

Family reintegration for children living on the streets

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Recent international discussions have reemphasized that the ideal situation for the growth and development of a child is to be raised within a family unit.¹ Estimates suggest that there are at least 24 million children living without parental care worldwide; approximately 12-34% of children in Sub-Saharan Africa live apart from parents and evidence suggests that these figures are growing rapidly.² A large group within this category is children living and working on the streets. Whilst international organizations and countries are acknowledging the challenges street children face, there is still a belief that these children are difficult to work with and cannot be reintegrated into a family setting. Retrak's experience shows that this is not the case: over one thousand children have been returned to the care of family members through Retrak's work in Ethiopia, Kenya and Uganda. What is needed is a commitment to this goal and the dedication of time, resources and a skilled social workforce.

Family care

In situations where a child has been separated from their family, there is a general consensus

among the international community that the best possible scenario to ensure a better and brighter future for that child is to be returned to the care of their family. The United Nations Human Rights Council states that, "The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents."³ At the 2009 Eleventh Session of the United Nations Human Rights Council, guidelines for the alternative care of children were outlined with the goal of enhancing the implementation of initiatives addressing the protection and well-being of children deprived of parental care or who are at risk of being so.⁴ The key to this process is ensuring that interventions "should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."⁵ Unfortunately, for children on the streets their experiences, behaviour and life-style mean that family reintegration is often viewed as not possible. The multiple difficulties that can be encountered when attempting to reunite a child with their family are often seen as insurmountable. This paper will explore some of these potential difficulties and demonstrate that success is still possible.

Life on the streets

There are numerous reasons why children resort to life on the street, among them: poverty, war and famine. However a key factor is the breakdown of family relationships – parents separating and remarrying, abuse, alcoholism, parents sending children into the streets to beg or steal, and

¹ See for example the recent commitment by US government: Clay, R et al (2012) "A call for coordinated and evidence-based action to protect children outside of family care", *The Lancet*, 379 (9811).

² EveryChild (2010) *Protect For the Future: Placing children's protection and care at the heart of achieving the MDGs*, London EveryChild.

³ United Nations General Assembly, Human Rights Council, *Guidelines for the Alternative Care of Children*, A/Res/64/142 February 24, 2010. New York, United Nations.

⁴ Ibid

⁵ Ibid



children being orphaned often due to HIV/AIDS. In Uganda, 63% of children in a survey cited emotional abuse as their number one reason for leaving their home.⁶ In another survey in Ethiopia, 64% of children claimed low economic standards at home drove them to the streets, followed by not being able to go to school.⁷

Once on the streets children must beg for food and steal in order to stay alive, they are abused and taken advantage of, and are regarded as barely human and on the very fringe of society. Their unstable lifestyles, lack of medical care and inadequate living conditions increase their susceptibility to chronic illness, infections and STIs, including HIV/AIDS.⁸ A primary coping mechanism is drug use and many children solicit sex as a way to make ends meet. In a study in Rwanda more than half of boys and three quarters of girls living on the street reported being sexually active; 35% of those children were under the age of ten, and 93% of the girls reported they had been raped at least once.⁹ Retrak has found that current service provisions for street girls in Addis Ababa, Ethiopia, and Kampala, Uganda, are inadequate; few

organizations specifically target girls and those that do are not meeting their needs and have limited capacity. In Addis Ababa, organizations focused on assisting girls only reach an estimated 30% of the girls living on the streets.¹⁰

Often, the main focus of NGOs working with street children is to provide for their immediate needs on the street or take them into some form of residential care. Such programmes do not provide a long-term sustainable solution for street children. They are costly and may actually damage children's well-being and perpetuate the problem by making it easier for children to survive on the streets.¹¹ Many governments have taken extreme steps to clear the streets of the children without offering any alternative option: "Periodic round-ups of children, extortion, threats, physical abuse, victimization, rape, and murder by police officers has been documented time and again..."¹²

Family reintegration

"I would never have gone home if the Retrak social workers had not gone with me to my family...thank you!" Child reintegrated with Retrak's support

Despite current perceptions of the difficulties of working with street children, several organizations have been able to show that reuniting street children with their families is possible and efforts to do so have been met with great success. Between 2006 and 2009, Save the Children UK worked with the government of the Democratic Republic of Congo and local NGOs to reintegrate over 4,200 street children with their families across the country. Between 2004-2010 Africa KidSAFE, a network of local NGOs, reunited over 1,000 children in Zambia

⁶ Kopoka, PA (2000) *The Problem of Street Children in Africa: The Ignored Tragedy*, Paper presented at the International Conference on Street Children and Street Children's Health in East Africa, April 2000.

⁷ Wakia, J, (2010) *Why are children on the Streets?*, Manchester, Retrak

⁸ CYC-ONLINE (2004) *Street Children and Homelessness*. Available at <http://www.cyc-net.org/cyc-online/cycol-0904-Homelessness.html>

⁹ EveryChild (2010), op cit

¹⁰ Hailu, T, J Tusingwire & J Wakia (forthcoming) Research summary: *The situation of street girls in Kampala and Addis Ababa*, Manchester, Retrak.

¹¹ Williamson, J & A Greenberg (2010) *Families, Not Orphanages*, Better Care Network working paper; and Volpi, E & P Dybicz (2005) "Interventions for Street Children: An Analysis of Current Best Practices", *International Social Work* 48.

¹² Thomas de Benítez, S (2007) *State of the World's Street Children: Violence*, London, Consortium for Street Children.

with their families.¹³ Both these projects received large financial support from USAID. Retrak's programmes, implemented directly with lower costs and focused on Addis Ababa and Kampala, have been met with similar success¹⁴. Over the past 12 years Retrak has reintegrated over 1,000 children with their families. Between 2009 and 2011 alone, Retrak has enabled over 600 children to be reintegrated with their families and provided training and support to over 2,600 care-givers benefitting an additional 4,400 children in their care.¹⁵

Retrak works with street children in Africa, with the goal of returning children to safe homes in families and communities, where each child feels a sense of belonging through a secure attachment to caring adults. This journey begins with building trusting relationships with children on the streets and then working with individuals on a case by case basis to determine how best to assist them. Upon assessing a child's background and their family's situation, Retrak's social workers work with both the child and family to determine whether family reintegration is possible and in the child's best interests. If it is, the social workers continue to counsel and support the child and family to address any issues which may hinder the process of reintegration. It is important to spend time working with family members to build a mutual understanding of the child's experiences and to ensure that all aspects of a child's well-being can be provided for. The child and family may be assisted with: referral to health providers or obtaining medical equipment; links with schools or vocational training or the provision of scholastic materials; one-to-one counselling and parental



guidance; economic strengthening through business training and small grants; and links with local organizations, such as churches or self-help groups, are also facilitated to ensure the family is well supported. Once the child has been successfully placed in the care of their family, social workers regularly follow up with the child and family to ensure they are progressing well. These assessments ensure that action is taken if the child is placed at risk, but the eventual goal is to phase out support so that the family can successfully continue on their own.¹⁶

One mother of a child Retrak reintegrated and then assisted with a small grant to restart her business, enabling all her children to return to school said: **"I am very happy and so grateful for what Retrak has done for me and for my son!"**

Successful family reintegration should be based on a plan that is tailored to the individual needs of the child and is in her/his best interests; the process should aim to (re)build positive attachments between the child and her/his care-givers; and should involve the wider community in supporting the child and family.

Ensuring a better future

As Retrak and other organizations have shown, family reintegration is possible for children living on the streets. Enabling street children to return to a

¹³ Williamson, J & A Greenberg (2010), op cit

¹⁴ Save the Children, with a 3-year budget of \$3.5million, reintegrated 683 children in one year. KidSAFE, with a 3-year budget of \$1.7million, reintegrated 186 children in one year (cited in Williamson, J & A Greenberg (2010), op cit). Retrak, with a 3-year budget of only \$750,000, reintegrated 165 children in one year.

¹⁵ Retrak monitoring data (2011) and Retrak & USAID (2011) *Summary report: Sustainable Reintegration of Orphans and Vulnerable Children into Family and Community Life in Uganda and Ethiopia, Manchester, Retrak.*

¹⁶ Further information on this process can be found in: Retrak (forthcoming) *Retrak Standard Operating Procedures: Family reintegration*, Manchester, Retrak

healthy, safe and secure family gives them the best chance to develop and reach their potential as productive family members and citizens.

Enabling street children to move away from the streets and back into a sustainable family environment is also vital for positive social and economic development, including achieving the Millennium Development goals (MDGs).

The first MDG is to eradicate extreme poverty and hunger. Children living on the streets struggle to find enough to eat and often resort to begging, substance abuse, and prostitution to survive. Furthermore, life on the streets denies children opportunities to develop and learn which reduces their capacity.¹⁷ MDG two and three focus on universal primary education and gender equity in education. Life on the streets excludes children from school since they spend most of their time working and lack the means to provide their school fees or materials.¹⁸ MDGs four, five, and six are to reduce child mortality, improve maternal health, and stem the spread of HIV/AIDS. Street children are likely to become sexually active earlier and engage in risky behaviour, contributing the spread of HIV and other STIs. Babies born to mothers under the age of 18 are 60% more likely to die within one year than babies born to mothers over the age of 19.¹⁹

Governments need to promote reintegration for street children, including those who have been placed in government care institutions, and

facilitate access to local follow-up and family strengthening and support. This requires action to ensure such interventions are: reflected in budget allocations; promoted in relevant laws and policies; included in nationally developed action plans and quality standards based on the UN Guidelines for Alternative Care; incorporated into an integrated child protection system which adheres to UN standards and has proper systems for assessment, case management, and regular review; linked to social protection programmes which target the families of former street children; implemented by an effective and qualified social welfare workforce; reinforced by high quality education and health care accessible to all.

Donors should direct funding to specifically target programmes which will place street children into well-supported family environments. This includes funding for: family reintegration and preservation interventions; training and accreditation of social welfare professionals; initiating or expanding social protection programmes; dissemination and implementation of UN Guidelines for Alternative Care, including national action plans.

Civil society should make family reintegration the first priority for all street children through: implementing quality family reintegration and preservation interventions; undertaking research and sharing good practice; raising awareness by educating donors, government and community; supporting national action plans for UN Guidelines for Alternative Care.

Through direct implementation, sharing with partners and influencing policy formation, Retrak continues to uphold family reintegration and preservation as a key strategy to helping children move away from street life and preventing other children turning to the streets for the solution.

¹⁷ Delap, E, J Georgalakis, & A Wansbrough-Jones (2009) *Missing*, London, EveryChild.

¹⁸ Wakia, J, (2010), op cit

¹⁹ UNICEF (2008) *State of the World's Children 2009: Maternal and Newborn Health*, New York, UNICEF.



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