behaviour”**. Participants discuss the effects on children of prolonged parent absence and how to reduce some of the negative effects for children, and learn some community sources for parents who feel they need extra help with their children’s behaviour.

The overall aim of the training was to develop positive, open, communicative relationships within the family.²

A potentially difficult issue to handle in the implementation of parenting programmes is the selection of beneficiaries. At a community level, inviting a parent to participate in a programme on good parenting skills may be likely to cause insult as the insinuation may be that the person is a poor parent. On the other hand, if a programme relies on parents that self select to participate in such training, then the likelihood is that these are individuals already committed and motivated to the ideals of good parenting. How can programmes be assured to reach families with dysfunctional relationships where there is a high risk of children leaving home for the street?

In the SCF U.K. experience, some focused targeting of high risk families was done through probation officers. These officers worked with children in conflict with the law and were among those trained as ‘parent group’ facilitators. They were able to implement the course with parents of young offenders. The programme was promoted as a national programme and it was felt this contributed to reducing the likelihood that individual parents felt ‘singled out’ by their participation (Tolfree, 1995).

Targeting children

At what age should beneficiaries of preventative action be targeted? While the majority of homeless children world wide are over 10 years of age, the average age of initiation to the street is 8-10 years of age, although it differs country by country (Agnelli, 1986). It could be argued that it is never too soon to start prevention initiatives!

So how about targeting children as young as nursery age? Childhope Guatemala, with the specific objective of preventing the migration of children to the street, developed nursery education for toddlers and young children in a marginal community in Guatemala city in a strong push community for street children.

Childhope Guatemala was concerned to work out a plan of action with the community that would cater for the needs of children and youth in the area. “We were looking to create areas of social interaction that would be specifically for children of the barrio, for their education, recreation and care.

² Taken from SCF UK (1993) “Pathways to Parenting: A Caribbean Approach - A facilitator’s manual for parenting groups.” .

The aim was to prevent the street migration of these children, acting in a way that would receive the support of the families in these marginalised urban communities” (Childhope Guatemala project document, 1994³). On an assumption that children will take to the street as a consequence of the breakdown of social bonds, the objective of this programme was to strengthen the social fabric between community and families, and families and children (see Box 3)

Box 3: The Community of El Tuerto: Community Participation for Prevention

After participatory action research with the community of El Tuerto, a poor settlement in Guatemala City from which many children took to the street, local people decided the best way of supporting their children was through setting up school lessons and nursery school activities in the community. One of the members of the community committee provided a small room for the full time use of the schooling programme. To build on the principle of strengthening social relationships, many mothers were involved in the programme and they could note the progress their children made, both in school skills and their friendships with other children. The whole process has been observed to lead to strengthened relations and empowerment within the community.

IV. Responsive Prevention

Responsive prevention aims to support children and/or families at critical moments when children are at high risk of being precipitated to the street. Examples of such projects are more difficult to find, as most street child projects have either a community development focus (developmental prevention) or a street focus (intervention). However in addition to CEDRO and JUCONU (Chapters 2 &3), some other programme models exist.

One example of a project that can be classified as “responsive prevention” is a project being implemented by International Childcare Trust, in Liyavo Settlement Project in Kenya (see Box 4). The objective of the programme is to provide temporary refuge to children in situations of family crisis in order “to avoid children going to the city to wander the streets begging” (project document).

As part of an integrated community development programme, they provide an emergency refuge for children who have lost a parent, or who experience family crisis. The causal factors bringing children to their centre will be familiar to those working with street children. The following quotes are taken from case documents of children admitted to the refuge.

“...My mother died about 6 years ago. My father is dead 8 years. I lived with one of my brothers until I came to the centre. My brother is married with 3 children of his own and could not support me” (14 year old boy. From files of International Childcare Trust)

³ Monografía de un barrio popular en la ciudad de Guatemala “Barrio El Tuerto” 1994. Available in English and Portuguese from the Consortium for Street Children UK.

“My father was politically active and was killed. My mother looked after me but she left to look for work. I lived with my grand-mother but she died. I have lived there since I was 14 until last year (4 years in total). I finished school and now work as a labourer”. (18 year old boy now living independently from the centre. From files of International Childcare Trust).

The above stories highlight the vulnerability of children in the face of family difficulties. Children perceive their options for safety or support as limited. For many rural and urban children in crisis, the street becomes perceived as their best option. Responsive prevention strategies are those which broaden the choices available to children in crisis, giving short term or long term respite from overwhelming circumstances.

Box 4: Liyavo Settlement Project: Centre for Children in Crisis

The Liyavo Settlement Project in Northern Kenya is situated in a community 10km from the nearest administrative centre. Farm land has been bought and held 'in trust' for the permanent use of the local community. The settlement project contains agricultural land and implements community development, women and youth training, child care and health services. A central part of their programme is a reception centre/refuge for children in times of family crisis.

Depending on the nature of crisis, children will be provided with:

- temporary refuge until the crisis in the family has passed.
- taken into trust and efforts are undertaken to establish fostering or adoption arrangements.

Project documents outline the context, structure, and objectives of the children's refuge:

As in many parts of the developing world, there are an increasing number of children without support. ICT Kenya does not take children unless there is a family crisis. The District Children's Officer brings children, often infants, to the Kitale offices of ICT Kenya begging a temporary refuge or that they be taken to Liyavo Settlement Project Refuge. There is no state provision for such children. They are occasionally self referred.

The ICT nurse inspects and treats them if necessary and if possible they are temporarily housed while staff and supporters find accommodation. The child's length of stay at Liyavo is defined by the availability of alternative housing and the crisis its family has suffered e.g. parental death from tribal fighting, AIDS or other illnesses, desertion, prison, alcoholism, abuse, poverty, unemployment etc.

Fostership is the ideal solution but difficult to arrange quickly. Temporary refuge must be provided to avoid the children going to the city to wander the streets begging.

In the past, unsupported children were previously cared for by neighbours or relatives but this is increasingly rare in contemporary Kenya. Communal generosity is limited in these times of severe hardship. There is a reluctance to accept any new child into the family due to the instability of this area- families being driven from their established small holdings by tribal conflicts- and the difficulty of any family surviving with security except those of the dominant tribe who will not normally accept alien tribal people.

The programme's objective is to provide care, protection, a temporary family life and a future with foster parents to children between 4 and 18 years who are referred by the Children's Officer, or come directly, and who are suddenly homeless and/or in crisis by providing a stable, comprehensive child-centred home.

Social workers work with the district's children's officer to ensure that contact is maintained with the child's family or relatives and efforts are made to return the child home early where possible, and with the consent of the child. Project officers report:

- The majority of children return home to their parents or extended family after a short time.
- If children have been orphaned, the refuge acts as a transitional home until children are reunited with their family or fostered by a local family.
- In some cases, children remain within the project where they attend school, receive training. Many have moved to independent living as agricultural labourers, masons, mechanics and other trades, that may otherwise have ended up on the streets.

The interesting difference between this project and others which aim to prevent the creation of street children is it is based in a relatively rural area of Kenya. The need to respond to the fact that many street children have rural roots is particularly important in many African countries. Yet typically, projects for street children are to be found in the major cities and towns, where arguably, they serve to attract yet more children to the town, fuelled by stories of children claiming that food and riches are to be had for the asking.

The Liyavo children's refuge has developed in a particular context, to respond to local problems, in a rural community marked by increasing poverty in a subsistence economy, tribal fighting and ethnic sensitivities in placing children in alternative family care.

Conclusion

Some tentative conclusions can be extrapolated from the experiences of prevention initiatives outlined above.

- The objectives of prevention programmes need to be explored carefully and made very specific. What is the prevention programme trying to 'prevent'? Is the focus developmental or responsive?
- How will beneficiaries be targeted? Targeting families for engagement in a programme where beneficiaries are identified as being in a high risk category for losing or sending their child to the streets may be stigmatising to them. Alternatively, highly motivated families may self-select but these are unlikely be the families at highest risk. Another scenario is that families, motivated to co-operate in expectation of receiving material aid from the project, will engage in socially desirable behaviour in the presence of project staff without initiating any qualitative change in their home or community environment.
- The average age of initiation of children to the street is 8-10 years of age, with contextual variation. However the process of street life involvement begins much earlier, such as when children are kept back in second grade, start falling behind in their lessons or drop out of school altogether (or never start) because of poverty. Ideally, developmental prevention should begin targeting families and communities from the moment of the child's birth. By the time responsive prevention is necessary, the family and child is already in crisis.
- A serious problem in understanding whether prevention really is an achievable aim is the lack of evaluation mechanisms in place which are sufficiently long term and creative enough to give reliable information. Given the complexity and important of prevention work, projects should seek to build in long term evaluation indications so that it can form a learning experience for all.

- The assumption that the choice of street work is inevitable for poor children leads logically to the recommendation to support the income generation strategies of parents. However, there is a likelihood this may *increase* child participation in income generation activities.
- Be careful that responses won't create new problems: the establishment of reception centres for children at times of severe social disruption may lead to their long-term institutionalisation rather than reintegration.

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Identifying and responding to the high risk population: JUCONI's prevention programme

ALISON LANE, META 2000

"The distinction between those that are at greatest risk of taking to street life and those who live in poverty is central to effective prevention strategies."

Introduction

Few people would take issue with the old saying that 'prevention is better than cure', as "prevention" avoids pain and is a cost-effective use of resources: "cures" are generally far more expensive. Sadly "prevention" has not been the priority nor the success one might expect in the field of development.

Clean water and vaccines are known prevention strategies, yet every year hundreds of thousands of children die from avoidable diseases because these are not available to them. Since the nineteenth century, formal education has been taken seriously as a prevention strategy and is more widely available now than at any other time but while it has undoubtedly achieved very positive results, it has not proved a panacea for preventing society's ills.

These two examples, one of prevention strategies that are not fully implemented and the other of a much used strategy which has not yielded all the results expected of it, hint at some of the difficulties inherent in prevention work.

This article describes the learning process of Fundación JUCONI over 10 years in trying to develop and implement programmes which prevent children from taking to street work and street life. It focuses on how we came to define the social subject of our prevention work and how we then went about gaining access to this sector of the population.

Background

JUCONI (Junto Con Los Niños, Together with the Children), a joint Mexican-British initiative, was founded in 1989 in the central Mexican city of Puebla, with the aim of "seeking and offering alternative lifestyles to children living and/or working on the streets and to youngsters at risk of taking to street life." The personalised educational methodology which JUCONI has developed over the years is designed to ensure that "each girl and boy confront and overcome the problems they face in the street, in their families and within themselves." We do this through an educational methodology which develops children's cognitive, emotional, and social communications skills and their physical health.⁴

JUCONI now has three separate programmes providing reintegration and prevention services for:

- (1) **street-living children** and their families,
- (2) **street-working children** and their families and
- (3) **street-market working children** and their families respectively. Each programme comprises a contact/outreach service, (3 to 6 months), an intensive change service (12 to 18 months), and follow-on/sustainability service, (up to 3 years).

⁴ A pack of materials on META's methodology will be available in English from December 1998. For details contact the Consortium for Street Children.

Diagram 1: Our Services for Street Living and Street Working Children

<p>Street-Living Children and their younger brothers and sisters (5 years maximum)</p>	<p>Street Working Boys and Girls and their younger brothers and sisters (4 years maximum)</p>	<p>Open Air Market Boys and Girls and their younger brothers and sisters. (3 years maximum)</p>
<p>1) Operation Friendship (preparation) (In the street and State Borstal) (from 1 to 6 months)</p> <p>Intensive contact with children; recreational activities; emergency medical services; child counselling; preparing for life away from the street.</p>	<p>1) Operation Friendship (preparation) (In the street and in the family home) (from 1 to 6 months)</p> <p>Regular contact with children; recreational activities; complementary schooling in the street; family visits in the home; child counselling; preparing for life away from the street; provide new options away from street-life.</p>	<p>1) Operation Friendship (preparation) (In Open Air Markets and in the family home) (from 1 to 6 months)</p> <p>Intensive with children and parents; visits in the family home.</p>
<p>2) Halfway House (intensive change) (Residential House)</p> <p>(from 12 to 18 months)</p> <p>Round the clock attention; holistic education (corporal expression, recreation, life skills); formal schooling; regular home visits and activities within the family; Individual counselling; work training and placements.</p>	<p>2) Families (intensive change) (In the family home)</p> <p>(from 12 to 18 months)</p> <p>Complementary schooling; school and work visits; family counselling; complementary schooling for younger siblings; small contributions to the family economy; introduction to community services.</p> <p style="text-align: center;">PREVENTION</p>	<p>2) Day Centre (intensive change) (Daily Services)</p> <p>(from 12 to 18 months)</p> <p>Formal schooling (registered primary school); holistic education (including corporal expression, recreational activities, life skills); pre-school activities (Montessori) for younger siblings; counselling for parents; Parental participation in running of Centre.</p> <p style="text-align: center;">PREVENTION</p>
<p>3) Follow-On (continuity) (In their own home or in the Youth House) (3 years)</p> <p>Help graduates from the halfway house to integrate into mainstream society, by: home visits (with the family, substitute homes or in a Youth House); school and work visits; small contributions to the family economy; education for younger siblings; family counselling.</p> <p style="text-align: center;">PREVENTION</p>	<p>3) Follow-On (continuity) (In the Family Home)</p> <p>(2 years)</p> <p>Help ex-street-working children to adapt into mainstream society by: home, school and work visits; schooling for younger siblings; family counselling.</p> <p style="text-align: center;">PREVENTION</p>	<p>3) Follow-On (continuity) (In the Day Centre and in the Family Home) (1 year)</p> <p>Help Day Centre graduates adapt into mainstream society, through: home visits; encourage younger siblings to attend school and parents to use local services; continue counselling for parents and encourage their participation in the Centre.</p> <p style="text-align: center;">PREVENTION</p>

First steps in prevention – Community Outreach

By 1991, JUCONI's reintegration programmes were showing strong enough signs of success for individual children for us to begin grappling with the second half of our mission which was to prevent children taking to street life. But where to begin? A survey carried out amongst the girls and boys participating in our programmes as well as others working on the streets of the "industrial corridor" between Puebla's Central Bus Station and in the city's largest market area, showed that the majority came from outlying areas, particularly from small villages swallowed up by the city years ago and from the informal, newer suburbs. JUCONI referred to these areas as "expulsion zones" and chose one of each type of area, San Pablo and San Felipe, which were home to a number of street-working children we were already attending, to begin creating and providing prevention services.

Our first move was to invite neighbouring mothers to participate, with their children, in the activities our educators were already providing for street-working children and their mothers. These activities included a range of workshops (nutrition, sewing etc) and counselling sessions chosen and managed by the mothers themselves and held in their own homes, as well as formal and non-formal educational activities for children. It quickly became clear that the space available in the homes of these families was unsuitable for working with groups and so, in 1992, JUCONI borrowed a large room from the municipal government in San Pablo and a church hall in San Felipe **to work in**. In both districts, the new location was within easy reach for the street-working child families who formed the core of each group.

In 1991, JUCONI had introduced week-long Evaluation, Training and Programming Workshops for each programme. Although at that time JUCONI's evaluation instruments were somewhat rudimentary, they nevertheless focused evaluation at the level of each individual participant. Careful analysis of the tangible results achieved for each child, (a practice which continues to this day), helped highlight several important issues which have remained central to our endeavour to provide effective and efficient services. The first of these issues is "definition" of our target group both in terms of who participates and who we want to participate, which leads on to "access" (how do we reach these people), and subsequently to "diagnosis and selection" (what are their needs and how can we best meet them).

Definition - who were we attending?

Our analysis in 1991 of our Community Extension services showed that:

a. FACT: the majority of participating children were enrolled in state schools.

INTERPRETATION: This capacity to access services and to sustain participation, indicates a relatively high level of integration in their community.

b. FACT: our original core of street-working children, their younger siblings and mothers stopped participating shortly after the move from home-based workshops to working in the church hall in San Felipe and the municipal premises in San Pablo.

INTERPRETATION: These social subjects had been unable to sustain the initiative to attend once the service was not intensely personalised.

c. FACT: the main thrust of services was directed at mothers rather than their children.

INTERPRETATION: Participation depended on mothers spreading the word to their friends, so services had to primarily interest mothers in order to attract them to attend. These mothers would invariably be among the more active participants in the community.

Definition - who is at risk?

Bearing in mind that the objective of our Community Extension was to prevent children taking to the street, in trying to evaluate whether we had achieved this we soon came up against the crucial question "Was this child really at risk of taking to street life in the first place?" Over the years, we had built up from experience the definition or profile of a street child as forming part of the most excluded and vulnerable sector of society. They generally lack the emotional, cognitive and economic resources to access services and do not participate in their local community. This therefore puts them beyond the reach of government programmes and the majority of NGO community programmes - indeed, they remain the poorest of the poor precisely because they slip through – and continue to slip through - all safety nets.

This profile contrasts starkly with the families who were participating in Community Extension; the fact that these were keen to be involved in the programme, and had children in formal education, shows a pre-existing capacity for participation in the community and already developed strategies to identify and grasp further opportunities. **Our conclusion, in short, was that as a strategy for preventing children from becoming street children, our Community Extension service had not been successful since we had not clearly defined who was at risk and who we were targeting.**

As we continued our analysis of Community Extension in the light of our prevention objectives, it became increasingly obvious that the sector of our population not capable of grasping this opportunity - the original core group of street-working girls and boys and families who had dropped out - contained the "highest risk" population of children urgently in need of help to prevent them taking to street life.

JUCONI identified these "high risk" youngsters as the younger siblings of children already involved in either living or working on the street, because in addition to living in poverty, they come from homes in which the street is accepted as a strategy for survival, (even though it further alienates them from society), and they also have the powerful example of an elder sibling(s) in street life.

The distinction between those that are at greatest risk of taking to street life and those who live in poverty, is central to effective prevention strategies. The precise combination of factors that cause some children and some families to turn to the street as an answer to their problems, is still not entirely clear to us. Poverty and low levels of education are common factors amongst the families of street children; however, if these were the only ingredients required to expel children onto the street, the problem would be of **A** much greater magnitude than it is. The number of street children in Mexico is small when compared to the 57% of the Mexican population which the UNDP estimates live in poverty. This is equally true in most of the world's poorest countries.

A major consideration in our deliberations on how to continue our prevention work was effective use of our limited resources. If we were serious about targeting our resources at the most vulnerable and excluded children and those in danger of taking to street life, then we had to seek more effective strategies than the hit and miss approach of Community Extension which used our resources indiscriminately and most often on families whose children were unlikely to take to the street. This is not to deny the value of our Community Extension work with regard to other developmental objectives; at levels other than prevention, Community Extension had proved successful - for example, it led to the formation of leaders capable of taking on administrative responsibilities and motivating participation. As our own participation could no longer be justified (to donors and street children) in terms of prevention of street children, the six months following

this workshop were dedicated to strengthening the San Pedro and San Felipe mothers' led projects and preparing them for independence from JUCONI.

Access - reaching the target population.

Our experiences in Community Extension revealed two important lessons for JUCONI with regard to reaching children at risk of becoming street-working or street-living children. The first has been touched on above and is that those at true or direct risk of becoming street children are the younger siblings of street children and they are most effectively reached through contact with the elder brother/sister already in street life. Because in our experience the street children and their families do not generally participate more than sporadically in the life of their local community, they cannot be effectively contacted through existing community services such as schools, community centres, clubs etc.

The second lesson is that if help is to be effective, it must be offered through services flexible enough to be personalised and to respond to the individual needs of each child and her or his individual family members. The problems of low self-esteem, poor communication skills, inertia etc. that prevent the most vulnerable and excluded from accessing educational and employment opportunities in the community, keeping them on the margins of society, will also prevent them from successfully integrating into a group - even if the group plans to tackle those very same problems. Systematic, intensive and personalised attention is needed to empower them to build the emotional strength and the cognitive and communication skills necessary first to be able to identify new opportunities for themselves and go on to take these up successfully

Developing JUCONI's capacity for prevention work

Integrating prevention work into our programmes has been a gradual process, and we have needed to increase the size of our educational teams and develop expertise in new areas. In some ways reintegration or "cure strategies" can be easier as they respond to more specific needs, (what has already happened to someone), whereas prevention widens the scope: it is harder to diagnose needs in relation to what might happen to someone. It has proved essential to have clear, measurable objectives and to make a careful selection of the action fields/areas to work in. In each Programme educators divide their work in four fields of human development: Health, Cognitive Development, Emotional Development and Social Development.

Our prevention work has also highlighted the crucial role of JUCONI's Follow-On services, which seek to sustain and nurture the changes made earlier in the intensive services of the programmes. Follow-on is the essential proving ground where we find out if these changes can in fact be sustained and built on in the long term by children and their families.

Evaluation is a common stumbling block in prevention work – how do you prove that you have stopped something from happening? However, as we can demonstrate that many younger siblings become street children and are therefore the highest risk group, this block is largely removed. JUCONI uses an integral assessment tool which systematises detailed information on a child's situation in the four human development fields from the start of her or his participation in JUCONI. This tool is reapplied at set intervals to assess the child's progress in each service and beyond. Follow-on is the final test as to whether a child or family have been able to sustain progress and whether, 3 to 4 years after contact, these youngsters have not turned to the street as an answer to their problems.

Access to high-risk children is achieved at different stages within each of the three programmes:

Prevention in our Programme for Street-Working Girls and Boys

Very early on – during the ‘contact stage’ of our street-working child programme, we are able to discover how many younger brothers and sisters the working child has and begin getting to know them. We make an assessment of the family and with the whole family make a plan of action for the ‘intensive change’ service (see Diagram 1).

Prevention work in the street-working child programme also begins in the intensive phase of the programme. This service is home-based: each family is attended by a team of three educators, one specialising in reintegration work with the street-working children, one in prevention work with the younger high risk siblings and one straddling both, focusing on parental guidance. Our objectives with parents are in accordance with the needs of their children and the interests of the family as a whole, so **our focus is helping mothers to provide a supportive and stable environment for their children.**

Generally around 18 months of intensive attention is required before a family meets the criteria to graduate to Follow-On. In Follow-On, families- the former street-working children, high risk siblings and parents - continue to receive visits from educators for up to 2 years to ensure they continue to progress and find solutions to their setbacks.

Prevention in our Programme for Street-Market Working Girls and Boys

At first glance, this programme may look like a community project and seem to contradict some of the statements made earlier with reference to the capacity of community work to reach those in danger of becoming street children.

The intensive change service for this programme is a Day Centre, a service commonly associated with community work. However, children attending the Day Centre are all either market-working girls and boys participating in reintegration services or their younger brothers and sisters in our prevention services. It is our contact and selection procedures which guarantee that those children attending the Day Centre have not been able to access services elsewhere. Unlike our earlier Community Extension service there is no open invitation for all to attend; instead we carefully target and select those who will gain most from our services from the working “community” of market-stall holders and we reach our high risk group of siblings through attending girls and boys who work in the street-markets.

JUCONI’s Day Centre began in answer to needs detected during the survey of working children mentioned above. Our prevention work takes the form of a Montessori pre-school for siblings of 18 months to 6 years old. Once they have attained the personal development and educational objectives of this service, (usually within a year to 18 months) children are then attended in their homes for a further 18 months to encourage further development and ensure that they are no longer at risk of entering street life.

Prevention in our Programme for Street-Living Boys

Street-living boys generally need a great deal of highly personalised, specialised help and most spend a year to 18 months in JUCONI House, our intensive care, half way house, before they are ready to consider returning to their family, integrating into a permanent substitute home, or preparing for independence in our Youth House. Prevention work in this programme is carried out by educators from our Follow-On service.

While boys are in JUCONI House, we encourage visits to their families to begin as soon as possible. Once this contact has been made, JUCONI’s Follow-On educators begin work with the

family, parents and siblings, to prepare everyone for the reintegration of their son/brother. If a child decides to take up an option other than returning to their family (JUCONI's Youth House for example), educators still maintain contact with the family and continue prevention work with the younger siblings.

Conclusions

Prevention is undoubtedly better than cure, but **we need to be absolutely clear what we want to prevent and who exactly is at risk before we can identify how best to formulate a prevention strategy.** To be effective, it must show clearly what it will achieve, how it will achieve it and for whom.

In our Community Extension service, JUCONI fell into the common trap of thinking that because poverty and lack of schooling were common features to all street children (who), disadvantaged children could be prevented from taking to the street (what) by helping the family economy and reinforcing their schooling (how). **However, our basic “who” premise was wrong, because not all disadvantaged children are at risk of taking to street life.** Our community extension work was a blanket response to disadvantaged children in general, rather than a strategy honed to preventing those at risk from taking to street life. Since so few participants were “at risk”, this strategy is expensive as well as ineffective.

We argue that focused prevention, generating tangible results for individual children, should take youngsters at risk of taking to the street (and their offspring/children) out of the poverty cycle, so contributing to the alleviation of poverty among society's most vulnerable members. This strategy should complement well-directed community development work, which aims to alleviate poverty in the community as a whole.

Alison Lane, Director of Training, META 2000. Thanks also to Sarah Thomas de Benitez.

Family Structure Problems, Child Mistreatment, Street children and Drug Use: A Community-Based Approach

“Although no causal link may be clearly established between one set of activities and the latter problem, there is strong circumstantial evidence that the number of monthly newcomers into street life (monitored weekly) descended to half (from 27 - 35 kids per month to 12-18 per month) between 1992 and 1994.”

Dr. Dwight Ordoñez Bustamante
IPEC, Peru

I. The Problem

In September 1989, we started a pilot programme for the rehabilitation of street children in Lima, Peru. In 1992 this evolved into a parallel programme for the prevention of, and early social intervention in, child mistreatment and abuse cases in 22 urban-marginal communities of the same city.

In fact, although street life had started for those individuals some time before the project began, most of the children were adolescent boys, ranging from 11 to 15, who had run away from home due to family violence and child mistreatment.

Children had left their family, school and, in one-third of cases, their previous work activities and had inserted themselves into street life and gangs of peer age. Living 'in the wild', they slept in open spaces, made a living by group assaults on bystanders, became sexually active and violent and started using drugs (mainly inhalants: compulsive glue-sniffing) and crack cocaine. There were no reports of drug use previous to the children's entrance into street life.

Street children, who named themselves as 'piranhas' due to their habit of clustering in order to assault, tended to concentrate in four of the city's Districts, which were conceived in practice as groups' 'territories'.

Once in the street, each new arrival involved himself with a particular group as a means of survival and got acquainted with the 'subculture of the streets', i.e. other juvenile and adult delinquents, and the 'rules' which govern street life. The latter include seeing stealing (laburo) as 'work' (labour), resolving interpersonal conflicts through violence and dominance, and condoning drug and solvent use. Although street children were not usually 'monitored' by adult delinquents and the offences of both groups were not related, the former tended to take the latter as role models and imitated them.

As a result of their asocial behaviour, street children ran into problems with the local police and the Juvenile Justice system. Thus, most of them had been placed in a reformatory belonging to the government's 'closed system', from which most of them had also escaped back into the streets.

Extensive research developed by our organisation during the past years documented several facts which contradicted the common beliefs of the time and which were to be taken into account in order to develop a better understanding and a more adequate answer to this social problem, i.e.:

* **That the phenomenon was not related to poverty, the risk of previous, frequent exposure to street life or child 'abandonment', but to family structure problems and family violence;**

* that the problem was related to the **context of becoming adolescent in a conflictive family environment;**

* that **its scope was limited:** there were less than 500 individuals of this kind in the streets in a city of 7 million inhabitants;

* that for cultural reasons, it was **gender biased**: a 10:1 to 15:1 ratio (depending on the period measured) between males and females;

* that family and/or social reinsertion of these individuals was possible in a high number of cases on the basis of intensive work with the individual, his family and the community.

..most children had experienced not only a conflictive and violent family context, but mainly a loss of their 'place' and status in the family, having previously experienced serious affective losses...

The research also uncovered that:

* **Most (90%) of the children come from rebuilt (with step-father or step-mother) or monoparental families, or from rural families that had 'given' their child to other people** (relatives or not) to be raised by the latter in the city. Thus, in almost one-third of cases the children had not escaped from their family of origin but from other family groups.

* That **more than half of the children had abandoned schooling several months before leaving home (thus schooling may be considered to be a partial protective factor for this specific kind of behaviour)**, or they had problems with the police or justice. Thus, it was reasonable to think that, although the adolescent 'running away from home' phenomenon in Lima was considerable, those children who ended up living in the streets were those who lacked an 'immediate social network' due to the immigrant condition of the parents or the 'delinquent social status' (the place and way of living) of the family.

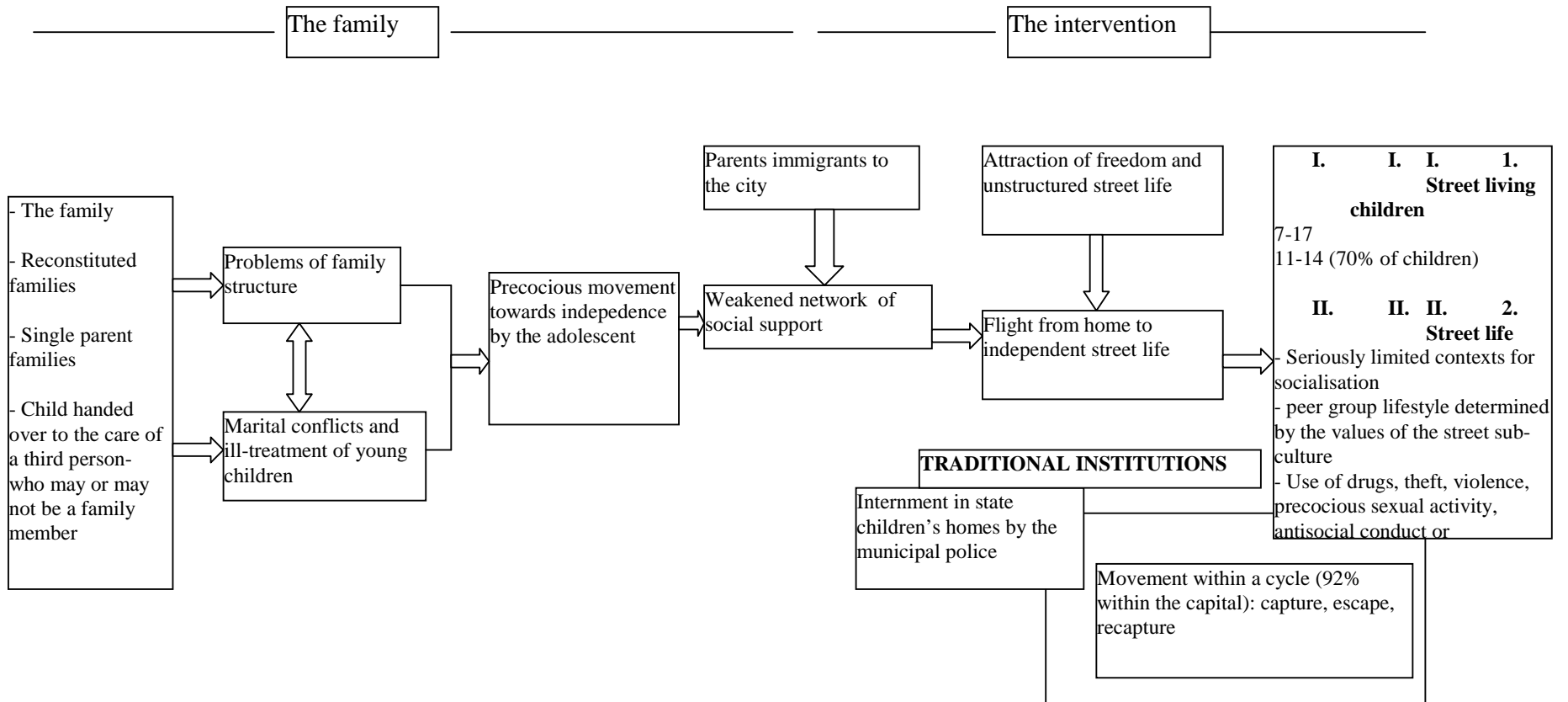
This description also corresponds to the geographical distribution of the population/districts of the city from which the children came.

* That most children had experienced not only a conflictive and violent family context, but mainly a **loss of their 'place' and status in the family**, having previously experienced serious affective losses (mainly of parents) and having become the hostages of the power struggles which resulted as the family redefined itself..

* In most cases, the child had been the only child who had abandoned home as the price of the new family union. **Violence against the child had been the final precipitator of the child's escape from home, but not its main root.**

Please see Diagram 1, "Factors which contribute to the migration of children to the street"

FACTORS WHICH CONTRIBUTE TO THE MIGRATION OF CHILDREN TO THE STREET



In the aftermath of this process, the role of drug use by street children is a complex one and, on the basis of our own research, it may be summarised as follows:

* Street children are introduced into the use of drugs (primarily inhalants) by their age peers, who organise themselves into small, relatively unstructured 'gangs'. Drug use, then, is a collective phenomenon, not only because almost everybody (97%) does it, but also because it is part of a collective ritual, performed once or twice a day. So, **drug use among street children is also a sign of belonging to a group and of conforming to its rules**. Therefore, it is an adaptive behaviour.

* It is also adaptive, in individual terms, to the vital context of the children, as a means to evade some important issues they are unable to cope with, such as:

* **depression, due to successive and massive personal losses** (of one's own status in the family, of loved ones, of one's own family life, of school peers and friends, etc.) and the fact of their present living conditions of street misery and marginalisation;

* **low self-esteem**, due to the negative attitudes, violence and mistreatment received at home, plus the aggression and marginalisation experienced from the 'normal' adult world and the police during street life;

* **fear, due to one's own position in the streets, facing the adult world**; thus the stimulating effects of inhalants provide the individuals with feelings of 'powerfulness' and 'mightiness' that allow them to get involved in aggressive and delinquent behaviour;

* **lack of acceptable and satisfactory ways to obtain pleasure** under the above mentioned vital conditions;

* the hallucinatory effects of inhalants are used to compensate this difficulty. The **anaesthetic** effect of high doses of inhalants also helps to hide the feelings of cold and hunger experienced during street life.

* Thus, for street children, drug use is the principal means by which to evade one's own depression, fear, low self-esteem and conflicting family memories.

It helps sustain the 'carapace' or '**false (social) self**' that these adolescents quickly develop after their entrance to the streets, and that masks one's own access to oneself and to one's own feelings. Thus street children start behaving in a severely disrupted manner and taking collective 'revenge' on the world of adults (collective assault), not for the purpose of 'survival' or food (most of their gains are spent on drugs and solvents), but for pleasure.

Seen in a retrospective way, i.e. as a process, the history of most of Lima's street children may be understood as that of individuals who have passed through successive and severe 'breakdowns of context' in a very short period of time (Ordoñez , 1995): the loss of significant relations in the family due to family recomposition; the loss of one's own place in one's family structure (family conflicts and violence); the loss of all family relations (running away from home); the loss of one's own previous identity (entrance into street and gang life and into reformatories for a short while), and the evasion of all these losses and conflicts (drug use). Street children lacked the ability and opportunity to adapt themselves psychologically to all these breakdowns of context, and their answer to this process was, at the same time, partial, self-protective, ineffective and harmful (i.e. leaving home, thus diminishing the number of their socialisation contexts, entering into gang life, developing a false-self, becoming frequent drug users).

Please see Diagram 2: "Street Living Children – Ruptures of Context"

II. The Initial Answer

Starting in 1990, when we were only half acquainted with the facts we have just described, we have progressively implemented, an open rehabilitation system for street children in Lima (5 rehabilitation 'open' houses, 4 for street boys and 1 for street girls, with a total capacity of 140 beds). It was assumed that two other important 'breakdowns of context' were to have place if the children were to be recuperated back into normal social life, i.e.:

* the 'piranhas' (street children) had to voluntarily leave the 'river' (streets) in order to transitionally live at one of the 'ponds' (open houses) of the programme and become 'dolphins' (stop drug use and recuperate normal living and social habits);

* their stay at the rehabilitation system was to be transitory (6 to 18 months); i.e. **intensive work was to be carried out on the children's family, other relatives and the community to facilitate the reintegration of each child with his/her (modified) family (dynamics), or to become, if already 16 years old or more, an independent worker and reintegrate his/herself into society.**

The programme, named "From Piranha to Dolphin", was conceived as 'open' in several ways:

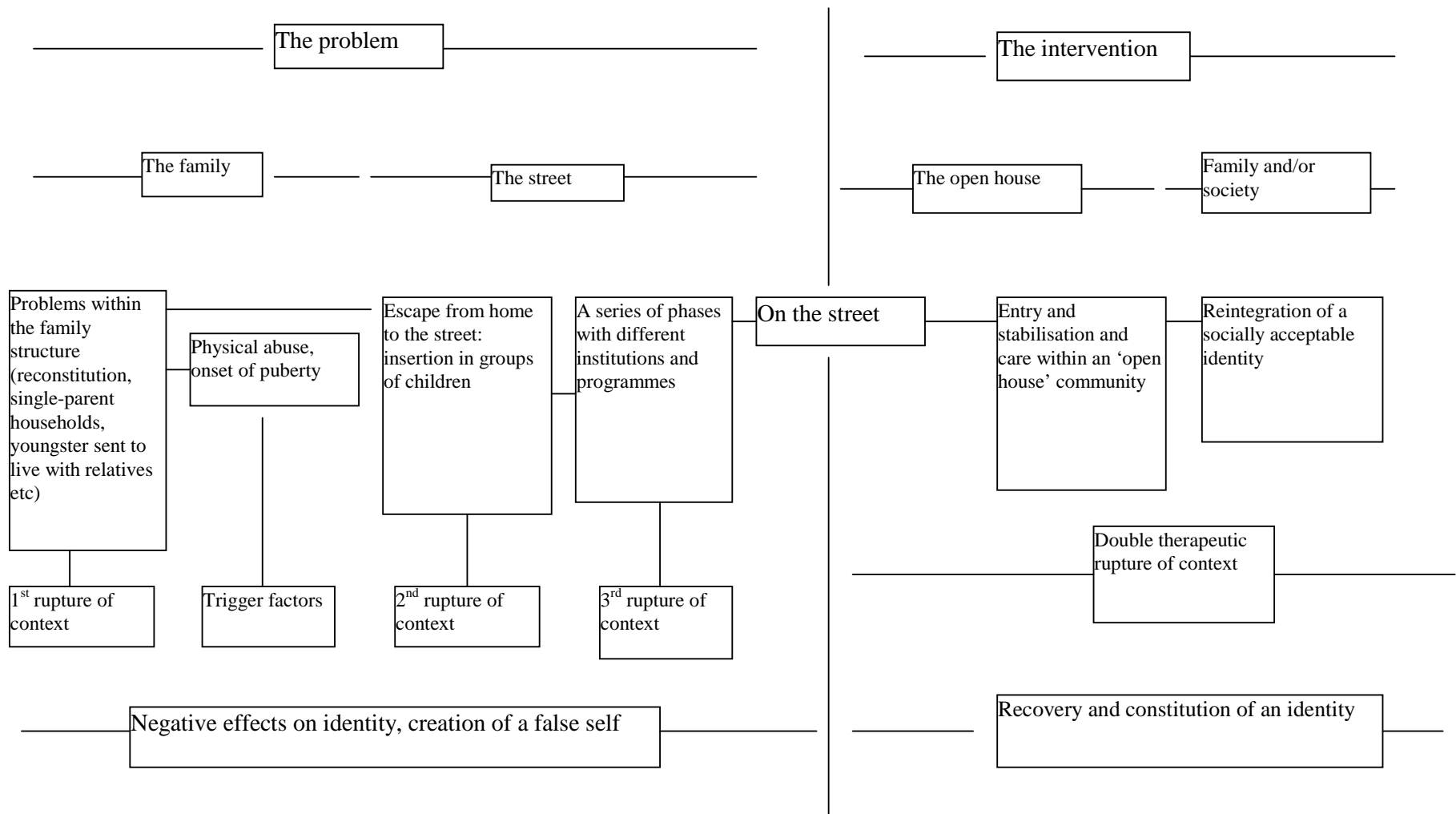
* It started and permanently continued its work in the streets, trying to build strong interpersonal links between 'street educators' and old and new (in-coming) street children, and to rebuild their trust in the adult world in order to encourage them voluntarily to leave the streets and go into one of the programme's units/houses.

* The resident children and adolescents had the choice of staying or leaving the programme/house where they lived at any time at all.

* Children did not lose their contact with the exterior society; after an average of three months they were actively encouraged and expected to go back to public schooling, learn a trade (at one of 10 programme workshops) or get a job outside the programme while living on one of its premises. Thus, social reinsertion was actively promoted from the moment a child took part in the programme.

The programme remained 'open' to the inputs of a wide range of community sectors: local municipalities donated land for the programme's premises or partially contributed to its costs; volunteers from different groups were engaged in the programme's activities, or were encouraged to develop their own activities in the programme, in order to enrich the range of social interaction of the children and the programme's range of opportunities; school teachers and possible employers were actively lobbied in order to facilitate the children's integration into these domains; in-kind donations from private individuals and enterprises were actively sought.

STREET LIVING CHILDREN – RUPTURES OF CONTEXT



The programme remained open as a 'safety network' for adolescents who intended to run away into the streets or who, after having gone back to their family, decided to leave it again, thus avoiding their re-entrance into street life.

The programme conceived its goals as a three-step process:

- * The child **leaving the streets** as a pre-condition to:
- * the child abandoning **drug use** (which was sustained by street peer-pressure), before:
- * **finding an acceptable way of family and/or social reinsertion** for each child.

Apart from providing shelter, nutrition, clothing, medical and psychological attention, the programme emphasised - in the context of community life - shared responsibilities, counter peer-pressure (of houses' residents) and a new set of (group) 'rules of life' (i.e. no drugs, no stealing, no violence and no sex - the latter, in the house premises) as an important means to enact a 'therapeutic breakdown of context'. Strong emphasis was placed on helping individuals to restructure their use of space and time, building a 'project of life' (to be monitored and supported by the programme) and in strengthening the self-esteem and sense of achievement of house residents.

The programme's 'open houses' are governed by a common resident and an Educators General Assembly, which makes decisions weekly on each house's main problems and tasks. Residents' behaviour is regulated by an individual and group token system, which gives access to privileges and sanctions (Ordoñez, 1993).

III. The Results of the "From Piranha to Dolphin" Programme

Follow-up research carried out on this programme during the past 5 years has provided the following information:

- * The "From Piranha to Dolphin" programme has proven effective on 56% of the population it initially reaches in the streets; the remainder is composed of 24% of street children who are attended to by parallel systems, and 20% of children who will not leave the street or who will go back to them. **Negative prognostic factors are: greater age and/or extent of street life of individuals, greater extent of time involved in drug use and use of coca paste.** Thus, the system is mostly effective with those who have only been users of inhalants and solvents.

- * Reincidence in drug use remains very low for the houses' residents: less than 8%.

- * Drop-outs remain at a low level: 10% per month, who are mainly new-comers unable to adapt to the system.

- * An 18 month follow-up study developed in 1992 gave evidence of rates of reintegration to the educational system of 85% and of labour reinsertion of 65% (Santillan, 1995).

- * A 21 month follow-up study developed in 1994 gave evidence of rates of reintegration to the family of 70%, and rates of 'independent emancipation' of individuals of 20%. The same study showed that reintegration to the family processes failed in 15% of cases, and that 'independent emancipation' of individuals failed in two-thirds of cases (Ordoñez et al, in press).

In other words, it was most difficult to help adolescents over the age of 16 to settle into an independent living and working pattern.

IV. Further Developments: a Community-Based Programme for the Prevention and Early Social Intervention in cases of Child Mistreatment and Abuse

Given that police action against drug dealers was demonstrably ineffective, by the end of 1991 it was clear that the only effective way to stop the flow of children onto the streets, and impede their becoming addicted to drugs and solvents was to prevent the entry of new children and adolescents into independent street life. In other words, we had that is we had to try to curb the 'running away from home into the streets' phenomenon by addressing what had been established as its main (73%) precipitating factor: family violence and child mistreatment. **However, it was important to establish where to initiate such localised preventive efforts.**

Initial studies on the attitudes and beliefs of the adult population of these communities revealed the very high incidence of physical punishment (mainly flagellation and child-battering with objects), part of a complex cultural pattern of child raising.

A study carried out in 1991 showed that around 50% of a random sample of 100 street children came from 6 micro-zones of the city of Lima, between the limits of 8 districts of the city, most of them belonging to the outskirts - impoverished areas which were occupied mostly by immigrants to the city. **Discounting 23% of the individuals of the sample who had come to Lima from other provinces of Peru, it appeared that these 6 zones of the city were at the origins of 63% of the cases.**

On the basis of this information and of further correlating studies, **the author designed a community-based programme for the prevention and early social intervention of child mistreatment and abuse cases at 22 specific small, urban-marginal communities, including the 6 core zones mentioned above.**

Initial studies on the attitudes and beliefs of the adult population of these communities revealed the **very high incidence of physical punishment (mainly flagellation and child-battering with objects), part of a complex cultural pattern of child raising (Trujillo, 1994).** A further epidemiological study on child mistreatment in the city of Lima supported by the author (Ponce, 1995) revealed that up to 61% of Lima's poor school age population had been physically mistreated at home, and that child mistreatment was positively correlated with the lower class status and male gender of the victim.

In 1992, we started a child mistreatment prevention and intervention programme in Lima.

Existing grassroots organisations in each community were linked to child mistreatment networks which, supported by our trained community workers, developed awareness campaigns among the local population and detected cases of child mistreatment and / or sexual abuse for referral to the programme's office/staff in each of the 22 locations.

'School for parents' courses were developed in each community; leaflets and other material were distributed and a hotline was established for neighbours or relatives to support child abuse (Bracamonte, 1994).

With the backing of the Juvenile Justice system, family therapy and legal counselling were offered to families which had serious problems of this kind. In the first year of the programme, our 8-member intervention team took on 502 cases.

It was obvious that by this time the child-battering phenomenon was larger and affected far more than street children, and that having touched the problem of Peruvian culture patterns of child raising it deserved attention itself. By 1995 the programme had implemented a mass media strategy (TV, radio, written press) and developed links with the Ministries of Education and of Health. It was also developing similar preventive networks at public schools, with the help of teachers, and was contributing to the establishment of a child mistreatment and abuse surveillance system for a network of public hospitals and health centres.

By the middle of 1995, the programme was being replicated at 6 other Peruvian cities, while the “From Piranha to Dolphin” programme was being replicated in 3 other cities and its principles were gradually being adopted by government facilities for juvenile delinquents.

What was the impact of all this community-based effort against child mistreatment on the problem of street children and street children’s drug use?

‘School for parents’ courses were developed in each community; leaflets and other material were distributed and a hotline was established for neighbours or relatives to report child abuse.

Although no causal link may be clearly established between one set of activities and the latter problem, **there is strong circumstantial evidence that the number of monthly new-comers into street life (monitored weekly) descended to half (from 27 - 35 kids per month to 12-18 per month) between 1992 and 1994.**

Although unnoticed, this fact was of great help for all those working in the streets in order to entice children to abandon such life and drug use.

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THE “VOLUNTARY SEPARATION” OF CHILDREN IN ANGOLA: RECOMMENDATIONS FOR PREVENTIVE STRATEGIES

Clare Moberly

By analysing the dynamic of the process of separation it is possible to suggest a number of interventions which might have preventative outcomes. What is needed is actual experiences of trying to implement or to develop such measures.

Note:

This is a synopsis of a study coordinated by the author for the Angolan Ministry of Social Welfare and Save the Children UK. in 1997. It provides a profile of both children who have been placed in institutions and street living children in a country where such ‘voluntary separation’ is a recent phenomenon. It examines the impact of poverty and war on a household level and argues that the process of separation should be understood in this context. the article ends with an exploration of possible preventative strategies and the potential difficulties of some of them. These are suggestions of the author arising from the study and should not be seen as official policy recommendations of either SCF UK or the Angolan Ministry of Social Welfare as these are still under discussion.

I. Introduction

In 1989, the Angolan Ministry of Social Welfare (MINARS) and Save the Children UK began a programme to assist children who had become separated from their family or usual carers as a result of the long running civil war. The programme emphasised family tracing and reunification as a priority though it also included the development of non-institutional care alternatives for children whose families could not be traced. During the mid to late 90s, more and more children began to be registered within the programme who were not separated accidentally because of the war, but had been brought into children’s homes by family members, or had left home and were living on the streets, particularly in the capital Luanda. Before this, “street children” had been almost unknown in Angola.

The term “voluntary separation”, meaning separation as a result of a decision by children or adult carers, was used to distinguish this from the earlier process of “involuntary” or “accidental” separation caused by the war.

Organisations and individuals responded to this by establishing residential homes, aimed, in particular, at street living children. The staff at these projects argued that separation was caused by poverty and family breakdown, and that family reunification was not possible or in the best interests of street living children.

In 1997, MINARS organised a piece of research to test this hypothesis. Its objective was to identify forms of intervention which could assist children who were already “voluntarily separated” and to examine how to prevent more children becoming separated in the future.

In all, 173 ‘voluntarily separated’ children and their families were interviewed in the capital, Luanda, and two provincial cities.

BACKGROUND TO THE SITUATION IN ANGOLA

Historical and Political Context

Over the last two decades Angola has suffered from almost constant war, caused by conflict between the MPLA government and the rebel forces of UNITA. Peace accords in 1991 led to the MPLA accepting multi-party elections. The results, however, were rejected by UNITA and in 1992 the country entered into a period of even more intense fighting which affected many urban areas for the first time and impacted severely on the civilian population.

War has been accompanied by a prolonged economic crisis. In the 1990's the government abandoned socialist models of central planning and began to move towards economic liberalisation, resulting in the removal of price controls and consumer subsidies, and cuts in public sector spending. Hopes for economic recovery, however, were complicated by the return to war from 1992-94. GDP per capita fell from US \$1,000 in 1991 to US \$400 in 1995 while inflation rose rapidly, peaking at 12,000% in mid 1996 (UNICEF 1997).

The war has caused **a massive movement of people into key towns and cities**, An estimated 45% of the population now live in urban areas, 20% of them in the capital Luanda (UNICEF 1997). The majority of these live in informal or unplanned settlements (known as musseques or bairros) which are characterised by poor housing and infrastructure and limited or no public services.

The effect of the crisis on the urban population

Changes in macro level policies, as distinct from the war, **have fallen disproportionately heavily on the urban population, due to their greater dependence on wages and the money economy**. Up until 1990, nearly half of the urban population were employed in the public sector. By 1995, budget restrictions had reduced this to 14%. (INE:1996) At the same time, hyper-inflation cut the real value of salaries with the minimum wage dropping from 15\$ in 1991 to 0.29\$ in February 1995. (UNICEF 1997)

PROFILE AND BASIC CHARACTERISTICS OF THE CHILDREN INTERVIEWED

In order to create effective prevention initiatives, it is important to know the characteristics of the street child population as a first step in targeting the children who may be judged at highest risk of street migration.

Sex

Of the 173 children interviewed 84% (146) were boys and 16% (27) were girls. This reflects the fact that **boys are much more likely to become separated than girls.**⁵ This is confirmed by the existing Tracing/Family placement Programme and other studies on street living children.

⁵ *Research in 1993, by MINARS/SCF UK, on separated children suggested that this reflects the greater usefulness of girls in terms of their domestic work potential. They may also attempt to cope for much longer even when they feel themselves abused. This could also be because cultural gender norms are even more disapproving of girls on the street than boys and that this reduces its viability as an option for girls except in extreme circumstances. (Aptekar 1997)*

Brought into care/ran away

Within the sample 30% (52) were brought into Children's Homes or Centres by family members whereas 70% (121) had run away from home. This distinction is an important one as the two sets of cases do display some significant differences. For example, girls were more likely to be brought into care than through running away to live on the streets.(67% of girls brought into care vs. 23% of boys). This is confirmed by visual observation on the street. In Luanda, however, this percentage drops dramatically to only 31%. **This appears to support observations within programmes that there is a growing trend in the capital of young girls leaving home to make their living on the streets.** This does not yet appear to have reached the provincial cities.

Age at separation

In the overall sample both girls and boys appeared to be at highest risk of separation between the ages of 9 -12 (boys 64%, girls 55%). Children being brought into care, however, tended to be younger.

Time separated

Most of the boys had been separated for longer periods than the girls. Over 56% of girls had been separated for one year or less as supposed to 32% of boys. With both, the number of children becoming separated appeared to show an upward trend over the last year. There was a steep growth in separation for boys from 1992, peaking in 1994; this may reflect a point when existing assets had been depleted and **changes in the macro level economy began to be felt most acutely at a household level.**

Status of parents/Last carer

Very few of the children are orphans in the full sense of having lost both parents, over 88% of them have at least one parent living - this was especially true for children who ran away. Only a small percentage (18.5%), however, were actually living with both of their parents before separation.

A high percentage of children in both groups were living with single carers (60% brought into care, 45% ran away) ⁶ For those running away the majority of these were single women (41% women, 4% men) but amongst children being brought into care this also included a high percentage of single men (31% women, 29% men). Statistics in wider studies tend to hide figures for single male headed households but two recent studies put the figure for female headed households in urban areas as under 29% (UNICEF 1997, INE 1996). This group then may present a higher proportion of single parents than the population as a whole.

FACTORS CONTRIBUTING TO SEPARATION

In most cases a variety of factors were mentioned either by the child or the adult as contributing to separation. Those most commonly mentioned are listed below in Table A.

⁶ *The statistic in the research includes an additional figure of men and women whose partners were rarely in the house as it was considered that these individuals were for large periods of time effectively single carers.*

Table A

TOTAL SAMPLE	%	BROUGHT INTO CARE	%	RAN AWAY	%
Economic	53	Economic	67	Economic	46
Supervision	42	Death of a tutor	60	Behaviour of the child	45
Death of a tutor	34	Lack of supervision	35	Lack of supervision	45
Behaviour of the child	33	Incapacity of tutor	35	Violence/fear of punishment	40
Violence/fear of punishment	28	Separation of parents	19	Liberty/Independence	33
Liberty/independence	24	War	19	Relationship conflict	27
Relationship (with non family member of household)	23				

At first glance, economic factors emerge as the most significant reason why children were on the street. **However qualitative information shows that this is not always a simple cause and effect. Responses to the changing economic and social situation are demanding new roles of individual members of the household, altering the dynamic of relationships both within and outside it and putting new strains on all its members.**

THE EFFECT OF THE ECONOMIC SITUATION AT HOUSEHOLD LEVEL

The principle strategy of households in response to the economic crisis appears to have been:

- diversification of income activities into the informal sector.
- the mobilisation of additional labour resources within the household.

Low incomes and small margins of survival

What emerges in the more qualitative data is **the extreme vulnerability of families to both short term and prolonged economic crises.** Over 72% of families including those who had a relatively better standard of living complained of occasional or frequent moments when they did not have enough food in the house because income from the informal sector fluctuates, and because salaries don't last the month and are not paid on time. Households which appeared to be more economically stable often had at least one member still employed in the formal sector.

Networks of support

Assistance from other family members is the single most important strategy for covering both short and long-term financial difficulties (48%). However, traditional kinship networks are under pressure as everyone faces the same economic difficulties and the war has also cut off vital support to urban households from family who have remained in the provinces. Many households talk of help from friends and neighbours in the form of short term loans or food to cover difficult periods. Support from other congregation members in churches was also mentioned relatively frequently (23%).

Despite these networks, many households are quite simply not managing to survive. Over 24% of the people interviewed in Luanda, 35% in Benguela and 31% in Huambo talk of being forced to sell assets, of reducing the number of meals they eat and of going hungry. **Small margins of survival mean that many households are unable to cope with additional shocks and in time lines drawn by families and children, the child's separation frequently followed on from such a period of crisis.**

COMMON CAUSES OF CRISIS

1. **Death of a guardian** or separation were the most important factors provoking economic crisis. (57% in the total sample, rising to 77% for children being brought into care). This reinforces the picture that half of children within the sample were living with single carers before their separation.
2. **Over 40% of children within the sample have parents who are separated.** There is no information from other studies to compare this with directly to see if this is a much higher proportion than the population as a whole.

Several comments point to the fact that relationships, whether they are formal or informal, are not only a social desire but an economic necessity. This may be one of the pressures that, apart from tradition and the disruption caused by war, is pushing a high rate of serial partners amongst men and women. **Individuals who become separated or divorced tend to move rapidly into another relationship and the arrival of a new partner can mean a dramatic change in the household's economic situation.** This is true for both sexes, but evidence suggests that women face added cultural disadvantages. **Traditional rules governing the practise of polygamy have been weakened by the greater freedom of individuals from community sanction and control in the urban context (Amado, Van Dunem 1995) and there is less social pressure on men and they have less capacity to provide for "their wives".** In the event of death, women in informal unions, or who are one of multiple partners, may have little or no entitlement to their resources. Particular types of female headed households, then remain amongst the most vulnerable. (INE 1996)

3. **Sickness, infirmity or disability of a carer** are also some of the cases which display the worst economic situations of the whole sample. Again this is particularly true if they are single and there are no other adults within the house as it effectively means little or no income.
4. **Alcoholism** is both a cause of economic difficulties and quite often a response to them. Time lines drawn by the children often showed either the start of alcoholism or it getting worse after the onset of an economic crisis.
5. **Loss of a job** will have varying effects depending on the other sources of income for the household. However, the continuing importance of formal employment has already been noted above.
6. **Loss of housing** was also a factor provoking crisis. Problems included poor quality which could lead to houses falling down not once but several times in the rains and the high cost of rent which forced families to move frequently or to sell assets to pay.
7. **Not displaced:** It is interesting to note that there are **very few recently displaced amongst the sample** and this does not appear to be a major cause of economic crisis for this group. Many in the capital were originally from other provinces but under 15% of respondents in all areas had been settled in the city for less than five years.

THE EFFECTS OF CRISIS ON CHILDREN

In children's qualitative responses, it was evident that a combination of economic and psychosocial factors in the household contributed directly or indirectly to children's decision to separate from the family. This information may provide important indicators of risk in the targeting of prevention work.

1. **Children going out to work:** One of the first responses to economic problems within the household is for the children who are old enough to be sent out to work or to voluntarily go to look for it. Over half the children within the sample (53%) were engaged in some form of income generating activity. Many of them were contributing to household expenditure or were bringing back food that they had been able to get during the day for younger brothers and sisters.
2. **Lack of adult supervision and growing burden of domestic work and child care:** Adults are spending longer and longer periods out of the house in order to be able to make enough to survive. Within the sample in 64% of cases there were no adults in the house during the day. **Older children are increasingly taking up the responsibility for child care and domestic chores to fill this gap. In total, 43% of children were the oldest child in the house, rising to 52% of children running away.** Within the total sample, on average, children appeared to be spending 50% or more of their time on household chores or looking after younger siblings.

Added to their work outside the home, **the burden of these responsibilities is proving too much for some children, who cannot cope, and may be at high risk of running away.** Often work activities themselves involve children with life in the street and may lead to a gradual drift out of the home. These factors have an important impact on relationships, which is explored more fully under 'A Crisis in Authority' (below).

The problem of child care is also an important factor amongst cases of children being brought into care, as single carers, in particular men after the death of their wives, are unable to find adequate care and supervision for younger children.

3. **Loss of wider opportunities - the problem of education**
Many children talk of the inability of their parents to put them in school as a reason for leaving home. However, a certain amount of caution needs to be exercised before taking this at face value. First, many children feel this is an "acceptable" response that interviewers will sympathise with. There are equally a number of family members who say that their children left home precisely because they didn't like to go to school or stopped going and that this was one of the causes of conflict between them and the child. It is as much the search for wider opportunities in general that can not be found at home, as a desire for formal education that can be a significant factor. That said, the crisis in education in general within the wider community and the desire to ensure that at least one of their children receives some formal education can be an important element in the decision of families to bring children into institutions or on finding them in one the decision to leave them there.
4. **Relationships:** Another major cause of separation is **the relationship between children and someone in the house who is not a family member e.g. stepmothers and fathers as well as wives or husbands of brothers, sisters, aunts and uncles.** Children complain of being treated differently in the house to other children. This can include being shouted at and beaten more often, being asked to do a larger share of the work, not being given food or

other goods or being made to feel an intruder. In 60% of these cases the child was the only sibling of that father and mother living in the house.

In some cases there is a direct link between who is the principal income earner in the family and this problem i.e. if the child is not directly related to the principal income earner their entitlement is weaker within the household. However, in only 38% of the cases where a relationship problem was present were economic difficulties also mentioned. In many of these cases the household had a reasonable and in some, very good, standard of living. **This does not appear, then, to be a problem that arises directly in relation to competition within the household for scarce resources.**

It may not be a response to a **real** shortage of resources, but comments that were made in the interviews suggest that it is perhaps linked to a **perceived** pressure on resources. It may be that the current precariousness of the general economic situation induces a feeling of vulnerability and leads to resentment against any extra element within the household. This can be particularly true if the person who is directly related to the child is absent for long periods or is out of the house during most of the day leaving the main burden or responsibility for care of the child to fall on their partner. Many children within these cases complain of being treated differently when their relation is in the house and when they are absent. Equally, if there is a conflict between the relation and their partner this can be taken out on the child.

5. **However, resentment works both ways. Over 60% of the children in these cases were the eldest child** and often were being asked to look after younger children or to contribute to the household in other ways. The types of **crises of authority** that are described below under “The Process of Leaving Home” may also be exacerbated if the person who is most directly delegating tasks to the child is not a relative. **The child themselves may refuse to accept their authority or the right to tell them what to do thereby provoking conflicts. Children complain that in these conflicts they are rarely heard as relatives will tend to side with their partners in order not to create problems within the home.** This often induces a feeling of rejection and anger in the child who then runs away.

In the current climate parents do not have the economic power to support all the children that result from these unions nor the time to give them all the emotional attention they need.

The greater fluidity of sexual relations and weakening of traditional rules and sanctions as to how they are conducted is creating extremely complex family situations. In the current climate parents do not have the economic power to support all the children that result from these unions nor the time to give them all the emotional attention they need. Some children are falling through these gaps.

SEPARATION - THE PROCESS OF LEAVING HOME

1. **The pull as opposed to the push factor:** Many children are spending increasing amounts of time on the street. This can be a response to economic necessity or a reaction to the burden of responsibilities in the home, but equally may be a **simple search for companionship and entertainment.** Even children who are studying do so for only a few hours and for the rest of the time may go looking for their own forms of stimulation.

These growing numbers have created a vibrant youthful “street culture” and “street life”. As they spend time on the street they meet other children who teach them the ways and the norms of the life, particularly about how best to make money. At the same time children find friendship and moral support and a world completely free from adult demands or strictures - an absence of supervision which can be liberating and is certainly exciting. Many children, certainly initially, participate in this only on a part time basis, returning home at night.

- 2. The reaction of adults: As adults are out of the house for so much time they do not know how their children are spending their day.** Some did not know, for example that the child was working. Others talk of thinking the child was going to school and only later realising that he/she had dropped out and was spending their time on the street. Many on realising what is happening respond by telling the child off or trying to punish them, often violently.

Violence: It is not always easy to gauge the degree and severity of violence from the responses. There are some cases of extreme abuse, of children being beaten with *catanas* (machetes) or benches and chairs. Often the most serious cases are also linked to alcoholism.

In general, however, punishment for what is seen as “disobedience” or “bad behaviour” tends to be violent to a lesser or greater degree and raise questions about what is or is not considered acceptable punishment. **Many children complain of being shouted at or hit and talk of the fear of punishment, even if it is for a single misdemeanour, as a reason for leaving home.**

- 3. Half in half out - the cycle of violent response, and increasing misdemeanours**

What emerges in many cases is a recurrent pattern. The reaction of adults, whether extreme or not, far from resolving the problem provokes the child to leave even further. Often in response to a first conflict the child will run away and will spend several days sleeping out of the house nearby and then return either of their own volition or brought back by his/her carers . This often provokes further and often more severe punishment causing the child to run away again. This cycle can continue for several months and is often accompanied by the child as he/ she starts sleeping on the street, becoming more involved with other children who are actually living on it. It may also be accompanied by new larger “offences”. Some parents talk of children’s behaviour becoming gradually worse, of them starting to steal both at home and in the neighbourhood or beginning to take drugs or in general becoming more “disrespectful.”

As adults spend more time out of the house there is growing gap of misunderstanding between them and children and a crisis of authority in their relations with them.

Finally, the child decides to run away and does not come back. In Luanda this is usually because a friend has invited them to go into the centre of town. From there separation becomes more established. They become further involved emotionally with other children sleeping on the street, they can make better money so the incentive is to stay, but also distance no longer permits them to return home easily even if they want to visit.

4. The adults perspective - a crisis of authority

As adults spend more time out of the house there is growing gap of misunderstanding between them and children and a crisis of authority in their relations with them. This is true of couples but may also be particularly true of single mothers and between children and adults who are not their direct relations.

It is easy in reading the stories of adults reactions to blame and condemn them. Violence and abuse should be condemned. Yet it is important to remember the context in which many of these families are living. Working all day, returning home late to find chores not done or younger brothers and sisters abandoned, their frustrations (if not always the manner of their response) are understandable.

As children's economic power grows it undermines traditional lines of authority between them and adults within the house. Many adults do not know how to deal with this. Trying to support the household, to look after other siblings and then faced with a child who no longer appears to listen to them, who they feel is falling into "bad company" and who quite often gets them into serious problems with their neighbours, some adults feel unable to cope. Sometimes after repeated attempts to find their children, they just give up. Others try to pre-empt the situation by bringing their children into care as an attempt to remove them from the influences they feel are pulling them onto the street and where they feel others will be able to help them and, one suspects, "give them discipline" in a way they no longer feel able to.

AFTER SEPARATION

After separation, a mixed pattern of child-family contact was found. The research tends to lend weight to the assertion of other writers that many children even among those living on the street maintain some contact with their families and may even return home for periods of time (Lucchinni, 1996; Glauser, 1997). Some children do not visit home regularly because of the physical distance from home, or anxiety about how their family will receive them. In other cases, children said they would return home if the original cause of the separation was removed.

Even when their home situation is bad and they do not want to return, family may remain an important source of identity for children. Children may believe their family will be there if and when they want to return. One child, within the research, when he tried to show the interviewers where his family lived, discovered they had left the area, and no one knew where they were. This produced panic in the child who believed he was "on his own in the world". This can have serious` emotional consequences for the child.

A CRITIQUE OF CURRENT RESPONSES

Looking at the problems that provoke children into leaving home - poverty, violence, the burden of work, emotional and/or physical mistreatment, some people ask: are children not better off in institutions, or alternatively, fending for themselves on the street?

Recognising and trying to understand the rationale behind the choices that both adults and children are making, however, is different from saying they are choices they would wish if their options were not limited, or that these choices are necessarily successful in their outcomes. As other literature on the effect of economic change on urban households suggests, responses need to be seen as a continuum from short-term survival measures to long-term strategies which allow not only for survival but for development and growth. On this basis a number of criticisms can be levelled at existing responses.

In Angola the growth in numbers of street children has been accompanied by a proliferation of organisations and individuals providing different levels of **welfare**. These may include initiatives such as the provision of food, clothes, blankets or medical assistance on the street but focus on moving children off the street into permanent homes or institutions. Without wishing to minimise the dedication of staff within these programmes, this response suffers from a number of weaknesses.

The negative **psychological effects of long-term institutionalisation** particularly on younger children are well documented (Tolfree 1995). Furthermore, the **cost** of maintaining a child in an institution is prohibitively expensive. In Angola, many homes do not have the resources to support the number of children in their care or the staff with sufficient training to supervise and assist them. Families who believe that their child will have the chance of a better future in an institution may have an unrealistic picture of what opportunities they are receiving in reality.

Another shortcoming is that institutionalised responses often have a tendency to view children “out of context”. **As a result, they provide for children in isolation from their families and with insufficient attention to their individual histories, or to the very different family contexts from which they may have come.** This ignores the fact that strong affective bonds can still exist between children and their families even after separation. Some children continue to visit their families periodically and to use them as one element in a complex network of emotional and material support.

In addition, this ‘decontextualised’ approach overlooks findings in the research that many of the children were the oldest in their family. Behind them they left younger brothers and sisters who are currently living and suffering exactly the same conditions that led to their separation. By concentrating attention and resources on the one who is “visible”, programmes are ignoring the much greater number who are not.

In Angola, there are still very few **street based programmes** such as those established in Latin America and elsewhere. These have attempted to move away from institutionalised responses and have used a variety of methods, such as street outreach and education, halfway houses, and vocational training, to develop an alternative and more flexible response to delivering services to children on the street.

Alongside these programmes and in part informed by them, there has also been a growing emphasis on campaigns for the recognition of the **rights of street children** both within the law and amongst institutions such as the police as well as the wider public.

Most of these types of programme have been motivated by an agenda of counteracting negative images of “street children” and of challenging perceived assumptions about the nature and reality of their lives. (Connolly and Ennew 1996) This has led to strong emphasis on the positive capacities of street children. Much of this work is beneficial, and it has resulted in some great improvements in programmes. It does, however, contain within it certain dangers.

While we may admire children’s often very great courage and the endless ingenuity with which they confront the problem of survival and their own development there is a difference between recognising this in analysis and moving, as some writers appear to be doing, to a position which in practise makes a virtue of street living:

“Might growing up on the streets rather than just being a negative experience for children, also show new and potentially positive ways and even provide a new paradigm for children’s lives and growing up in disintegrating societies...” (Glauser 1997: 163)

Much in the same way that the debates on urban livelihoods can overemphasise the limits of poor households to cope with worsening economic situations, or skirt over the consequences of the choices that they are making, so **approaches that emphasise the capabilities of street children risk minimising their vulnerability and the consequences that living on the street may have for their future.**

Part of this problem is a continuing tendency to generalise about children living on the street. Evidence from Angola suggests that there are different groups of children on the street, some who have found relatively successful and stable strategies for surviving or protecting themselves, others who have not. (Calundungo 1998) Nearly all of them are vulnerable to a greater or lesser degree to sickness and violence. **For all those who have survived and appear in research studies, how many have not?**

Some writers suggest that living on the street is just a passing phase and that children do successfully reintegrate themselves into society (Ennew: 1994) but this is by no means conclusive as few longitudinal studies have been undertaken. **Children themselves may perceive it as a passing phase (Swart 1989) but the reality maybe one of reinforcing marginalisation and social exclusion.**

In Angola, there is a rising tension between the growing numbers of children on the street and public attitudes towards them. As more children come onto the street the more they create a “street culture” which in turn pulls other children onto the street as it seems a viable and sometimes attractive alternative to the problems they are encountering at home. As numbers of children grow on the street the more they are seen as a “problem” or a “menace” by the rest of society. As the problem appears bigger and more insoluble this provokes a growing indifference and hostility on the part of individuals to their situation. This has clearly happened in Angola, where five years ago there were no street children. When they started to appear there was a greater willingness on the part of individuals to assist them as they were seen as victims of the war whereas now they are seen as “thieves” or “delinquent” and full of “vices”.

As society becomes more aggressive towards them so the children themselves risk becoming more alienated and aggressive in response, in turn provoking more violent reactions against them. Angola has not yet seen many incidents of children being shot on the streets, as has happened in Brazil, but the warning is there.

There is a need for new approaches which include not only reactive responses to children after they have become separated, but also **greater emphasis on supporting reintegration and doing preventative work.** These should see “home” and “street” as not separate but linked and should seek to support strategies in each realm which enhance security for children and reduce their vulnerability both in the short and long-term. Putting the issue of security and vulnerability at the centre of interventions, leaves room for recognition of the existing strategies of families and children as a starting point but also suggests the need for public action to support these.

LINKING REACTIVE RESPONSES TO PREVENTION WORK

Much greater emphasis needs to be given to prevention work. Focusing on reactive responses to children after they become separated without this emphasis merely helps to increase the incidence of separation.

Organisations need to move the focus of their work back along the time line of children becoming separated and to begin to identify children at the point they begin to be separated rather than after a definitive break has occurred. **In many instances, this requires a geographical shift of focus from the centre of town to communities in periurban areas and even in some countries, rural ones.** Three possible approaches are outlined below.

a) Community development programmes

Long-term strategies for improving urban services or environments are clearly important in reducing separation but are too broad to probably have a noticeable affect in the short-term. Efforts should be made, as has been attempted with gender, to include an awareness of the particular needs and roles of children of different ages in the planning of programmes and in discussions about the development and use of urban services and spaces.

b) Community based programmes for children

These would look at providing specific services and interventions targeted at the needs of children generally or particularly for those groups considered most vulnerable of separation, e.g. children between the ages of 9-12, particularly boys, or children working in markets and streets of peri urban areas. Interventions need to take into account the multiple responsibilities that many children have both within and outside the home. Some possible areas are outlined below:

- **Income generation:** Children will and in many cases wish to continue working. The issue then is not necessarily how to stop them working but how to make this less of a burden in terms of their time, to try to prevent the drift into the centre of town and to look at how this can be used to help provide them with skills that will be useful in later life.
- **Educational assistance:** In the short term it is most effective to think in terms of informal educational activities and life skills training which are useful and appropriate to children's needs. Other possible interventions could include assistance in preparing children for more formal schooling and assistance to families in arranging places for them and registering them. This latter, however, should take into account the position of other siblings at home.
- **Entertainment activities:** It is somewhat debatable if children will find organised activities as stimulating as their own but some success seems to have been had with street children with activities such as football leagues. In Angola greater use might be made of the great attraction that "video houses" have for children both as entertainment but also as social focal points. Activities could be useful as a means of beginning to work with children, as a way of providing contact with adults outside the home, and as a means of identifying particularly vulnerable children.
- **Childcare for younger children:** This is clearly a problem directly for younger children but also for older children, due to the responsibilities they are being asked to

assume. In Angola, the few experiences of trying to organise additional support systems at a bairro level have not been very successful. One other option would be to organise these in or close to markets and to use the networks which already exist between market women and which are sometimes stronger than those in the bairro to help run them.

c) Targeting children at risk

This would seek to identify and target families whose children are at risk of separation. This might be most effectively done through a broader community based programme and some form of community monitoring scheme (see below). Though the profile of children at risk may vary in different contexts what is remarkable about studies is not the differences but the constant repetition of similar factors.

Clearly, the factors contributing to separation in particular street migration in any one family are complex and particular, but it is not impossible to envisage that better profiles could be developed by talking to different groups within communities about who they identify at risk as well as trying to understand the factors which allow certain households who one would assume to be at risk to stay together. Identification would be done not on one indicator alone but on a combination of indicators as is done in abuse cases in the North. Some possible avenues for intervention are outlined below.

- **Community monitoring:** This involves setting up a structure within the community involving key or relevant actors or organisations who would be able to help in the process of identifying families at risk and in implementing and monitoring activities or assistance. The exact nature of this structure would depend on the local context but might include for example representatives from women's groups, churches, teachers, parents associations, traditional leaders, etc.

The variety of factors contributing to separation seems to suggest that response to individual cases would need to be flexible and include a number of different elements. CEDRO's experience in Peru, however, slightly contradicts this and suggests that considerable success can be achieved even by just focusing on the one issue of violence and punishment (See article by Ordoñez in this pack). Other elements might include:

- **Social work and family mediation:** Some problems that children are experiencing could be helped if they were caught earlier by traditional social work or family mediation. The major problem with this is it requires significant technical support for social outreach work, resources which for example in Angola are not widely available in terms of state social services. One option is to try to develop skills within the community both to accompany cases and to work on specific issues, though this would need to be carefully monitored and would require training to support it.
- **Educational assistance** - preparing children for reintegration into the formal school system, assistance registering them and with school materials, vocational training etc.
- **Economic assistance:** This clearly remains a fundamental issue and also the hardest to know how to respond to without an overall improvement in the economic situation.

Yet if one looks at the amount of money being spent on individual children after they have become separated and imagines what this type of money would mean to their families with

the resultant benefits not just for that one child but for all the children in the family, then existing responses do not seem to make sense. Clearly this is a very simplistic representation and it is not as easy as it suggests. Some of the difficulties are outlined below:

- **Credit:** There are many experiences internationally of using micro-credit schemes as a means of supporting vulnerable families. Experiences include some notable successes but there remain a number of questions as to their effectiveness e.g. how to scale them up, if they reach those most in need, if they are viable in economies with hyper inflation etc.

There remain a number of additional drawbacks if one wants to use credit as a means either to prevent separation or to assist families in order to encourage children who are already separated to return home.

- **Geographical and occupational diversity** - Traditional credit schemes often focus on either geographical areas or occupation as a basis for targeting interventions. In some cities, it is possible to identify priority areas i.e. areas with a higher incidence of separation. In Angola, this does not appear to be the case. Families of children who are separated or at risk of separation are spread out all over the city and are engaged in a whole variety of commercial activities. This raises problems about how one would organise a credit intervention.

- **Diversity of economic problems** - It is possible to generalise about some of the types of economic crisis which lead to separation but one has to recognise the individuality and diversity of different household situations and credit for some would be neither desirable or feasible. There are cases within the research, for example those with elderly or sick guardians, where it is difficult to see that there is any solution beyond short or long-term welfare.

- **Other forms of assistance which could help improve the family's economic position**

The ideal would be to have a range of options for support, beside credit, which could be chosen on the basis of what was considered most appropriate for particular cases. Some additional ideas are:

- **Access to land/agricultural inputs** In the provincial cities within the research, some families identified access to land and agricultural inputs eg. seeds and tools as a possible area of support.
- **One off support** for a capital item that would assist the family to re-establish a previous economic activity.
- **Vocational training**
- **Job service** - building up networks of contacts with employers and assisting unemployed carers to find work. This might be unrealistic as most low skilled jobs are taken by people with contacts but it could be possible in individual cases.
- **Short term welfare** to cover a period of sickness or medical assistance.

CONCLUSION

The picture that emerges from the research is not a simplistic one of “incompetent parents” or of children as either “victims”, “deviants” or “heroes”. **It is a description, rather, of households**

and children within them struggling to adapt to a rapidly changing economic and social environment and within the limits of the choices available to them, to survive and develop.

Understanding “voluntary separation” in the context of the effects and responses at a household level to changes in the macro environment is important and focuses attention on wider issues such as the appropriateness of dominant models of development in different contexts and the particular problems of transitional economies. It is no accident that children have appeared on the streets of Angola only in the last five years or that they are appearing in ever greater numbers on the streets of countries of the former Eastern Bloc.

These wider issues can not be ignored, but by analysing the dynamic of the process of separation it is possible to suggest a number of interventions even in the short term that could improve existing practice and might have preventative outcomes. **What is needed is actual experiences of trying to implement or to develop such measures.** Only then will it become possible to evaluate what could constitute best practice and if it is possible to work for the goal of prevention even without an improvement in the overall economic situation.⁷

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⁷ A NOTE ON THE PROBLEM OF COMMUNITY

If one talks then of the need for intervention at the level of “the community, who or what exactly does one mean and what groups or actors can one involve?

In Angola, traditional forms of community organisation have not necessarily survived the transition from rural to urban areas and new forms have yet to emerge. Very few respondents talked of traditional leaders being important and almost none mentioned state administrative structures. People talk of help from family members but these tend to be spread out geographically. Others also talk of help from friends and neighbours, but this is selected neighbours not all of them. Neighbourhoods do occasionally mobilise for joint activities but often only on specific projects and only for a limited time eg. running electricity into the bairro. The most common form of community organisation that emerged was the church, but this is not one church, but a whole variety of different churches each with their own agenda and priorities.

Clearly, the answer to who to involve or what organisations exist can only be developed in relation to local realities. There is a need, however, to broaden the concept of community to one that could include groups which are not necessarily defined by a shared residential area. Some suggestions might include:

- using the congregation of people and interests around markets, particularly when dealing with working children
- using friendship or family networks rather than geographic areas
- churches
- schools/parents associations

It may be easier to mobilise people around the issue of children as they are a common concern. Care, however, needs to be taken not to create artificial groupings or to expect people to be more “community minded” than they are in reality.

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Community-Based Approaches to the Prevention of Street Migration in Ethiopia

Firew Kefyalew
Child Studies Unit, University College Cork, Ethiopia

Introductory Note

In this paper I have put together information on prevention strategies in Addis Ababa, Ethiopia based on a thirteen-item questionnaire which was distributed among nine street child organisations (five local and four international) who, in one way or another, were believed to be engaged in "prevention" work. Data obtained from Children and Youth Affairs Department of the Ministry of Labour and Social Affairs has also been incorporated in order to show the Ethiopian government's conception of prevention.

Respondents were either the heads/coordinators of projects or the person in charge of the "prevention" programmes.

Each of the organisations contacted manages five to six different programmes: 'Education' is the most frequently cited, followed by 'shelter', 'vocational training', 'health' and 'guidance & counselling'. 'Play & recreation' and 'advocacy', as well as 'social services' are also mentioned.

Beneficiaries of organisations are children from poor and destitute families, and the parents and children who are already on the streets (children 'of' the streets).

Country Background and Profile

Located in the Horn of Africa, Ethiopia has a population of approximately 56 million in an area of 1,221,900 square kilometres. The country is home for many nations and nationalities, with colourful cultures and a rich history. Due to decades of civil war and unrest, displacement, famine and the Structural Adjustment Programme, different social problems are prevalent in the country, among which the influx of cities and towns with street children is the main one.

As early as 1974 there have been records of street children in the capital city. However, as a social and political concern necessitating the attention and support of both governmental and non-governmental organisations, the problem is fairly recent.

Factors which have contributed to the emergence of street children

According to Veale (1996, p.239), the average age at which children first become involved in street life is 10.7 years. In a survey that carried out on fifty-one children in Addis Ababa in 1994, the average age of initiation to the streets was 9.95 years (with 9.96 for boys and 10.47 for girls).

Few studies have been conducted to assess the situation of street children in Ethiopia, but some investigation has been made of the factors that precipitate children out to the streets. In the following paragraphs outcomes of these studies are summarised.

(i) In a 1974 survey of 5004 street children (4946 boys and 49 girls) in Addis Ababa, factors responsible for the migration of children to the streets were identified as economic problems, family displacement, the search for educational opportunities and family breakdown.

(ii) According to a survey made in 1988 by the Ministry of Labour and Social Affairs, in conjunction with Radda Barnen, parents reported that economic reasons were the main causes

while children reported that their own bad behaviour, economic reasons, improper handling, and a dislike of school, combined with family breakdown, a need to be independent and migration were the main reasons.

(iii) Results of a Situation Analysis of Street Children in Four Selected Towns of Ethiopia, conducted in 1993 by the Ministry of Labour and Social Affairs, UNICEF and University College Cork, Ireland (cited in Veale, 1996, p. 239) reported that:

...the involvement of children in street life appears to be affected by a wide range of long-term and more immediate effect factors. Background factors (chronic poverty, parental marital status, lack of support, parental stress) often culminate in a specific event or set of circumstances which serves to push the child to the streets. ... these precipitating factors ... offer valuable pointers as to when, and in what circumstances, intervention might be most effective...

Eight reasons for street-life involvement were identified in this situation analysis. These were:

- (a) the need to work to supply basic needs;
- (b) family disharmony;
- (c) displaced/orphaned;
- (d) [parental] pressure;
- (e) to play/join friends;
- (f) work in order to pay for school materials;
- (g) medical or educational reasons.
- (h) other reasons

Elaborating on causal factors, the study reported that children who were forced to the streets to work were generally a product of one of two sets of circumstances.

1. One was children who have grown up in conditions of **chronic poverty**. In many families like this the pattern of street work for children is well established in the family.
2. The second type of circumstances frequently responsible for forcing the children into street work were those in which the family experienced a **change in economic situation (e.g. a father's illness, a loss of employment, the death of a parent or a divorce)**. Precipitation to street life for children in such circumstances may have been more abrupt than for children who always lived in conditions of chronic poverty.

(iv) The result of a focus group discussion and a questionnaire administered to thirty-seven secondary school directors, assistant directors and guidance and counselling officers in 1994 suggested that poverty, divorce, lack of parental care, family problems, death of parents and disagreements with parents were the main reasons believed to cause the involvement of children on the streets.

(v) The nine street child agencies consulted on this study suggested the following 'causes':

- Poverty, economic influence.

- Family disintegration or breakdown, loose family care, insufficient family support, death of spouse, divorce, alcoholic parents and improper child care.
- Environmental influence, location of the city, availability of attractive facilities (e.g. cinema) and lack of recreational facilities.
- Civil war and ethnic conflict.
- Peer influence.
- Rural-urban migration, urban pull factors and rural push factors.
- School drop-outs and unwanted pregnancy (in the case of young girls).
- Alcohol and drug addiction.
- Absence of employment opportunities.

In a nutshell, poverty (at both national and family level), lack of family care and disharmony, marital instability, displacement and the like were mentioned to be the main factors that are responsible for the creation of street children in Ethiopia.

The Meaning of "Prevention"

Operationally prevention refers to performing an activity so as to impede the emergence of an unwanted phenomenon.

Prevention - as implemented by Ethiopian street child organisations - refers to the introduction of supportive approaches to life situations and areas which otherwise would make the circumstances of families, children or communities so vulnerable that children would be likely to drift out to the streets. This could take the form of providing health or educational support to children, some sort of financial empowerment scheme to parents, raising the awareness of a community or the provision of guidance and counselling services.

When asked to define 'prevention' in the context of their respective organisations, respondents to the questionnaire came up with the following response:

- "Curbing the root cause of a given problem and provide sustainable solutions."
- "...to keep high risk children away from the street life through the provision of different services... It also means giving support to working children so as to minimise their street involvement."
- "...helping the needy to enable them to help themselves (viewed from the view point of poverty alleviation)."
- "...preventing destitute children from drifting into the streets through the provision of community-based programmes/services."

- "...creating an enabling environment to address the problems of urban disadvantaged children in general terms of physical, social, psychological and economic aspects."
- "Opposing conditions which cause economic, sexual exploitation and abuse of children which hinders children's rights to education, health and development."
- "...raising awareness of the community in general; elders, community leaders and authorities in particular."

In a nutshell, 'prevention' is perceived in terms of a **systematic provision** of social, economic, physical and psychological services and/or programmes, and poverty alleviation.

What is to be Prevented?

Organisations with 'prevention' packages should have a clear idea as to what they intend to prevent. The following are what street child organisations try to do:

- Prevent families from descending into poverty
- Prevent children (living with their families) from becoming trapped in street life.
- Achieve poverty alleviation and helping the needy to enable them to help themselves.
- Try to prevent children from joining street life, ...a life which is reflected in hopelessness and negative attitudes towards the community.
- ...due to lack of proper support from the society and lack of adult supervision, the possibility of children to engage in anti-social behaviour is high. ...[the organisation] works to create awareness among the general public on the rights of those children by way of access to education, health, strong family ties and improved income in households.
- Economic exploitation, sexual exploitation and abuse, trauma, de-socialisation and dislocation of children from their family and local community.
- "We are trying to prevent streetism."
- To minimise and finally eliminate street life of children.

Poverty, life on the streets and outcomes of an internal fear of the effect of street life on the society (e.g. anti-social behaviour and negative attitude towards the society) are core issues meant to be prevented.

Therefore, one can safely conclude that poverty is the foremost factor, probably the only one, that is being targeted in Ethiopia.

Some respondents seem to 'accept' the migration of children to the streets; their concern is for the well-being of these children. This is likely to be seen from the point of view of the role children could play in generating income to support poor families.

Little is done by organisations to tackle such important causal factors as family breakdown, divorce and other family-related factors. Some argue that poverty is the denominator even for

these problems and thus they focus on such areas as income generation, education support and health.

Obstacles/Difficulties in Prevention Work

The most pressing obstacles/difficulties that street child organisations experience in their prevention work include the following:

- Lack of resources.
- Inadequate support from (and high turnover of) local institutions (*Kebeles*).
- Dependency of families or the community on projects or donors.
- "You cannot observe the outcome of prevention programmes in a short period of time."
- Difficult to know whether or not prevention has enabled the beneficiaries to continue on their own to the last.
- Inadequate sensitisation programmes.
- Lack of action-oriented studies in the area.
- Lack of confidence of beneficiaries to take over, and the absence of an exemplary sustainable community-based organisation in the country.
- Absence of an active involvement of the community.
- Children who are aged fifteen and above are difficult to deal with and are resistant to change.

Lack of resources, inadequate support from local *Kebeles* and the problem of dependency are cited to be serious obstacles or difficulties by organisations. Moreover, the problems of measurability of outcomes, doubts on sustainability, lack of awareness, research, confidence and participation, and age-induced characteristics of children are said to be hindrances in prevention work.

The way forward:

Varying, but somehow interrelated, ideas have emerged in the organisations' reflections on their experiences of prevention work.

One important point raised in this regard was pertaining to the sustainability of prevention work. When a group of varied organisations - non governmental, churches, and local government for example - work together, they can draw in a much wider range of grass roots leaders and facilitate community participation. When organisations work together, they can effect changes in attitude towards street children.

Another point highlighted by organisations was to focus prevention in cities and towns outside the capital.

However, one can safely conclude that at present poverty is the foremost factor, probably the only one, that is being targeted in Ethiopia. This in my opinion is a reflection of the indirect influence on what prevention projects must do.

Specific programme components like health, education, credit and saving schemes are implemented not because they reflect the felt needs of beneficiaries but because it is assumed that they will strengthen families' income generation and reduce the movement of children to the street.

Due to this premise, almost all street children organisations concentrate on urban slum areas, and their strategies are almost everywhere identical. Either there is duplication of efforts conjecturing on the needs of beneficiaries, or a setting up of programmes based on the criteria and guidelines of donors. This does not mean, however, that 'responsive prevention' does not take place. It does, but in a very limited manner, and practitioners are looking with interest at examples from Latin America, and to some extent Africa, which are beginning to influence our thinking.

Firew Kefalew, Forum for Street Children Ethiopia/UCC

Child-to-Child and children who live or work on the streets: preventative strategies

Clare Hanbury

The special problems facing children who live or work on the street

Children have a right to a home, an education, health care and to have their basic needs met (clean water, adequate nutrition etc). When children live on the streets or when they are involved in work which is dangerous or which denies them educational opportunities, these rights are not being met.

A frequent characteristic of children who come to live on the streets is the lack of wider support networks beyond their own immediate family. The Child to Child methodology has been used by practitioners and educators with street children in a number of different countries, and most intensively in Kenya, Tanzania, Ethiopia, and Colombia. It is one of several complementary tools which can be used to create, develop and strengthen some of the networks which anchor children in their communities.

Preventing children leaving home and/or school

The movement of children away from home and/or school, is usually precipitated by the break down in relationships between the children and the adults (and sometimes other children) who are supposed to be involved in caring for them. At the heart of the strategies to prevent children coming to the street to live or to work is the strengthening and expansion of the web of relationships which secures children at home, at school and in the community. **We will consider in particular how Child to Child can help children who are at risk of dropping out of school – one of the reasons why children in some parts of the world become street living.**

Children in the community

Children are secured by relationships they have at home, at school and also in the community.

Schools have the potential to develop and maintain a supportive and positive system in which both children AND the adults which are part of its community such as teachers, parents, governors, ancillary staff, can flourish.

What is Child-to-Child?

Child-to-Child is a philosophy, an approach to learning, sets of activities, and a worldwide movement of individuals and organisations promoting Child-to-Child through their work. Child-to-Child activities aim to promote and preserve the active and responsible role that children can have in the improvement of the health and well being of themselves, their family and their community.

It is a simple idea but requires radical re-thinking of the way in which children are involved in health and education programmes both at school and in special projects.

Background

1979 was the International Year of the Child. It was for this that a group of health and education specialists from different countries prepared the first CHILD-to-child materials. These materials contained ideas for teachers, health workers and planners about practical ways to involve older children in the improvement of the health care for their younger siblings (better nutrition, preventing accidents, the importance of immunisation etc). These materials were translated and sent out to government departments and NGO's where they were received with interest and enthusiasm. Numerous requests for further information and guidance on how to incorporate Child-to-Child activities were made and the Child-to-Child organisation was born.

The Child-to-Child Trust

The Child-to-Child Trust was established in 1987 and is based at the University of London's Institute of Education. The Trust has five major roles:

1. It develops new health education materials such as story books, leaflets, text books and other materials. Most of these are copyright free and have been translated into numerous languages
2. It advises on planning, developing and evaluating Child-to-Child activities
3. It runs short courses both in the UK and overseas
4. It loosely coordinates the worldwide Child-to-Child network
- 0 It helps to conduct research on Child-to-Child-related issues.

With a staff of two, the Child-to-Child Trust is a small organisation but with its many partners and associates, it helps to build the capacity of institutions and organisations in a number of countries, to develop Child-to-Child activities. Currently, there are at least five centres in other countries which act as a resource centre to those wishing to develop Child-to-Child activities.

Since 1979 Child-to-Child programmes have evolved in 80 countries. Through the practice of many hundreds of Child-to-Child activities it has been shown that children could not only influence the health of their younger siblings but also of their peers, their family and even the wider community. The picture of what children were doing was much more complex than the original older child-to-younger sibling idea and is summarised by the table below.

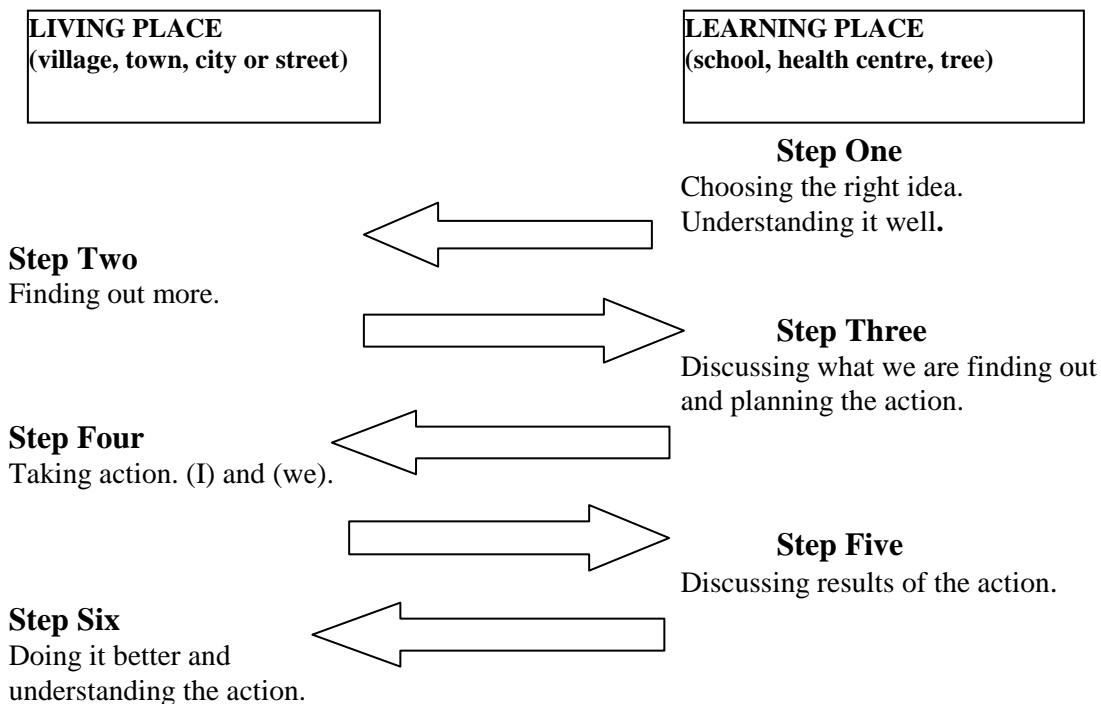
One child	_____	Spreads knowledge to	_____	Younger child/children
		Teaches skills to		Same age
Or				
A group of children	_____	Demonstrates by example to	_____	Child/children
		Works together with		Family/families
				community

The Child-to-Child approach

At the heart of Child-to-Child programmes is the Child-to-Child approach. The approach is different from good quality, classroom-based health education teaching in several respects:

1. It demands that children participate in leading the development and design of the activities;
2. It links what children are learning with actual problems they face and invites them to contribute to solving these specific problems in the home or in the community;
3. It is not bound by a set amount of time; and
4. It requires the involvement of people outside the 'learning-place.'

Over the years a model of how best to implement Child-to-Child programmes has been developed. This model is described as 'the six step approach' and is summarised by the diagram below.



As this model suggests, Child-to-Child is a process which aims to link the child's learning with the child's life. A valuable, but not essential starting point, is for children to be involved in a need analysis where they identify health problems and needs in the community. Out-of school programmes have done this more successfully than schools or health workers who are constrained by the official curriculum or work plans. However, where educators are able to involve children with needs analysis, there is a strong sense of ownership of the programme by the children from the start.

Needs analysis

One way in which needs analysis has been done is to invite people (children or adults or both!) to complete this simple table. This example was completed by people at a Child-to-Child training workshop in Colombia. They were asked to select three of the most serious health and related

problems for children in the community in which they worked. The participants then facilitated a similar exercise with children. It was interesting to compare the results! Children often identify broader social problems (poverty, alcoholism) and have interesting insights as to why these problems exist and what can be done to help.

Problem	How Serious x number/5	How Common x number/5	How much can children do x number/5	Importance to the CTC programme
* Gangs	+++++	+++++	+++++	15
* Being left alone at home	+++++	+++++	+++++	15

Key: the number of points allocated varies on a scale of 1 (+) , meaning ‘a little’ to 5 (+++++) meaning ‘a lot’.

Using this table helped participants identify a range of common problems and gave them a mechanism to prioritise problems.

Once an issue is identified, it is also useful to hold a meeting for parents and interested community members to raise awareness about the Child-to-Child activities. The more that families and communities are involved the stronger and more sustainable the programme becomes.

The **first step** in the Child-to-Child approach is for the children to understand the selected issue well. Activities might include reading, writing, discussions, role plays etc. Community members might be involved at this step. They may be invited to talk with the children, tell stories or initiate discussions on a certain topic. This step is often undertaken in the classroom setting.

At the **second step** children gather information about the selected issue. They make the topic ‘theirs’. This might be done by conducting a small survey; by having a discussion with friends, relatives or key community members; or by observation.

At the **third step**, children bring the information they have gathered together with others and they discuss the issue as it affects them, their families and their community. The children discuss ways in which they might be able to address problems perhaps as individuals, in small groups or as a larger group. It is important that the facilitator working with the children helps them look at information gathered with respect and critically, and helps them to design solutions that are manageable and which communicates clearly and accurately to others.

At the **fourth step** children take action at school and also in their families and communities. They may be communicating information to others, demonstrating skills to others, working with other children or leading by example.

Children can take action in different places		
At school...	At home...	In the community...
<p>children can:</p> <ul style="list-style-type: none"> * learn together actively * help and teach their friends * help and protect younger children * help to make their surroundings healthy 	<p>children can:</p> <ul style="list-style-type: none"> * describe and demonstrate what they learn * help their families with good health practices * teach and help younger brothers and sisters * play with children who do not go to school * keep the home surroundings healthy 	<p>children can:</p> <ul style="list-style-type: none"> * pass on messages through plays and songs * act as messengers and helpers * participate in health campaign

Because this type of active learning (physically active and/or active inside the head!) helps children to remember what they have learned, it is important that the messages are accurate.

Step five is about helping the children to evaluate the effects of their work on others and on themselves and identify if there are ways they can improve their activities.

Step six is the chance for the children to make messages clearer, to reach other people and generally, to improve upon what has gone before so that desirable changes made as a result of the project become a way of life. It is also the step at which new ideas for new issues to explore further may become apparent.

Adapting the Child-to-Child approach

The six step model is used and adapted in different ways by the many different programmes incorporating Child-to-Child in their work.. The example below shows how the Child-to-Child programme in Mexico uses a bus to symbolise the approach used. The six steps are replaced by four wheels; if one wheel does not turn, the bus will not move forward!

[Diagram of a bus]:
here are 4 wheels, each of which reads:

1.	1.	1.	•	<i>Recognise</i>
2.	2.	2.	•	<i>Study</i>
3.	3.	3.	•	<i>Act</i>
4.	4.	4.	•	<i>Evaluate</i>

On top of the bus are piled boxes and bundles labelled: 'creativity', 'shared knowledge', 'participation', 'community', preventive measures', 'FUN'.

A road sign points in the direction of 'Good Health'

Health education and much more

While Child-to-Child programmes focus on health, improvements have been observed in numerous other areas. Here are some views from teachers and parents in Uganda and Zanzibar where Child-to-Child is well established :

Uganda

“Child-to-Child combines theory and practice. It helps with real situations in life.”

“Child-to-Child is a bridge which joins parents to teachers to pupils.”

“In Child-to-Child is about two -way action; between the teacher and the child.”

“Children are becoming confident and they are helping each other at home and at school.”

“We have thrown away our sticks. We no longer shout at children.”

“We have developed new methods for handling children. If a child is late for school we find out the reason and try to advise the child on the problem. We have stopped corporal punishment...there is tremendous change.”

Zanzibar

The parents are coming to the school asking questions

There is a close relationship between the children, the teachers and the parents (all are represented in the Child-to-Child committee)

There is a low drop out rate

As the children move between where they live and where they learn, Child-to-Child activities help to strengthen links between the school, the home and the community. In undertaking Child-to-Child activities, children feel a sense of purpose and responsibility.

How can Child-to-Child programmes help prevent children from taking to street life?

Incorporating Child-to-Child activities at school has had the effect of transforming and improving relationships between schools and families; teachers and children; parents and their children; children and their communities; and between children and other children.

Schools and families

When Child-to-Child activities begin, parents and leading community members are often consulted. They are made aware of the school's concern to address health problems prevalent in the community. They participate in workshops and help teachers conduct community-based activities. They are often represented on school health committees. Parents with specific problems often use schools where Child-to-Child is active, as places where they can come for

advise and support. A school in a low-income area of Nairobi described how the school had become ‘an alternative health centre’ for parents.

Teachers and children

Facilitating Child-to-Child activities involves listening to children and recognising the part that they can play in improving their own and others’ health. Teachers are often deeply moved when they first start to find out the real-life problems faced by children and the insights they have. A street educator commented after a session listening to children discussing community problems, “Child-to-Child can not only help the poor but the poorest of the poor”. He had been uneasy about the ability of children to involve themselves in health activities but they had converted him! Recent Child-to-Child pilot activities in Kosovo, (former Yugoslavia) reported the familiar story of a teacher’s amazement at the easy way in which older children led discussions on AIDS and drugs issues with children just a year younger than themselves.

Children who may not excel academically and who have gone unnoticed by teachers can shine when involved with Child-to-Child activities. One such child from a Child-to-Child project in Liverpool, UK described how the activities made him feel ‘important - whereas before I felt I wasn’t important to nobody, but now I think I’m important’.

As adults work in partnership with children, their relationship strengthens. Children help and support each other more. Vulnerable children are encouraged and often their families assisted.

Parents and children

Parents report that Child-to-Child activities make children ‘more cooperative’. The children help at home with new enthusiasm and understanding. Children talk to their families more about issues of concern to them. One mother in Kenya spoke of how Child-to-Child had brought her closer to her 10 year old son. He had made her a rack for drying plates in the sun and had started a small rabbit-keeping venture, helped to grow vegetables on their small plot, and enjoyed playing with his sisters.

Communities and children

Child-to-Child activities make children’s presence felt in the community. People become aware of the potential for self-help and the part that children can play in this. Through campaigns, marches and entertainment children spread information to the community about problems for example: drugs, HIV/AIDS, smoking and bullying in schools. In a village in Uganda and as part of their Child-to-Child work, children prepared a ‘community concert’ on the theme of HIV/AIDS. It was attended by the whole community. After it, the issues raised by the children were debated for two hours. Children participated in this debate.

Children and children

Children communicate best with other children. A ‘health messenger’ in Romania, commented that he did not think adults could do much for street children, ‘They don’t trust adults any more. Only us children can help,’ he said. Children can provide vulnerable children such as those who are unhappy or disabled, with friendship and support. The cruel way in which children can behave towards children who they regard as outsiders or as ‘different’ can be turned into support and encouragement for that child if they are helped to understand the child’s problems. Child-to-Child activities provide opportunities to develop this understanding. Children in danger of dropping out and becoming further excluded can be wrapped in the support and encouragement of friends and their school.

How do you set up a Child-to-Child programme? The most essential starting point is a willingness to work with children in a new way. Child-to-Child activities are usually initiated by enthusiastic individuals who set up a small scale project, sometimes with just a handful of children, at school or as part of an after-school club. As the activities develop they begin to excite and interest others who recognise the children's efforts. The activities are then expanded and a Child-to-Child programme is born, usually at little cost but the time and enthusiasm of people already working with children.

Most of those who start Child-to-Child have read materials that the Child-to-Child Trust have developed or have had an exposure to the ideas in a seminar or a workshop. It is useful therefore to purchase Child to-Child publications and/or find out from the Child-to-Child Trust who the key contacts are in the relevant country.

Conclusion

Children should not be living on the street or involved with dangerous work which jeopardises their future. Preventing this from happening requires a strengthening the bonds between children and those who are best able to provide the child with love and support: people in their family, their friends, at school and in the wider community. The Child-to-Child approach is one way to help strengthen these bonds.

Useful Contacts

Publications from the Child-to-Child Trust and Teaching-aids At Low Cost (TALC):

TALC, PO Box 49, St Albans, Herts, AL1 5TX

Tel: +44 (0) 1727-853869

Fax: +44 (0) 1727-846852

e-mail talcul@btinternet.com

Contacts from the Child-to-Child Trust:

The Child-to-Child Trust, Institute of Education,
20, Bedford Way, London W2 5BP

Tel: +44 (0) 171-612-6648

Fax +44 (0) 171-612-6645

e-mail c.scotchmer@ioe.ac.uk

Selected Reading

- * Rebuilding Young Lives: Using the Child-to-Child approach with children in difficult circumstances. The Child-to-Child Trust 1997
- * Health Promotion in our schools. The Child-to-Child Trust 1997
- * A Resource Book Part 2. (2nd edition). The Child-to-Child Trust. 1992
- * Listening for Health .The Child-to-Child Trust. 1997

Appendix 1
Translation of Booklet
'Strategies to prevent parental violence to children'

Adriana Merino and Violeta Arizaga
CEDRO, Peru

This has been adapted and translated with kind permission of CEDRO, Peru

The following is a workshop designed to provide information and sensitise parents, community extension workers, educators and all those who have responsibility for children and adolescents⁸

General objectives:

1. Prevention of child mistreatment within the family, involving the participation of parents and primary caregivers.
2. Clarify what constitute basic patterns of healthy behaviour within a family.

Specific Objectives:

1. Educate parents and other primary caregivers on effective child care, respecting the characteristics of the individual family.
2. Clarification of functions, authority, roles and responsibilities of parents, children, brothers and sisters.
3. Sensitise parents to the risks of child mistreatment and abuse.

Justification

We realise that the people most likely to take part in our workshops are not usually those who obviously mistreat their children. They're more likely to be those who will be vigilant and report child abuse.

Methodology

The course has been designed as 5 sessions of about 2 hours each, 10 hours in all. Techniques will include; short talks, role play, group work, drama, and videos followed by discussion. It covers the following subjects: the importance of the family, formation of the family, family communication, alternatives forms of discipline, risk factors which can lead to child mistreatment, resolution.

⁸ The terms child and adolescent are used to refer to youngsters up to the age of 12, and 13 – 18 respectively, throughout this text.

Session 1 Formation of a family

Objectives:

1. Give parents the tools necessary to identify the stages of life and crises which a family confronts.
2. Define the role of the couple.
3. Explain the family as a system which is in constant interaction.
4. Strengthen the role of the couple and of parents.

Participants: 25 to 30 parents, educators, other community groups.

Activity 1 (15 mins)

Objective: To define the participant's expectations.

Participants: Parents, Community extension workers, other grass roots organisation participants.

Time: 15 – 20 mins.

Place: A big space with chairs, blackboard or space to paste paper.

Process: The facilitator explains that everyone needs to feel comfortable. This involves making sure that we know who the others on the course are.

Introduction:

1. Introductions (recommended people work in pairs, introduce each other to the group. Each person makes sure that their partner has described them accurately. No one introduces themselves.)
2. Participants define their expectations.

Activity 2: Outline the life cycle of a family

1. A couple begins their life together.
2. Separation from family of origin; both bring different expectations, values and beliefs.
3. First child is born – life is now shared with a new family member.
4. First child to school – reorganisation.
5. Children's adolescence – beginning of separation of children from the nuclear family and of independent individuation; how do parents confront this stage, what problems will it pose.
6. Children leave.
7. Empty nest – this either causes parents to draw together, or reveals underlying tensions.
8. Old age – how does the family confront this stage.
9. Death - how does the family confront this stage.

Group work: Objective: define what stage of life you are in.

Divide into small groups of about 6 people.

Discussion: How did I resolve and confront, with my family, each stage of our life cycle?

Activity 3: Expected and unexpected crises in a family

Objective: to identify the crisis through which a family passes

Messages: Every family faces crises, situations which enable its members to learn and grow.

Expected and unexpected crises:

The life cycle of the family, outlined above, is the clearest sequence of expected crises. No family escapes them, but they can be opportunities for growth.

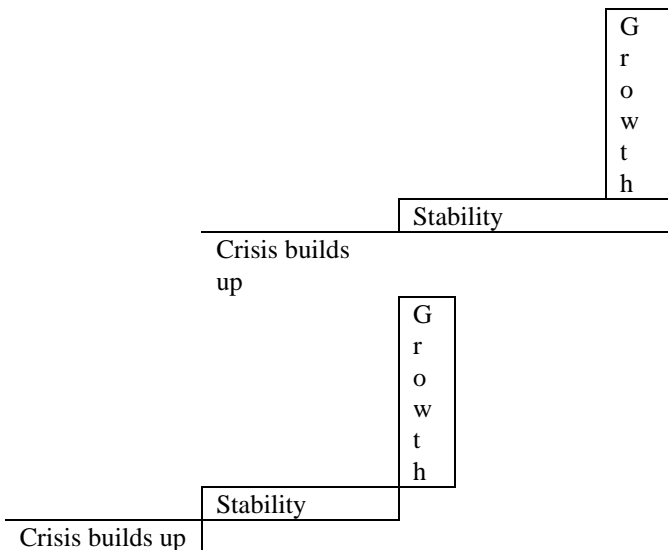
LIFE CYCLES OF A FAMILY

Series of 8 cartoons depicting

1. Beginning of life together (a couple together)
2. Birth of first child (mother holding baby)
3. First child goes to school (child with school bag)
4. Adolescence (parents arguing over the top of the teenager's head as teenager is trying to study)
5. Children leave home (young man waving goodbye)
6. The 'empty nest' (couple now looking older, standing by nest in a tree)
7. Old age (the couple as very elderly)
8. Death (two coffins side by side)]

It is impossible to halt the evolution of expected crises, but how the family confronts them is in their power.

Expected crises could be described visually as a ladder:



Unexpected crises hit the family in a different way; the family is unprepared and cannot draw on previous experience.

Some unexpected crises can become 'expected crises' – for example divorce, infrequent 40 years ago, may have become an 'expected crises'.

Unexpected crisis would include: the death of a child, an accident, separation, miscarriage, sudden job loss, sickness.

Role play:

Objective: To identify the moments of crisis in a family

Activity: The facilitator asks participants to get together in groups of 5 or 6 people. Each group represents a fictitious family. Each group goes through one of the life cycles.

Group discussion on how the group resolved the problem they role-played, and how they came through that phase.

Activity 4:

Facilitator will motivate participants to explain their ideas on the significance of the family, parents and couple.

Theme: the family as a system: couple and parents.

Objective: To show how a family works and how its systems and subsystems interdepend.

Message: The family constitutes the matrix of identity. It simultaneously assures the sense of belonging and of separation of its members through social protection and by accommodating itself to the culture of which it is a part. (Minuchin 1977).

Functions of the family:

Satisfy the physical, educational and health needs of its members.

Ensure fulfilment of the emotional needs of its members; reinforce self esteem and provide a sense of belonging and identity.

Organise itself, allocating functions, jobs and responsibilities to each member according to his/her age.

Guide children so that they are able to participate adequately in society. The child needs to learn language, social norms and values, etc.

Reinforce the ability of its members to take decisions with independence and self-sufficiency.

Family roles:

Define role of parents: to satisfy the basic needs of each member of the family; transmit and establish guidelines for behaves; educate and guide children reinforcing their capacity to confront daily life: self esteem, communication, information.

Children: Children support the strengthening of the family unit through their attitudes and actions.

The couple: One of the main tasks of the couple is to maintain their own affective bonds and create space for themselves.

Session 2: **Communication between parents and children**

Objectives:

1. Promote fluid communication within the family system.
2. Describe the different forms of communication within a family..
3. Reinforce intrafamily values through communication

Activity 1:

Theme: Verbal and non-verbal communication

Objective: Show the different kinds of communication and the impossibility of non-communication.

Methodology: Video

Role plays in which each participant identifies at which level of communication they relate to others.

Communication has three basic elements:

1. **Receiving information** through the organs of perception through which information reaches us: sight, hearing, touch, smell.

2. **Storing and processing information** which enables us to take decisions; therefore it is essential to recognise what we are perceiving through thought and memory.
3. **Expression information:** and action:

This last process requires three additional elements:

- **The person who sends out the message.**
- **The message itself.**
- **Response** – the person who decodes the message and supplies a response to it.

In human communication an enormous amount of information is exchanged in every situation. In a normal conversation, the message consists not only of words, but also of the tone of voice (friendly, sad, dry etc.), the facial expression (attentive, tired, bored, cheerful) and body posture (relaxed, tense, nervous, etc), and the situation or context of the exchange.

It is said that in any conversation 35% of the content is verbal and 65% non-verbal..

The development of good communication enables precision of understanding and maturity.

This can be summarised by saying; ***Human communication has two simultaneous levels:***

- Level 1:** verbal, written or digital (sign) language.
- Level 2:** Non-verbal or analogical language.

Level 1: Verbal: This refers to what we express verbally: very appropriate for communicating at a distance (people don't need to see each other to understand words); it enables us to refer to the past and the future. People in all different cultures have non-verbal analogies for expressing things: a hand on the stomach to show stomach pain for example.

Level 2: Non-verbal: posture, tone and cadences of voice, facial expression etc are forms of non-verbal communication. Two people communicating non-verbally need to be near each other; and it is a language which defines the present only (we cannot express 'yesterday's angry face').

It is impossible not to communicate. Activity, inactivity, words or silence all contain messages. If one person ignores another they are communicating 'our non-communication'.

Activity 2:

- Subject:** "Double bind"
Objective: Identify the ways in which children respond to contradictory messages.
Methodology: Explanation, role play.

The complexity of human communication (each message has several meanings) means that we can make mistakes in interpreting messages, giving place to misunderstandings, with important repercussions on human relations: we can feel put down by someone who didn't intend to do so.

However, there are also times when we receive contradictory messages – which we will now call a 'double bind'.

To have a double bind there need to be:

1. Two people
2. Simultaneous verbal and non-verbal communications
3. Non-verbal communication or gesture needs to contradict the verbal

4. The message needs to be repeated often (daily, for example)
5. The person receiving the message (a child, for example) does not have the capacity to decipher the contradictions or paradoxes within the message.

Example: The mother or a four-year old at mealtimes:

M: *When will you be big enough to eat by yourself! (simultaneously feeding the child with a spoon, sitting next to him/her)*

1. Two people together: (mother and child).
2. Verbal message (When will you be big enough to eat by yourself!) and non-verbal (mother's attitude as she feeds her child herself) communication.
3. The gesture (feeding the child with a spoon herself) contradicts the verbal (When will you be big enough to eat by yourself.)
4. The message is repeated often (at mealtimes, for instance).
5. A four year old child does not have the capacity to decipher the contradictions or paradoxes within the message.

The child can only respond through 'maladapted' behaviour to such contradictory messages.

Activity 3:

Theme: Alternations within communication

Objective: Recognise ways of communication which are symmetrical, complementary and fixed.

Methodology: Explanation and role play.

Session 3 Risk Factors

Risk factors

All children, when they communicate, use both verbal and non-verbal means. They draw on a range of gestures and physical expressions to show what they think and feel about people and situations. However, punishment inhibits this type of physical expression and limits communication to the purely verbal, which inhibits the holistic development of the child. Children become conditioned to behave in ways which they know in advance will please their parents, lose interest in the search for knowledge and find effective solutions for their problems.

Objectives: To warn participants of the wide-ranging consequences of mistreatment of children.

Activity 1:

Methodology: the session begins with group work (groups composes of 4 – 6 members). *The facilitator reads the story about a little boy who lived in a house in which the father got drunk every weekend, when he would beat the boy's mother, younger sister, and the child himself with a three-pronged strap. The mother, tired of such mistreatment, left for another partner. The children grow up with their drunk father, without going to school, neglected, sometimes hungry, unhappy and alone (the story has variations according to the place and nature of participants).*

The participants are invited to analyse the story:

1. What kinds of mistreatment does it describe?
2. The parents behaviour.
3. Communication within the family.
4. Why was ill-treatment produced?

5. What consequences does it have for the children?
6. What can we, as parents, community leaders and extension workers do to prevent it.

The group is given 20 minutes and a time to report on their views.

Following feedback, the facilitator explains some concepts to the group.

Definition of mistreatment:

Any **action or omission** (e.g. not giving children food) by a person related to a child (parent, teacher, etc) which is **intended** to cause the child physical, psychological, or moral harm or pain.

Causes of mistreatment:

- Family
- Individual
- Social
- Economic

Consequences:

- Physical hurt
- Psychological consequences
- Difficulty in learning
- Low self-esteem

The facilitator will speak about each of these in some detail, relating them to the story and the observations of the group.

Kinds of mistreatment

- Physical
- Verbal
- Sexual abuse
- Negligence (not sending a child to school, depriving her/him of food)
- Abandonment
- Psychological (implicit in all the above)

With the help of participants, the facilitator will develop each topic.

The session will end with a video about child mistreatment.

Types of Mistreatment

[Series of 5 cartoons depicting different types of mistreatment:]

- | | | | | |
|----|----|-----------|-----------|---|
| 1. | 1. | 1. | 1. | (A baby, dirty and neglected, sat in a corner) |
| 2. | 2. | 2. | 2. | (A small child crying and holding a burnt hand – standing near a boiling pot which has been placed too low and in the reach of the child) |
| 3. | 3. | 3. | 3. | (A crying child being spanked) |
| 4. | 4. | 4. | 4. | (An adult shouting at a child) |
| 5. | 5. | 5. | 5. | (Parents arguing in the presence of a child) |

Activity 2:

Theme: Risk factors

Explain and reflect as a group on the following risk factors:

1. Parents who have themselves suffered emotional deprivation and/or mistreatment as children. People who have experienced these things tend to repeat their history and have difficulties in their relations with others.
2. A negative perception of the child. If a son or daughter, grandson or granddaughter, nephew, niece or pupil is seen as unbearable, ugly, a nuisance, bad, different, stupid, or flawed their will at some stage be victims of physical or emotional mistreatment.
3. Whenever a child fails to meet the expectations of parents because of the way they look or behave they run the risk of mistreatment.
4. Family crises. If a relationship is going through a crisis or a family faces economic pressures children will tend to feel the repercussions.
5. Isolation of the family from support systems. When a family is in crisis they will find it more difficult to communicate with their relatives and seek help elsewhere.
6. Alcohol and drug abuse generate violence which can be unleashed against the most vulnerable members.
7. Families in which physical violence is accepted and unquestioned as a cultural proactive and considered a normal way to resolve conflicts.
8. Sickness or deterioration, whether physical or mental, of one of the parents or caregivers.
9. Teenage parents. Premature parenthood can cause rejection of the baby; lack of maturity or experience to abandon or neglect the child.
10. When adults are unable to detect the needs of children and are not able to understand the limitations of children's capacity.

These and other factors can be present in situations where children are mistreated; however, people can be going through conditions such as these and not mistreat their children.

Discussion: What risk factors affect our children? Group conclusion.

Activity 3:

Subject: Situations and events which don't appear to be mistreatment.

Model: The shouting family

1. A role play in which participants who are NOT parents will act out the part of shouting partners. Physical punishment will not be threatened or imparted; words and gestures will be exaggerated.

2. At the end, the participants who are (in real life) parents will express their feelings as 'children'.
3. The workshop leader will explain that shouting does not appear to be mistreatment, since you can't see the scars until they are manifested as: timidity, bedwetting, disobedience, difficulties in learning, aggression, etc.

Session 4 **Alternative forms of child rearing**

Objective: To redefine ways of rearing children so that the environment in which children are reared functions better.

Activity 1:

Subject: How did my parents raise me?

The values of the family, community, kin group, or other will be considered

Methodology:

Imaginary journey through time

A list will be made of the values, roles, ways of childrearing, expressions of affection by parents.

A period of reflection. No conclusions will be drawn.

Were my parents right to correct me as they did?

If I had the opportunity to speak to my parents I would ask them: Were they happy with the way my grandparents raised them?

Activity 2

Subject: How will my children raise my grandchildren?

Rules imparted and reproduced generation by generation.

The intention is for parents to realise that when they become parents they copy the only model they have: imitating their own parents.

Methodology: Imaginary journey through time

Show the values, roles, rules and expressions of affection by my children for my grandchildren.

Reflection and conclusion:

As parents, should we change the way we are raising our children? And as a consequence, would we expect our children to change the way they in turn raise their children?

Activity 3

Subject: Discipline as mistreatment

Activity: The group responds to the following questions

1. When do we use discipline to correct?

2. When do we use discipline to mistreat?
3. When do we use rewards and punishment?

Make a list of rewards and punishments.

Participants who are parents will draw up a list of rewards and punishments, and another listing.

Session 5

Legal intervention and procedures in cases of child mistreatment

Objectives

1. Ensure a lasting and stable change
2. That people accept positively such psychological support as is available to them
3. Give guidelines on the legal framework

Part I

Activity 1:

Subject: the rights of children and adolescents

Participants are divided into groups of 6 and asked to read, reflect and analyse the charter of the rights of the child.

How were participants raised?

Were these rights observed and fulfilled?

Do participants fulfil their own children's rights?

Having analysed them participants are invited to share their conclusions.

Printout: The ten fundamental rights of children according to national legislation.

Rights and Liberties

1. Under national law, the word child refers to persons up to the age of 12, and adolescent to those from the age of 13 – 18.
2. Every child has the right to life from the moment of conception.
3. Every child has the right to live in an environment which is healthy and environmentally balanced.

Every child has the right to:

4. personal integrity. S/he cannot be subjected to cruel or degrading treatment.
5. liberty.
6. to live, grow and develop with his/her family.
7. to freedom of thought, expression, belief and religious practice.
8. to education.
9. to health care.
10. to work.

Part II

The child or adolescent who is suffering physical or mental abuse is entitled to holistic care through preventive programmes which involve the participation of the community and wider public.

Group discussion: what can we do?

Activity 2: What do I do if I know a child who is being mistreated?

The facilitator invites reflection which leads to the point: **It is very important to report mistreatment which occurs within a community.**

These are the steps to be followed:

1. Go to the *demunas*⁹
2. Register a complaint
3. Inform local health and education extension workers active in the neighbourhood
4. Go to the local offices of the National Plan to Protect and Defend Children

Activity 3: Resolution within the family of an abused child/teenager

We as members of our community can undertake activities which will prevent child abuse and mistreatment.

How can a family help themselves?

All families have their own ways of coping and adjusting, and an extension worker can only **help a family to re-align** (since each family has their own pre-established way of coping).

Steps to follow:

1. To improve ease of communication: find a time and place when the whole family can be together.
2. When the whole family is together, list in order of priority the way in which the problems or events of the previous days have affected a member or the whole family.
3. Having made the list, and drawing on the opinions of each member, create a list of solutions.

Parents will get together to discuss:

1. How to correct children avoiding physical punishment?
2. Who will give children permission.
3. How will children be rewarded?
4. How and by whom will homework be supervised?
5. Who will take part in parent/teacher meetings?
6. Time and money to be invested in recreational activities with children.

The children will get together to discuss:

1. How they would like discipline to be changed.
2. How will household tasks be allocated.

⁹ Local child protection centres.

3. When they will study and when play (this will be negotiated with parents).

The couple as a couple will agree on:

1. Sexual difficulties and solutions to these.
2. Time for each other and for leisure.
3. Conversation on daily life.
4. Personal space for demonstration of affection.

Other Manuals published by CEDRO (in Spanish)

Merino, A., de la Cruz, R. and Bracamonte, P. *Manual para la implementacion de un programa de prevencion e intervencion del maltrato infantil*

Figuerola, C. *Manual para la intervencion legal en casos de maltrato infantil*

Merino, A. and Bracamonte, P. *Manual para la intervencion policial en casos de maltrato infantil*

Merino, A., Arizaga, V. and Bracamonte, P. *Manual para la prevencion e intervencion del maltrato infantil en hospitales y puestos de salud*

Merino, A. and Bracamonte, P. *Manual para la prevencion e intervencion del maltrato infantil en las escuelas*

Bracamonte, P. (ed) *Organizacion comunal y prevencion. deteccion de casos y estrategias de intervencion*

Address below.

App. II

Contributors' Names and Addresses

Firew Kefyalew, Child Studies Unit, Department of Applied Psychology, **University of Cork**, Cork, Republic of Ireland Tel: 00 353 21 276 871 Fax: 00 353 21270 439

Alison Lane, **Fundacion JUCONI**, Priv. volcan de Colima 2720, Col. Volcanes C.P. 72410, Puebla, Pue., Mexico
Tel: 00 52 22 40 81 78 Fax: 00 52 22 43 38 67 Email: alison@gemtel.org.mx

Dr. Dwight Ordoñez Bustamante

Cura Muñecas 165-S, Lima 27, Peru Email: vyor@amauta.rcp.net.pe

Clare Moberley, 25c Tregothnan Road, London SW9 9LD Email: c.moberley@compuserve.com

Save the Children Fund UK, 17 Grove Lane, London SE5 8RD

Tel: 00 44 171 703 5400 Fax: 00 44 171 703 2278

Childhope Central America

6A Calle 6 - 35, Zona 10, 01909 Guatemala City, Guatemala

Tel: 00 502 2 324 507 Fax: 00 502 2 345 896 Email: Childhope@uralle.edu.gt

The Child to Child Trust, Institute of Education, 20 Bedford Way, London WC1H 0AL

Tel. 00 44 171 612 6647 Fax. 00 44 171 612 6645 Email: c.scotchmer@ioe.ac.uk

International Childcare Trust, Unit 3L, Leroy House, 435 Essex Road, London N1 3QP

Tel. 00 44 171 354 5700 Fax. 00 44 171 354 5808

Dr Angela Veale, Child Studies Unit, Department of Applied Psychology, **University of Cork**, Cork, Republic of Ireland Tel: 00 353 21 276 871 Fax: 00 353 21270 439

Email: a.veale@ucc.ie

Enrique Villanueva, **CEDRO**, Roca y Bolona 271, Miraflores, Lima - Peru

Tel: 00 51 446 6682 Fax: 00 51 446 0751 Email: Postmaster @ cedro.org.pe

<http://www.rep.net.pe/cedro>

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