**INTERVENTIONS & SUPPORT FOR INTERVENTIONS –**

**If you provide prevention, promotion or support services** - or **if you finance or otherwise support the provision of such service**s - for children working and/or living on the streets, please tell us (max. 2 page summary and/or link to your materials):

This response is submitted in the name of the Safe Families, Safe Children Coalition (SFSC). The SFSC is an international group of renowned organisations working globally to research, develop and implement effective methodologiesto enable street-involved and highly excluded children to gain sustainable access to their rights. Our member organisations are: ACER (Brazil); Gurises Unidos (Uruguay); JUCONI Mexico; JUCONI Ecuador; Maltepe University Research and Application Centre for Street Children (Turkey); New Life Community Projects (South Africa); Railway Children (active in the UK, India, Kenya and Tanzania); Retrak (active in Uganda and Kenya); Rukha (Brazil); and the International Children’s Trust (active in Ecuador, India, Mexico, Philippines, South Africa and Sri Lanka).

The SFSC members implement a range of programmes for street-involved children, including educational activities, community centres, residential centres, street outreach, home visits and community liaison. Although our programmes and activities may vary, there are shared principles and a shared intentionality to our work which forms the basis of our submission. Our responses in this submission are in relation to those we define as the most excluded[[1]](#footnote-1) of children on the streets. These most excluded of street children are defined as those:

* Displaying highly violent and aggressive behaviour.
* Being resistant to participation in services on offer, tending to drop out of government and NGO programmes.
* Being involved in situations and behaviour which place them in situations of extreme vulnerability – these children are either street-living or are engaged in the most risky forms of street work, without any adult supervision. They will often be involved in criminal activities, gangs, substance abuse and/or high risk sexual behaviour.

Our experience is that, for these children, street involvement must be viewed primarily as a symptom rather than a cause of problems, and that in the majority of cases these causes will include family violence. By violence, we include physical, psychological and sexual violence as well as severe neglect. The experience of the SFSC members, and that of the many organisations we have worked with, has been that such children either leave programmes or cannot sustain progress beyond their involvement in the programme if the underlying causes of symptomatic behaviour have not been addressed.

**What key challenges you have faced**

* Short-term funding for work with street children which does not reflect the complexity of effecting positive change for the most excluded nor allow longer-term tracking of the sustainability of results achieved with street children. However, it is essential that governments and donors invest in reaching the most excluded street children - the exponential damage caused by leaving such children trapped in cycles of violence, exclusion and poverty makes it not only a moral but also a social and economic imperative to create the solutions that they require.
* Lack of supportive services – the most effective responses to the needs of street children involve joined-up work between all community services and stakeholders (education, social work, healthcare and criminal justice system). It is vital that those services work together to provide a coherent response to each street child’s needs and to promote earlier identification of those in greatest vulnerability on the streets and those at greatest risk of becoming involved in street life. Yet many NGOs report that, where they exist, social services do not provide any support, and interaction with police and social services can create more problems for a child than it solves.
* A tendency among the street child sector (donors, governments and NGOs) to focus on activities rather than the intentionality behind the activities – a maths lesson/game of football with street children can have vastly different outcomes and efficacy depending on what it is seeking to achieve.
* Resistance among some within the street child sector to work with families. It is easier to work with a child than seek to change patterns of family behaviour which, due to the inter-generational nature of violence in the home, have been entrenched for years. It is easier to blame parents as “the problem” rather than seek to work alongside parents to repair the damage and find solutions.
* Resistance among practitioners to working with the most excluded of children on the streets - these children display dysfunctional, often aggressive, behaviour and initially resist any sustained or meaningful participation in services offered to them. Our consultation with government and NGO agencies working with street children around the world has consistently found that field practitioners feel they lack the skills to work with the hardest-to-reach.
* Lack of linkages enabling exchange of good practice between those working with street children in the UK, Europe and US and those working with street children in developing countries.

**What key lessons you have learned**

We believe there are two elements essential to reach the most excluded of children on the streets and help them find a pathway out of cycles of violence, exclusion and poverty:

* Addressing emotional as well as all other developmental needs. We refer to emotional needs as those which relate to a person’s sense of who they are and their relatedness to others. In our experience, there is considerable focus in work with street children on physical (shelter, nutrition, healthcare etc) and educational needs but limited attention given to meeting emotional needs. However in our experience, addressing emotional needs *in conjunction with* physical and educational needs makes the difference between temporary and sustained change in a child’s circumstances. Hence, there must be a therapeutic[[2]](#footnote-2) intent to services delivered for these children.
* Creating a positive support network around the child – this network, which includes, but is not exclusively comprised of the family, must provide the child with experiences and responses that support the development of personal resilience and help to ensure sustainable positive change. In cases where a child has no family, this support can be provided by another adult able to provide the required level of support over a sustained period. When a positive family environment is created where relationships are nurturing and protective, the impact is dramatic and powerful.

**What good practice(s) you have introduced to providing or supporting services**

SFSC is designing a booklet which provides an overview of a good practice framework we have developed for working with families of our child population, which includes the most excluded children met on the streets. This booklet will be launched in November. This framework is based on practical, field-tested tools and strategies to support highly excluded children in achieving better developmental outcomes. The methodology used is based on Attachment Theory, whereby children and families are supported in achieving sustainable and meaningful life outcomes through addressing their capacity to form relationships that help them develop personal resilience and achieve positive goals. This framework was designed in developing country contexts and is successfully implemented in resource-limited settings by para-professional staff, rather than academically qualified social workers or psychologists. It deals with disorganised attachments as a root cause of vulnerability for many high risk groups of children found in NGO child rights programmes around the world, including the most excluded of children on the streets. Key elements of this framework include:

* Clearly defined target groups – giving a clear profile of the children a programme seeks to reach
* Clear criteria for service exit – based on achieving defined areas of change rather than a time limit set by a funded project
* Long-term service provision – taking participating street children through a journey from initial contact, to an intensive phase of support, to a process of slowly withdrawing our intervention as the child has the skills and support network to sustain positive change him/herself
* Accessible services, predominantly delivered in the child’s natural environment, i.e. the street and family home, rather than expecting the child to come to us
* Therapeutic intent to all activities, be it educational support, drama, art, or securing birth registration papers
* Personalised, child-centred services, which address the risk factors and build protective factors for each child
* Regular outcomes monitoring – to assess progress towards the change objectives outlined in the exit criteria
* Consistent staffing - delivering services with a therapeutic intent requires an ongoing individual relationship of trust between the key worker and the child/parent. This requires consistent staffing, which in turn needs staff support mechanisms and investment in staff training and development.

**What criteria you have used to define ‘good practice’ in this context**

Good practice in this context is defined as practice which can demonstrate:

* *Specific positive outcomes within the timeframes of a child’s involvement in a programme*, such as reduction in time spent on the streets, reduction in involvement in street work, access to education, and reduction in violent interactions within the family.
* *Deeper personal changes which increase the likelihood that positive outcomes will be sustained* beyond the participation in a programme, such as: emotional stability; connection to peers; awareness of and ability to articulate feelings; and willingness to accept help.
* *Evidence that changes have been sustained* through long-term tracking whereby children are contacted at regular intervals after the end of their involvement in a programme to see if they have sustained positive life outcomes.

In addition, for this target group of the most excluded of children on the streets, another element of good practice is attendance data showing low drop-out rates, given that these children usually drop out from (or, due to their behaviour, are expelled from) government and NGO programmes.

1. There are many causes of social exclusion, including factors such as gender, disability, age and ethnicity. This group of children, however, are those who become excluded due to the dysfunctional coping behaviours (e.g. aggression, criminal or delinquent activity, sexual promiscuity or withdrawal) developed in response to traumatic childhood experiences. [↑](#footnote-ref-1)
2. By “therapeutic” we mean interventions, responses or strategies which specifically aim to help children and parents gain insights into their experiences, develop self-esteem and emotional well-being, and build healthy relationships, thus enabling them to readjust their responses to stress and challenge and replace damaging coping strategies with more effective choices.  [↑](#footnote-ref-2)