Street Children: from individual care to the introduction of social policies
The *Savoirs communs* series aims to stimulate exchanges and capitalisation on the respective practices of AFD and other development assistance actors and foster joint learning and knowledge building.

The series can be downloaded on AFD website [www.afd.fr](http://www.afd.fr)
Street Children: from individual care to the introduction of social policies

This publication is based on the work of a seminar on street children held on 9 November 2010 by Agence Française de Développement in partnership with Samusocial International. It forms part of AFD’s reflection on the issue of extreme poverty and on specific NGO expertise in developing concrete responses in the field, directed by the NGO Partnerships Division headed by Catherine Bonnaud and Quiterie Pincent.

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Medical care in the Samusocial Mali mobile team vehicle.
“What do you want to be when you grow up?
- I’ve always wanted to be a doctor.
- That’s very good!
- But I know it’s not possible.
- Why?
- Because I don’t go to school.”

There are some conversations one never forgets, and the times I have spent with street children have been some of the most moving of the eighty missions I have carried out throughout the world. Children are the first victims of the urbanisation that is being forced upon the world and States have a responsibility to implement concrete policies to ensure the primary right of all children: the right to their childhood.

We have shown that we can work together to make the plight of child soldiers a common cause for the United Nations and many States, to implement new mechanisms on the Security Council. And it works. We must now be capable of creating the same momentum to ensure that no more children are delivered up to the harshness of life on the streets, of introducing targeted policies and tools geared to each specific situation. The first step in all this is to lift the veil on a reality we are unwilling to face. France has a key role to play in this respect. With its vast diplomatic network, France is in a position to bear witness to these tragedies and to offer assistance to all those striving to rescue children from the streets. Political decisions, taken by States and institutions, do not move at the pace of a human life, however.

It is a matter of urgency.

François ZIMERAY,
France’s Ambassador for Human Rights
Foreword

“Où vont tous ces enfants dont pas un seul ne rit
Ces doux êtres pensifs que la fièvre maigrit
Ces filles de huit ans qu’on voit cheminer seules...”
Victor Hugo, Les contemplations Livre III

“Where are they going, all those children who never laugh or smile?
Those gentle, pensive, fever-wasted beings,
Those girls of eight seen making their way alone...”

Since the 18th century in Europe, and now at an ever-increasing pace in the rest of the world, the human environment has changed radically. The changes that have taken place have led whole populations to abandon traditional ways of living for a life in the city. Currently, 90% of the population of Europe and 50% of the world’s population live in or on the outskirts of cities, and that proportion is set to rise to two thirds by 2025. It is a phenomenon that is giving rise to great upheavals and profound changes in behaviour within society that augurs ill for family solidarity and community protection mechanisms.

It is a context in which “exclusion”, sometimes confused with poverty and insecurity, becomes particularly visible. The three are, of course, intimately related, but exclusion is a phenomenon of a different kind, one that may result in a form of “statutory” non-integration of those who are unable, no longer able or not yet able to benefit from the exercise of their rights – to education, healthcare, housing, work, the support of a family, etc. While the term “exclusion” clearly indicates that every human being should enjoy such rights, our environment and repeated patterns of exodus often result in the growth of monstrously large cities – the phenomenon known as the megalopolis – where access to rights so justly considered fundamental can be made harder if not impossible.
The most shocking form of exclusion is that which affects children, irrespective of its causes, which are numerous, diverse and complex. It is a growing phenomenon affecting hundreds of thousands of victims around the world, and it is constitutionally linked to urban development and a certain form of “progress”, which is why it is so difficult to fight. A glimmer of hope, however, lies in the fact that most of our societies now see it in some sort of focus, and we are not indifferent to it. Our culture demands of us, explicitly or implicitly, that we find solutions.

Since 1998, Samusocial International has been engaged in fighting social exclusion in the urban environment. Its approach is to reach out to children living on the streets by initially offering medical assistance and then gradually building on that initial contact to offer increasing levels of support and care whilst respecting their “archaic” system for survival on the streets. The solutions for getting children off the streets are neither simple nor linear. They require time, professionalism, tact and patience. The approach must be multidisciplinary, based on deliberate and constructive collaboration between the actors involved, be they NGO or government agencies, national or local.

AFD designs and develops programmes to finance projects and “crosscutting” partnership initiatives. Its policy is driven by the global fight against poverty, with a commitment to deploying specific frameworks of intervention designed to integrate the world’s most vulnerable populations. Samusocial International and AFD work together not only on field operations but also on building opportunities to share experiences in order to disseminate and structure pragmatic, professional responses in the wider framework of development aid strategies.

Fighting against the exclusion of children is a categorical imperative. “The child is father of the Man” wrote the English poet William Wordsworth in 1802. If they are abandoned in their childhood, the future inhabitants of these great cities will not forget it when they reach adulthood.

Dr. Xavier EMMANUELLI
Chairman of
Samusocial International

Dov ZERAH
Chief Executive Officer of
Agence Française de Développement
Introduction

In 2006, Agence Française de Développement launched the Savoirs Communs series with a report on the subject of extreme poverty in developing countries. In 2009, the creation of the NGO Partnerships Division, responsible for co-financing the NGO initiatives, opened up a new field of activity for the Agency, targeting civil society in developing countries and the most vulnerable populations. The development of this new activity naturally prompted the Agency to consider and capitalise on subjects of common interest to AFD and its partner organisations. Closely linked as it is to extreme poverty, the issue of street children is central to a number of projects receiving AFD support in Asia, Africa and Latin America. It is also a topic the AFD is keen to explore further, in conjunction with Samusocial International, with its partner organisations and institutions and with French and foreign NGOs active in the sector. Twenty-six projects involving vulnerable children, including seven more specifically targeting street children, have to date received AFD co-financing.

The phenomenon of street children, linked as it is to mass rural exodus, the loss of traditional social bonds, changes in the family and the uncontrolled development of urban areas, is one of the key markers of the social and societal transformations currently under way. It raises the question of what our development and aid institutions are doing to help population groups that are left on the sidelines of national and international efforts to promote economic and social development.

In the fight against extreme poverty, civil society organisations are the first links in the chain of actors of many sorts. Street libraries, mobile clinics, night patrols and similar activities, designed to create an initial contact prior to the provision of further support for individuals
suffering extreme poverty and exclusion, are generally the work of groups and individuals committed to the respect of human rights and dignity. Samusocial International, which has made the fight against exclusion a core element of its mission, now operates in thirteen countries and has developed a specific philosophy and methodology of assistance to street children. Capitalising on its considerable experience in these thirteen countries, Samusocial International and AFD have together launched a joint programme of reflection on this particular topic.

For an organisation such as AFD, the issue of street children and, on a broader scale, that of extreme poverty and exclusion, highlights the need for inclusive development policies. Partnering with the organisations and other actors in the chain of care and support is essential in order to meet this challenge. Such partnerships offer a means of understanding, as holistically as possible, development issues such as urban modernisation or support in defining education and health policies that include the most vulnerable population groups.

This latest edition in the *Savoirs Communs* series sets out the ideas jointly addressed by AFD and Samusocial International at a seminar held in November 2010 and attended by a large number of organisations and institutions working on the subject.

Beyond the theoretical contributions and concrete examples, it examines individual initiatives with the aim of sharing knowledge and enabling all the agencies concerned to capitalise on the experience of others.

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1 Representing total commitments of over €8 million to the cause of vulnerable children, of which €2 million dedicated specifically to street children, between 1\textsuperscript{st} January 2009 and 1\textsuperscript{st} July 2011.
Understanding the situation of street children

Who are street children? What are their numbers? Before considering how street children are to be cared for, it is important to understand the complexity of the phenomenon, the reasons that drive children onto the streets and how they cope once they are there.
When seeking to assess the scale of the phenomenon of street children, a phenomenon as clearly visible as it is difficult to address, it is impossible to arrive at an accurate count. A figure commonly cited is the UNICEF estimate of some tens of millions\(^2\) in total, counting all children in situations of great vulnerability, living and working on the streets. This global approximation may be compared against more precise figures quoted by organisations working with children, although the data is necessarily confined to the geographic area in which each structure operates. There are an estimated 30,000 to 50,000 street children in Morocco, according to local children’s NGO Bayti, and the NGO Médecins du Monde reports 14,000 children – a quarter of them girls – on the streets of Kinshasa in the Democratic Republic of Congo. The difficulty in quantifying the number of street children stems in part from their mobility and also from the fact that there is no simple definition of the phenomenon when the term “street children” can cover so many and such different individual realities. Samusocial Mali, which works mainly with children in situations of family breakdown and living on the streets of Bamako, has identified close to 2,000 children since 2002, with an annual influx of around 100 new arrivals.

The question of a definition is linked to the importance of an agreed terminology needed to raise awareness of a particular issue and get that issue onto public policy agendas. It is essential that all the agencies, be they institutions or non-governmental organisations, national or international, involved in seeking answers to the phenomenon of street children should agree on a common definition. The determination of professional agencies to find appropriate terminology to describe this fast-growing phenomenon prompted the Inter-NGO Programme for Street Children and Street Youth\(^3\) in 1982 to define a street child as “any boy or girl... for whom the street

\(^3\) This programme, a direct outcome of the 1979 International Year of the Child, was established by the International Catholic Child Bureau (BICE) to coordinate reflection and action to tackle a fast-growing problem.
(in the widest sense of the word...) has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, supervised or directed by responsible adults”.

Sub-categories of street children were subsequently proposed, distinguishing between children “of” the streets and children “on” the streets. This distinction, which is still in use, differentiates between the child “of” the streets, who lives permanently on the streets, day and night, and who has broken off contact with his or her family, and the child “on” the streets, who spends the day on the streets, generally seeking to earn a living, but returns home at night. A third category was later introduced to cover an intermediate situation: the child “in” the street, the runaway child who has left home for whatever length of time, a child in a transitional situation.

This classification focuses on the degree of family breakdown, total or partial, indicated by how permanently the child is on the streets, and the extent to which a child may suffer from such a breakdown.

The definition of street children is evolving as agencies working with children continue to study the phenomenon and its complexity. While it is now widely admitted that street children may be an issue for all the world’s major cities, the phenomenon first became a subject of research and public debate in Latin America, where it attracted a great deal of media attention, especially in the specific context of the favelas and the emergence of gangs. Work done by Riccardo Lucchini from the 1990s onwards steered research into life on the streets towards a framework of “survival sociology”

4 At the 1985 Grand Bassam Forum in Côte d’Ivoire, organised by UNICEF, ENDA Third World and BICE.
behaviour in Brazil’s street children, he discovered that these young people did not fit the image portrayed in the media. They were not simply the objects of repression and violence; they possessed skills and turned them to good purpose, not only to cope with adversity but also to exploit the experience of street life to construct a social structure for themselves. As a result of looking into the diversity of the causes, conditions and forms of the lives lived by street children, he came to challenge what he considered a blanket and inaccurate “social category” that failed to take account of the complexity of children’s situations. The system he developed for dealing with street children was constructed around the different spaces (family, aid programme, school, street) between which a child alternates; leaving home for the streets is the result of a combination of external constraints driving the child towards the streets and the child’s own decision to leave. Lucchini offers an analysis of children’s pathways in terms of a “career”, made up of stages through which the child goes during life on the streets, a career in which the child is an actor who develops strategies and skills.

The disadvantage of the distinction between children “of”/“on”/“in” the streets is that it ignores these potentialities that children develop to overcome not only family breakdown but also life on the streets. The child is reduced to “an object on which interventions are carried out according to modalities disconnected with the child’s opinion”. By applying the terminology developed by the International Institute for the Rights of the Child of “children in a street situation”, it becomes possible to consider the child as an actor of his or her own destiny. This perception implies paying attention to what the actors involved, and most importantly the children themselves, see as the meaning of their situations; children in a street situation are children for whom the street has become a major consideration. It can only be achieved by listening to the child, hearing his or her concerns and analysing his or her experience (activities, motivations, identity, relationships, etc.). When all these aspects gravitate around the street space, then the street can be said to have become a major reference for the child.

The situation of street children can also be examined through the lens of exclusion, which makes it possible to distinguish individual situations. Street children suffer from exclusion on several levels: educational, familial and social. Either because they have dropped out of education or were never enrolled, they are excluded from education. The breakdown of family relations excludes the child from the physical, emotional and educational protection of the family and deprives them of any legal representative. The breakdown may involve the direct family (parents) but also any foster family in which a child may be placed.
Due to the lack of legal representation for the child in the event of family breakdown, and to the inadequacy of child protection systems in many countries, the child is also socially excluded, denied access to basic rights and services (medical, educational or social).

School dropout rates and child labour, family breakdown and social exclusion... In order to understand the phenomenon of street children, it is important to gain a better understanding of why they are on the streets and how they came to be there.

© Samusocial Burkina Faso

Theatre rehearsal at the Samusocial Burkina Faso Centre.
There are many contributing factors – political, social and economic – to explain the context behind the phenomenon of street children. These include poverty and child labour, economic migrations and the economic attraction of big cities, domestic violence exacerbated by economic and social insecurity and inadequate national child protection schemes in developing countries, war and the fragility of countries emerging from conflict. Under such circumstances, traditional social bonds are weakened or even destroyed and families torn apart. Rampant urbanisation is also a factor in itself. As Xavier Emmanuelli, the founder of Samusocial International, emphasises: “humanity is changing of environment; we are all going to end up living in cities, but traditional societies are no longer relevant in a city”. Social exclusion within an urban environment is the symptom of this change.

These contextual factors are of little help, however, in analysing the essential issue, that of the family bond. While the economic situation may serve to explain why children are taken out of school, or never enrolled, because they are needed to contribute to the family’s income (through begging or street trades), it does not suffice to explain why some children remain permanently on the streets and what lies behind the break, not just with the environment of family life, but also with the bonds of family. Some children who work on the streets during the day will end up not returning home at all. Some will run away repeatedly until the time finally comes when they no longer return home. Others move onto the street the moment they first leave their original home environment. In order to arrive at an understanding of how children come to be on the streets, it is first necessary to look at what these children’s lives were like before they finished up on the streets.

The reasons that lead a child onto the streets may lie in a series of conflicts with the family or with the world of school, but they may also stem from traumatic upheavals such as war, as in the case of Kinshasa, or from the need to escape from violence that has become unbearable. It is important to explore the lengthy process that causes a child or adolescent to move from an unstable situation, made up of “mini” break-ups with the child, from the family to the street and back again, to full-blown exclusion. What are the reasons that
drive the individual to break out of the situation of instability, to take the step from being an occasional runaway to being a street child? What causes the child or young person to stay on the streets? In many instances, what apparently happens is that during the period of instability and minor breakdowns that precede the child’s flight to the streets, something traumatic occurs: an act of violence that is beyond bearing, an instance of bullying that goes beyond the daily annoyances previously endured, or the death of the only family member who continued to show the slightest tenderness for or interest in the child. The “pull” of the street wins out when the environment in which the child lives is no longer “attractive”, in the sense that there is no longer anyone to hold the child there.

An in-depth study of street children in Bamako conducted by Samusocial International and Samusocial Mali between 2009 and 2010 highlighted one particular key factor in the child’s decision to leave its home environment: an overload of violence, both externalised and internalised. The children become worn down by violence, physical and verbal, from parents, tutors, certain “Koranic teachers”. The violence they suffer is often associated with another form of “perceived” violence clearly expressed by the children, particularly as regards the economic exploitation frequent when a child
is placed with a spurious Koranic teacher or ill-intentioned third party (see box on the practice of child fostering). The triggering factor seems, however, to be more the consequence of internalised violence linked to the child’s sense of a lack of personal history, especially when the child was fostered at a very young age or has been repeatedly fostered. The decision to leave may thus be the result of an “overload of violence”, a last straw that drives the child into flight. Running away then becomes a “state of self-preservation”.

THE PRACTICE OF “FOSTERING” CHILDREN

Fostering is a traditional practice deeply rooted in the family dynamics of West Africa. It helps to strengthen social bonds between family groups or alliances and contributes to social and family solidarity. Fostering involves the parents placing a child with a close relative or friend and then, according to tradition, taking no further interest, at least directly, in the child’s fate as long as it remains with the foster family.

The practice differs from legal adoption in its lack of formalities, but resembles it in practice. The child does not take the name of its foster parents, but lives with the foster family as one of its children. This form of fostering may take place without the prior consent of the biological parents, or that of the foster parent; custom requires a family to accept a child offered to it for fostering. This lack of consent is at the root of most of the abuses that occur, and of the neglect suffered by certain foster children. Unlike adoption, fostering may be subject to a time limit. The child may be fostered until a disruptive situation – death, illness, divorce or separation, for example – is resolved. In such situations, it provides a form of family solidarity or a means of renewing bonds weakened by family quarrels.

In recent decades, economic crises have impacted heavily on West Africa and have further undermined traditional social systems. Family solidarity is struggling under the weight of economic constraints, and educating a child imposes a major financial burden. The practice of fostering a child with a Koranic teacher has gained ground at an astonishing rate and offers a palliative when fostering within the “extended family” is difficult. Children placed with a Koranic master or marabout are known as “talibés”. Traditionally, the child talibé would go from door to door at meal times and beg food from the community, which thus made its contribution to the children’s education. When a spurious Koranic master’s desire to exploit such children for personal gain wins out over their education and abuse becomes the rule, the child takes refuge on the streets.

8 Christine Leguisai, clinical psychologist and psychosociologist, co-author of the Bamako study “Nous venons tous d’une maison” (“We All Come from a Home”), 2011.
The traditional practice of fostering, as such, is not a direct factor explaining how children come to be on the streets, but abuses of the practice are. The challenge now posed by fostering is that of a practice that may become out of control, especially when the child is placed with an ill-intentioned third party, or as a result of family problems, or where there have been previous conflicts in the child’s life. An unhappy fostering experience frequently perturbs the child’s life history.

Comparable situations, in which children risk ending up on the streets after being fostered with ill-intentioned third parties, are to be found in other parts of the world. In Haiti, for example, poor families, often from rural backgrounds, may place a child with a foster family as a domestic servant, with the promise that the child will have access to an education. The promise is rarely kept in the case of these restaveks, as they are known (from the French “reste avec”, meaning “stay with”), whose situation is more akin to that of domestic slaves.
In many countries, young girls “employed” as servants may find themselves in situations of great vulnerability, and may be reduced to living on the streets in the event of pregnancy outside marriage, violence or sexual exploitation, sometimes at the hands of their employer or a member of the employer’s family.

**YOUNG GIRLS ON THE STREET**

Taken from the Samusocial International and Samusocial Mali study “Nous venons tous d’une maison” (“We all come from a home”), 2010.

Assitan, 17, was raised by her aunt. She told the Samusocial Mali team that when her pregnancy became evident: “… my aunt couldn’t bear me any more. She used to beat me all the time, she even threw my clothes outside. One time, she beat me until I bled. That was the day I left her family.” By that, Assitan meant that she no longer saw herself as a member of the family. She also told the team that when her mother saw her “pregnant”, she said: “I would rather you were dead than see you in this situation” and: “you should die, you no longer have any reason to live.” Assitan ended up living on the streets.

In societies with strongly traditional values, as is particularly the case in rural areas, pregnancy for a young girl or woman goes hand in hand with marriage, symbolically understood as an alliance between families. Furthermore, pregnancy is seen in terms of “giving a child to …”, with the prerequisite that the bride comes to the marriage a virgin, otherwise she brings shame on her family.

Awa refers to the question of honour in her story: “After my father died, I decided to come to Bamako to look for work, like the other girls in the village. I wanted to earn money to help my mother look after our family. For two years in a row, I came to Bamako and went home to Fana over the winter. The third year, I got pregnant. I was too afraid and ashamed to return to my family. I stayed with the woman who employed me until I was so far on in my pregnancy, I couldn’t work any more. My employer sent me away; I had nowhere to go, so I went to the railway station with all my things, almost about to go into labour.” Awa did not leave her family in order to live on the streets. Awa cannot go home to her family. She has nowhere to go but the streets.

Many of the young girls encountered by Samusocial Mali on the streets of Bamako were also pregnant “outside the family circle” and cut off from their home environment. The sense of family dishonour is sharpened by the fact that they feel responsible; these young girls must bear a “burden of shame” inflicted upon them by their parents just as they are about to become parents themselves.
Among the various situations of domestic exploitation, one phenomenon that stands out is that of “child maids”, young girls who risk becoming street children when they are driven out by their employers without being paid for their services.

**HANANE, CHILD MAID IN MOROCCO**

Account published by Moroccan NGO Bayti - *Children in need*, the first programme set up to assist street children in Morocco, founded in 1995 by Dr Najat M’Jid.

Hanane, now 17, was rescued by Bayti when she was eight years old. Aged six, the unacknowledged daughter of a single mother, she had been handed over to a woman as a maid of all work. She was kept locked up inside the house for fear she would meet outsiders or run away, and was never allowed to play. If she so much as touched a doll belonging to one of the children of the house, she was punished severely. She was savagely beaten if she overslept in the morning or if she fell asleep in the evening before her employer, and before she had completed all her allotted household tasks, which were well beyond her physical capacity.

All over her body, even at the back of her mouth and on her genitals, Hanane carries the marks of the deep burns inflicted on her by heated knives, forks and iron rods, as well as scars from the many punishments she received. During the two years of torture and slavery she underwent, not one neighbour intervened; her employer was a woman of considerable influence.

When Hanane lost consciousness as the result of a head injury from a violent beating, her employer took her to hospital. The doctor who examined her reported the case to the public prosecutor. During Hanane’s lengthy stay in hospital, Bayti brought a civil suit against the employer and monitored Hanane’s progress until she recovered. When she was discharged from hospital, she was housed in one of the NGO’s flats, under the supervision of a child-care assistant. A lengthy process of treatment followed, ranging from psychotherapy to physical treatment and major reconstructive surgery.

Hanane has now regained emotional stability. She finally managed to obtain official identity documents after a four-year administrative battle due to her mother’s unwillingness to declare herself a single mother, and she went back to school. She is currently studying for a baccalaureate in experimental sciences at a private school where she is considered a star pupil. She looks forward positively and with great courage to the future.

The employer was sentenced to five years’ imprisonment (already served on remand) and a fine of 50,000 dirhams. Bayti appealed against the leniency of the sentence and the case is currently before the courts.

Other children are also subject to radical rejection by their family. Such is the case of children accused of witchcraft, a practice increasingly widespread in the Congo Basin. The violence of family rejection has repercussions on how they adapt to life on the streets. Since there can be no back and forth process between the street and the family in their case, the transition to life on the streets is immediate and radical.

**CHILDREN ACCUSED OF WITCHCRAFT**

*Taken from the study « Survivre dans la rue à une rupture de vie familiale »*  
("Surviving on the street following family breakdown")  
*by Samusocial International and Samusocial Pointe-Noire, 2011.*

Lucas was born of a relationship between cousins, culturally considered as incestuous. His father refused to acknowledge him, and Lucas was brought up first by his maternal grandmother and then, after his grandmother died when he was five, by his mother. In the village where he lived with his mother and stepfather, he was accused of witchcraft and of using the totem of a boa constrictor to frighten the neighbours and to commit murder. Lucas was accused of using witchcraft to bring about the death of his grandmother and of his half-brother, a baby of six months. At risk from both family and neighbours, Lucas was given into the charge of his maternal uncle in Pointe-Noire. Once again, he was accused of witchcraft by his uncle and the neighbours, of turning himself into a boa constrictor at night and swallowing his victims. The uncle no longer wished to keep him and decided to return him to his mother; having recovered the child, she then abandoned him in the midst of the central market in Pointe-Noire. He was taken in by the Samusocial Pointe-Noire. Lucas is now nine years old. No mediation of any kind with the family will be possible.

Lucas’ story illustrates how a representation of the child as evil (as a result of his incestuous origins) gradually evolves into a representation of the child as a practitioner of witchcraft. Lucas is the victim of a problem of belonging, of filiation, since he is the product of a union not permitted by tradition. The child thus becomes the object of shame. Only his grandmother seems to have shown the child any kindliness. Her death thrust Lucas into a situation of radical exclusion from the family.

Lucas is one of many similar cases encountered by the Samusocial Pointe-Noire. The practice of accusing children of witchcraft highlights a profound crisis in social representations in the Republic of Congo. Society has moved from a traditional perception of witchcraft (a phenomenon previously uniquely confined to adults) to a “pseudo-religious” perception whipped up by new religious leaders who have turned exorcism sessions into a lucrative business. The accusation of witchcraft becomes a pretext to discredit and dispose of an individual seen as undesirable.
In situations of armed conflict and the aftermath of crisis, the phenomenon of street children may be closely linked to that of child soldiers. Children living on the streets are easy targets to be drafted as child soldiers. Similarly, once the conflict is over, child soldiers may have no option but life on the streets, given their history and what they have experienced, suffered or done. A past life as a child soldier is one further factor that may lead to children and adolescents living on the streets.
Understanding who street children are and what drives them to live on the streets and to remain there also raises the question of how street children and young people live in the urban environment. The street is where they find their life resources, whether these be economic, human or sometimes merely play and recreation.

**Economic resources**

Certain children, in particular children “on” the streets, may attend school in the morning and beg or work on the streets for the remainder of the day before going home to their family at night. Others, the children “of” the streets, must find all their means of subsistence there. The youngest and the new arrivals live mainly by begging, a means of earning a living common to street children the world over. Begging is generally the preserve of the youngest, because they are more successful than their elders in arousing the compassion of local residents and passers-by, but these child beggars are often exploited by their “elders” on the street, who demand a share of their gains in return for providing protection.

Ways of earning a living change according to age and length of time on the streets. Children move from one activity to another as they develop their ability to move around the city, to become the leader of a group and thus take charge of new arrivals. They engage in economic activities such as petty street trades (washing windscreens, shining shoes, hawking, portering at markets, railway stations or airports, etc.). They may work for local traders, providing a variety of services (running errands, unloading goods, standing watch during the trader’s absence) or for craftsmen, to whom they may sometimes be apprenticed. They may also earn money illegally through petty theft, which exposes them to the risk of violent reprisals, or through prostitution, especially in the case of young girls.
LIVING TERRITORIES ON THE STREETS

Street children may occupy different areas, depending on their economic activities. Many gather around particular geographic points, often areas of heavy traffic and major communication routes: markets, railway or bus stations. These gathering places, also known as “sites”\(^\text{10}\), may serve as both places to sleep at night and places to earn money during the day. Groups of street children, impermanent and constantly fluid, operate within shifting perimeters around certain fixed points. As a result of which, they live more in territories within the city rather than actually in the city itself, areas that cannot truly be considered as living spaces.

\(^{10}\) Dramé, F. “Nandité”, a study of street children in Dakar, Samusocial International and Samusocial Senegal, 2010 and « Nous venons tous d’une maison », ("We all come from a home"), a study of street children and young people in Bamako, 2010.
A living space is an area that combines several functions: it is noteworthy in the sense that it is not a place like any other, it evokes a sense of intimacy in its occupant and possible extensions and modifications of the link to others. Seeking to make the space that is a hospital, for example, into a living space is an expression of the idea that the hospital can only treat its patients properly if it provides something more than just physical treatment. In the same way, a squat that is home to artistic activity is no longer seen in the same light as an “ordinary” squat; it changes its name, becomes an art-squat (“squart”), as soon as it becomes a living space. The building then becomes a human habitat, a place for thoughts, dreams and links to others.

The street is often not seen as a living space because it is not secure, especially as a place to sleep at night; security does not make a living space, however. It is because the individual feels safe that he or she can be said to occupy a living space. The street is a non living space when children choose places, particularly places to sleep at night, that are totally abandoned by the other, the figure of the benevolent adult. Those who consider human presence as something toxic choose such “radical” non living spaces as waste ground, etc. Those who make their base in areas of interchange (market, railway station) are not necessarily occupying a living space. Everything depends on the exchanges between each individual and the others present. A place where a young person is reduced to a single emotion – fear or anxiety – is a place that reduces emotional, intellectual and social life so severely that it cannot be called a living space.

Furthermore, the fact that certain forms of social conduct can still be discerned does not mean that such a thing as a “street children culture” can develop. It is self-evident that, even in the worst forms of exclusion, some social models may still exist. To conclude from this that the streets, places of relegation or banishment, are real and original places of acculturation and socialisation would be absurd.
Night sleeping place in Bamako.
THE INDIVIDUAL’S RELATION TO HIS OR HER BODY: A KEY TO UNDERSTANDING LIFE ON THE STREETS

Once “established” on the streets, the child initially experiences all the advantages of the situation: in a way, the child matters to others, finding in the “elders” on the street a source of support that was no longer forthcoming from the family. In this new environment, the child finds an answer to his or her social needs and to the primary need for attachment. However idyllic this picture might seem, however, in reality it is nothing of the sort: little by little, the child slips from a rationale of welcome to one of servitude, in which he or she must fight for personal survival and sometimes for the survival of the group. Once again prey to a sense of persecution, the child may react via two types of behaviour:

- Some children embark on a process of regression: they tend to engage in constant substance abuse with the aim either of erasing or of exciting and sublimating their inner life. Certain drugs help them to work, to cope, while others help them to sleep (see box).

- Others seem so little in need of help that they seem paradoxically well adapted to life on the streets. How is this to be understood? Exposing a young person to the violence of the streets creates a state of mind in which the child is no longer able to distinguish between a hostile presence and one that offers the possibility of help. Everything external is threatening. The child defends himself or herself against this experience of constant threat by pushing his or her mental life in to the background. This is a situation that can be explained by the concept of “paradoxical overadaptation” (see box).
Drugs play a major role in the lives of street children and the relationship they develop with the street. The street child, like any other individual, has a particular relationship to drugs that may lead to addiction in a greater or lesser degree, depending on the child’s personal history. While many street children use drugs on a daily basis, they are not all addicts or dependent.

They associate specific functions with their drug use: recreational, identity-related, individual or social. As Riccardo Lucchini emphasised when writing about street children in Latin America: “the diversity of possible instances makes any discussion of drugs both complex and reductive when the phenomenon is considered solely in the light of dependence.”

The specific aspects of drug use by street children stem firstly from the fact that they use drugs that are economically available to them. For the most part, these consist of inhalants, stain removers, solvents (guinz, an industrial solvent, is common in Dakar, for example), glue, lighter fuel or even sleeping pills mixed with alcohol, all of which have devastating effects on still-growing bodies.

Secondly, street children generally use drugs in groups. Imitation plays a great part in introducing new arrivals to drug use, acting as a force for integration, for becoming part of the group and forging an identity.

Finally, drug use varies according to the activities the children are engaged in and the time of day with which they are associated. Some children explain that inhaling helps overcome their inhibitions so that they feel brave enough to go out stealing. In this instance, it is the instrumental function of the drug that predominates.

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The concept of «paradoxical overadaptation» was developed from clinical work with street children and is used to refer in clinical terms (terms that are still evolving) to the ways in which individuals undergoing extreme social and symbolic exclusion manage to build their relationship with their body, with space and with language.

At an initial stage, the concept is useful in describing an apparently paradoxical field situation. If we expect to meet only with individuals who are perceptibly traumatised, we risk overlooking those who need our attention and our help just as much as the others, perhaps more so, simply because they do not at first sight appear to be suffering psychic trauma or to be in need of help.

At a second stage, the concept is helpful in understanding some of the forms of contact between the children and the team providing care and education. Overadapted children will conceal their own need for attention, support and care by drawing attention to others. In a relationship of this kind, the young person is only able to ask for help and care by acting as the protector and spokesperson for another young person who, from an objective standpoint, is in even worse shape; the risk here is that the mental difficulties the overadapted child is suffering will go unobserved as the illness or distress of the second child monopolises all the attention.

At a third stage, the concept serves to put into a clinical perspective those episodes of necessary regression that may form part of the care path for some of these street children. An overadapted child or adolescent needs to be able to let go of the rigid mechanisms of overadaptation. We must be able to help him or her regress, to reconstruct his or her physical and mental identity, to weave new ties to himself or herself and to others; this will enable the child eventually to build a sense of trust in others, the basis for receiving, giving and exchanging. There is no need for alarm at such regressions when an “overadapted” individual begins to feel a sense of trust and safety and is finally able to let down his or her defences and abandon the mental crutches that, were they to persist, would sooner or later become a handicap.
3. LIFE ON THE STREETS

Sleeping place on a wall in Bamako.
Furthermore, while some children retain the capacity to take action and reach out to public institutions, in areas such as healthcare or social services, others are no longer capable of doing so; for them, the possibility of asking for help no longer exists. Social workers must therefore reach out to those that will not or cannot come to them. Here it is important to take into account the dimension of group and territorial rationales, which in turn raises the question of the excluded individual’s relationship to his or her body, and to the margins of the urban space in which the individual has chosen to locate that body.

The solidarity necessary for individual and group survival is expressed at the day-to-day level (sharing meals, drugs and money) as well as in moments of crisis, such as sickness (buying medicine, taking the sick child to the health services) or death (tracking down the family, returning the body, arranging the funeral). It is often the elder children who bring the youngest or sick children to the attention of the Samusocial teams on patrol.

Cohesion is guaranteed as long as the group meets the child’s material needs and need for identity. This explains why it seems difficult for the child to break away from the peer group and consider an alternative to the streets. The bonds forged on the streets may even be strong enough to survive the departure of one of the group’s members. When events take a child off the streets, the rest of the group often considers that child a reference.
3. LIFE ON THE STREETS

Group discussion with the Samusocial Mali night mobile team.
The effects of a serious failing in subjectivity can be seen in all those who live on the streets, whatever their age, and particularly in the use they make of their body. How does an individual with no home inhabit his or her body, the only dwelling place left? In order to find answers to this question, it is important to understand that having and using a body are not self-evident. “Normal” bodily function (sleeping pattern, eating pattern, taking care of the body) often seems to be self-evident, “natural”; in reality, it is nothing of the sort. “Taking ownership” of one’s own body is a conquest that depends upon our earliest relations. When the individual is abandoned, this process of taking ownership of his or her own body can no longer be taken for granted. Having a body to take care of requires lifelong emotional and symbolic support, managed and mediated by the interplay of requests and responses, the play of language. When an individual no longer puts the slightest trust in the words he or she hears or says, no longer expects anything of anyone, flees from human contact, then that individual may become an object, an encumbrance, an embarrassment, a nuisance, and may no longer consider the body, itself an encumbrance, as a trustworthy partner. The body no longer provides the individual with decipherable and constant signs of life. The individual is precipitated into a kind of immobile wandering, no longer identifying as a partner in any form of exchange, even the receiving of care or help.

Certain children undergo terrifying experiences of anaesthesia, to which some react by self-harming (cutting or scarifying the skin); injuring the body creates an area of pain that reminds the individual of his or her own existence. Some young people no longer rely on even the most fundamental reference points such as the alternation between day and night, taking refuge in dim underground places. They inhabit an eternalised time and their relationship to space shrinks. Time folds back on space. This relationship of the individual reduced to a confined space and endless time is in reality a particularly deadly manifestation of the individual’s relationship to his or her own living body. Young people who constantly consume alcohol or hard drugs are cutting themselves off from a section of their social life and practicing a form of regressive self-exclusion. Their relationship to their body becomes mechanical; they opt out of bodily sensations, particularly hunger and pain. Paradoxically, the young person hands over power to the psychotoxic product (the drug) that accompanies his wanderings: the power to determine alternating periods of artificial sleep and so-called waking, the mental and physical disturbance caused by the consumption of amphetamines or other stimulants.
Extremely isolated children go unnoticed in that they tend to withdraw to areas of urban wasteland and, in some cases, to abandon themselves to severe regression. They ask for nothing and are almost indifferent to the need for care, sleep and food. The mask of indifference sometimes cracks when the aid teams persist and keep up their offer of help. The child that seemed so distant and indifferent then reveals the full extent of the fear pent up inside. Fear of what others want of him or her, certainly, but an even deeper fear of death. The first renewed contacts with an adult world can give rise to expressions of the most remarkable distress.

Still on the subject of the individual’s relationship to his or her body, another aspect of the life of street children that should not be overlooked is the existence of an active sexuality, particularly in the sense that this reassures them of their ability to feel physical sensations in a context where sexual arousal has no meaning for them and appears intrusive. This poses further problems for the aid teams. As soon as a young person is helped to rediscover the sensation of his or her body, he or she will begin to experiment with it. This does not mean, however, that the individual has the necessary sexual knowledge or a sufficient “fantasy” life to deal with sexual arousal and sexual encounters. The physical and sexual abuse the young person may have suffered will seriously compromise any possibility of developing a knowledge and image of the body. Some young girls who are pregnant feel a sense of fulfilment and external world control during their pregnancy that they have never before experienced, but the act of giving birth is often traumatic, arousing feelings of horror, with all that this implies in terms of the risk of infanticide or abandonment, with newborns sometimes “dumped” in waste bins.
PARENTHOOD AMONG STREET CHILDREN
By Christine Leguisai, clinical psychologist

Many of the young girls on the streets have suffered severe psychological trauma, which can contribute to what is known as “dispar-enting” in the bonds they form with their own child. Post-partum depression is common in young girls who have been unable to create a mental construct of their child. There may also be negative reactions towards the child (indifference or rejection, exposing the child to the dangers of life on the streets).

The desire for pregnancy and the desire for a child are two different concepts. Pregnant young girls often tend to conceal their pregnancy and it is third parties (particularly medical or social workers) who will “put it into words”. The difficulties of establishing a “normal” mother-baby relationship can thus be explained by the fact that the mother has had no opportunity to “picture”, to “envisage” the arrival of her child and, in so doing, to create a space in her life for the child.

Early pregnancies also frequently reveal a search for identity as a psychological process, and a need for social recognition. For an adolescent girl, “being pregnant” gives her a different status within the group. She is recognised through the revelation of her fertility. Her status goes from that of “girl” or sometime even “prostitue” and/or “drug addict” to that of “mother”.

Providing help involves supporting the young mother in her relationship with her child but also protecting the child from any risk it might be exposed to as a result of the psychological and social vulnerability of the mother. Involving the family on the mother’s side is complicated by the breakdown of the family, and the family on the father’s side will only be identifiable if the father recognises the child. When there are signs that the baby might be at risk, the decision to place it temporarily in a nursery, under court order, is very difficult for the care team to envisage, since they are also involved in helping the young mother. The decision is sometimes necessary, however, and it may also come from the young mother herself, admitting her difficulties and thereby expressing, perhaps for the first time, her maternal role. The placement is not a separation, and regular visits must be organised to enable the mother to enjoy experiences of maternity that are positive for both her and her child(ren). Young boys living on the street may find themselves in sole charge of very young children that have been abandoned by their mother. The support work required is similar even if, in such cases, the young parent is more likely to request temporary nursery placement.

13 From her presentation to the Samusocial International 2009 Coordination Session.
An understanding of the street child’s relationship to his or her body is thus an essential part of the aid and support process. It is important to take the time to work on the streets and the time to create humanising opportunities to help the young person to regain an awareness of himself or herself and of others, to realise that he or she is not condemned forever to being predator or prey, and that the use he or she makes of his or her body is subject to common codes, habits and laws.
2

Supporting street children

Offering support to street children first requires «access» to the children and “acceptance” by them. Building a relationship of trust is an essential prerequisite to any form of aid. Some structures use play as the basis for building this relationship. Samusocial teams often use requests for treatment as a means of laying the foundations. The challenge is to be able to offer responses to children’s primary needs as a preliminary to developing an overall, multidisciplinary and multifaceted approach to providing support. This section describes the method adopted by Samusocial International.
Child being interviewed by the Samusocial Mali night mobile team.
2.1 A relational approach to care

Medical care

Medical care is essential when providing support for street children and young people, whose vulnerability to disease is exacerbated by life on the streets (skin diseases, lung disease, gastric infections, malaria). Exposure to the risk of HIV/AIDS transmission is a constant factor, especially in cases of prostitution. Diseases such as tuberculosis and epilepsy may also be encountered; although infrequent, they are not uncommon. Each case for treatment requires a support system that is extremely difficult to manage. A child asked to attend regular appointments at a health centre or with a mobile street team, or even a child hospitalised in a clinic, is not necessarily in a relationship with his or her own body, or with others, likely to prompt compliance with such regular attendance and care for his or her own wellbeing.

The medical care provided must also be designed both to preserve physical health and to enable street children to regain self-confidence by learning how to take care of themselves once again. Given the impact of street life on the relationship with the body, medical care opens the door to bodily care. It will be very difficult to care for a child unable or no longer able to take care of himself or herself. The role of the doctor or nurse dealing with a street child is as much about providing psychological and educational care as it is about medical care.

Finally, medical care often acts as the “gateway” into a relationship with the young person. It treats the injuries caused by living conditions on the streets and forms the basis for a relationship.
In Port-au-Prince, 10% of street children are girls who survive mainly through prostitution. As part of its work, NGO Première Urgence – Aide Médicale Internationale (PU-AMI) provides special follow-up for young girls on the streets, with family planning sessions and HIV/AIDS awareness campaigns. Girls who become pregnant receive regular monitoring throughout their pregnancy, with antenatal and postnatal checkups. The girls are registered with the free obstetrics clinic run by PU-AMI in Martsissant, a deprived neighbourhood within the Port-au-Prince urban area. Where necessary, a local partner organisation provides HIV/AIDS testing and treatment.

Regular HIV/AIDS awareness and family planning sessions for boys are also organised. There are still far too few local structures doing work of this kind, and there is currently no government intervention whatsoever. Advocacy is essential to ensure that local structures take over responsibility for the follow-up of street children, and of adolescents in particular, to ensure long-term continuity.
**Psychological Support**

Children in the greatest distress, whose mental suffering may be masked by “paradoxical overadaptation”, require the skills of a clinical psychologist qualified in the diagnosis of psychopathological disorders and in psychotherapy. This is not to say that the psychologist must be continuously present during all care situations, but the clinical approach must be included and integrated into the whole process of supporting street children. From the driver of the night mobile team vehicle who makes the initial contact to the social worker, the care worker, the doctor and the nurse, each has a role to play in caring for and restoring mental health profoundly damaged both prior to and then as a result of life on the streets.
In view of this, aid workers must receive ongoing training in the psychological approach, and the role of the psychologist on the team will always be twofold: therapeutic as regards the children, and analytical in helping the other members of the team to understand the individual situations they encounter and formulate appropriate responses.

The regular presence of a psychologist on field operations also creates an opportunity, in some cases, to develop a system of practice analysis, focusing on the representations of care workers, on their hopes and fears and, most importantly, on the effects that their experience with the realities of street children’s situations – violence, sexuality, trauma – may have upon them.

**Social and Educational Aid**

Street children and young people must be able to confide their story, particularly in the course of individual interviews with social workers, and talk about their problems – those that initially brought them to the streets, but also those they encounter in their day-to-day lives on the streets. It is of key importance to understand where the child is from, who he or she is and how he or she lives. The ideals of the teams in the field may sometimes pose a barrier to this essential understanding. Often the urgent need is perceived – wrongly – as being to provide instant solutions on every front.

Aid workers may thus move heaven and earth to reintegrate a child into a family, overlooking the fact that, in many cases, the child might never have been integrated into the family in the first place. Taking children into shelters may be done precipitately, while the child as yet lacks the mental capacity to project himself or herself into an environment other than the group and its territory.

Purely social aid, understood as support for reintegration of the child into his or her social rights, is often limited in countries with poor social development. In such circumstances, social aid consists for the most part of obtaining identity papers for the children, essential if they are to return to education via a placement structure, or temporary placement orders for children to be accommodated in shelters, or a certificate of indigence for entitlement to free hospital treatment. It may also involve families, as part of a process of family reintegration. It will seek to make contact with social services offering aid to impoverished families, even if the family reasons that drove the child onto the streets are rarely economic, or rarely purely economic.

Educational aid must also be designed for the child as he or she is, and not as he or she ought to be. The pursuit of literacy with a view to remedial education is of little help to a child who has little or no sense of relationship to others, whose relationship with language is
stunted by the relationship to his or her own body. It may be entirely pertinent, however, when its aim is to help the child re-learn the game of language and, through it, relationships with others. Educational work with street children, like psychological support, infuses the entire approach of support. One of the roles of the doctor and nurse is to help children understand how the body works, a necessary prerequisite for an understanding of any health education. Social workers spend a great deal of their time on the streets engaged in resolving the internal conflicts of the groups they meet, and the group “chats” they organise are primarily educational in nature, addressing the issues of life in a group and respect for others.

Educational work in a shelter is also directed towards this aim of learning how to resume a social life, to regain a sense of sociability that has been damaged by the violence of life on the streets. One of its main aims is to encourage a reawakening of the imagination, essential to the child’s development. Play and creative activities are ideally suited to this task. The child is not obliged to participate; the mere fact of observing others at play “re-educates” the child through witnessing a non-violent other and helps the child to break down the defences of mistrust he or she has built up.

Social and educational aid is thus above all a means of restoring the child’s confidence, in others and in himself or herself. It is essential in providing support for street children and young people to reconstruct their mental and social capacity and their ability to project themselves into a future away from the streets. Only then is it possible to begin preparing, with each child, the process of renewing family ties, a process that will be unique to each child and to each family. Only then is it possible to begin joint consideration of education or training opportunities, with or without the family.

Working with a street child demands involvement over the very long term and a patient approach. The provision of care encompasses a blend of group and individual support, but also an element of emergency intervention on the streets, daytime drop-in centres or shelters and a process of reintegration. Supporting street children means bearing in mind the possibility that there may be many journeys to and fro between the streets and another way of life. In the words of Xavier Emmanuelli: “we should not forget that no life is linear in its trajectory, and we must not be discouraged when these children fail to find their way back into society”.

Social and educational aid is thus above all a means of restoring the child’s confidence, in others and in himself or herself.
Drawing workshop at the Samusocial Senegal centre.
Providing care is essential to building a lasting relationship of trust with street children and young people. The first objective is to make contact with them in order to restore a social bond: the contact in itself constitutes an act of social reintegration. It is important to intervene rapidly, because the streets can swiftly have an irreversible effect on a child. The mobile nature of the intervention is also helpful in swiftly identifying new living territories that emerge as groups move around, and also in identifying new arrivals on the streets.

Samusocial teams have developed various forms of support:

**A MOBILE AID CENTRE**

It’s made up of a nurse, a social worker, a driver who acts as a “social facilitator” and a psychologist (on an occasional basis). The mobile centre patrols the streets providing aid to children and young people on the streets at their night-time gathering sites and/or their daily activity sites. For preference, the centre operates at night in order to reach the children clearly most affected by social breakdown.

It offers comprehensive care (medical, psychological, social and educational) available directly on the streets, a solution particularly geared to the situation of the most desocialised children and young people who refuse to leave their territory, particularly for existing shelters.

**THE DAY-CARE CENTRE**

It provides free access to a safe place where children are relieved of the need for survival strategies and able to rediscover a living space, a refuge from the non living space of the streets.
The children have access to care and medical treatment and opportunities to meet a social worker or a psychologist. Outside the group and the territory of the street, children sometimes find it easier to open up, especially when they are victims of violence at the hands of others in the group. The day-care centre should provide the child with opportunities for personal care (washing, washing clothes) and a return to more normal patterns of sleeping and waking (organisation of periods of activity and rest) that have often been seriously disrupted by life on the streets. The day-care centre should also offer opportunities to take part in play, artistic activities and sports, not primarily for recreational or educational purposes but rather to restore the child’s contact with his or her imagination and ability to find a “peaceful” way of relating to others.

**Accommodation in a shelter**

It is reserved primarily for children in need of emergency rescue for medical or psychological reasons. Children presenting with diseases that are difficult to treat on the streets or likely to degenerate rapidly, but that do not require hospital treatment, are taken by the mobile aid team to a shelter providing nursing care. After formal medical diagnosis by the daytime structure, the child or young person may then remain in the shelter. Shelter accommodation is also a priority for children and young people who are at risk on the streets as a result of serious psychological disorders, generally as a result of physical or sexual abuse. Such children receive specific care from a psychologist.
The shelter also acts as a halfway house for children and young people in the process of rebuilding links with their family: visits to the shelter by the family can be organised, helping to prepare the child for a return to the family environment. By enabling children to re-learn relationship patterns not dictated by survival mechanisms, it also prepares them for integration into alternative placement structures other than the family.

Finally, some street children may simply ask to “try out” the shelter because the trust built up with the mobile aid team has given them enough of a sense of security to be able to leave the group and its territory. A stay at the shelter can help them to re-establish forgotten basic rhythms, to rebuild non-violent relationships with regard to their own body and to others. This respite accommodation may sometimes be a preliminary to halfway house accommodation.

Of course, any form of accommodation may also result in a return to the streets; even so, the stay in the shelter will have had some impact in terms of the child gradually acquiring a sense of security and hence recovering the mental strength to picture a life other than on the streets. It may take several moves to and from between the shelter and the streets before a child is fully able to abandon the pattern of survival mechanisms.
Meal time at the Samusocial Burkina Faso centre.
2.3 Reintegration or integration?

**Renewing family bonds**

Often seen in principle as the natural and obvious alternative to life on the streets, a return to the family is an option to be approached with caution. It is one possibility that must be considered but may not systematically be possible or necessarily feasible for the child, especially in cases of domestic violence.

The process of renewing family bonds, on the other hand, must be attempted unless unavoidable circumstances make this impossible. While contacting the family may not always be obvious in the light of geographical distance or family breakdown, it is nonetheless necessary as a means of trying to gain a better understanding of the street child’s situation. In some cases, particularly when children have been fostered, it is only through this contact that parents discover that their child is living on the streets.

Contact with the family is not necessarily made through the biological parents. Children may mention another person, family member or not, to whom they seem very attached. It is important to be able to meet this person, who may sometimes be the one who will give the child a home.

Depending on the individual family situation, the next step may be to envisage a rapprochement. The mediation process must proceed at a pace that suits all parties, both parent(s) and child. The aim is to renew bonds that have been strained or broken; the outcome may be to enable the child to return to his or her family. On occasions, it may involve creating a bond where none existed, when the child has never really had a place within the family. In other words, the generally accepted idea of family reintegration as such is open to debate, since the first need might be real and substantial support to achieve family “integration”. In some
cases, it is only when a child in care reaches adulthood that he or she will truly find a place within the family structure.

**The need for personalised support**

The social reintegration of street children often takes on connotations of an underlying political theme symbolic of a problem-solving strategy. Reintegrate whom? Into what? The first necessary step is to support and encourage the street child to abandon the survival mechanisms he or she has had to learn. Then the child will need to be supported, for as long as it takes, into the future, i.e. in his or her life.
Every child is unique, and so requires a personalised, participative approach through which to develop, with the help of the educational team, first a “plan for getting off the streets” and then a “life project”. This project must be individual and tailored, taking into account not only the child’s history, trajectory, age, maturity and expectations but also the environment in which the child has lived and is destined to live in the future. This is a lengthy process. It calls for rigorous methods based on an approach that respects the rights of the child and complies with the guiding principles of the UN Convention on the Rights of the Child: the best interests of the child are paramount; the right to survival, life and development; the right to non-discrimination; the right to the child’s opinions being respected and taken into consideration.

To enable the child to implement the life project over time and in an appropriate manner, it is broken down into stages for which the child’s participation is required. It is also the subject of a contract between the child and the adults providing support, setting out the undertakings and obligations of the stakeholders.

The “life project” cycle requires long-term support and follow-up. Its success depends heavily on the quality of the coordination system established between all the actors engaging with the child.

Two examples of personalised support:

1. R. A., aged 12, was from Marrakech. The child of a dysfunctional family, with no identity documents, he began spending periods of time on the streets of his native city before moving permanently onto the streets of Casablanca, where he remained for six years. He survived by begging and petty theft, and regularly suffered violence and physical aggression. Constant personalised support from Bayti over a period of years enabled him to escape from the streets, obtain his identity documents and rebuild links to his family thanks to a process of mediation and parental education. R. A. took remedial classes to catch up on his education, and then trained first as a carpenter and later as a welder; thanks to his training, he found a job with a company. R. A. is now fully independent. He is married with a child and a homeowner.

2. Z. A. came to Bayti’s attention at the age of 14. She was the victim of incest, living in a dysfunctional family, with many of her brothers either on the streets or placed in orphanages, a mother living by prostitution and an alcoholic and sexually abusive father. When Bayti reported her case to the public prosecutor, Z.A. was given into Bayti’s care to remove her from her father and provide her with protection, medical and psychological care and legal assistance. After several years, the ongoing personalised support provided by Bayti has enabled Z. A. to rebuild herself psychologically, to learn to read and write and to obtain a qualification as a pastry cook. She found employment in a pastry
shop and was considered a model employee. She is in regular contact with her brothers, who were also taken into care by Bayti. The father was prosecuted. Z. A. is now a fulfilled and economically independent woman, a wife and mother and the head of her pastry shop.
WHAT SUPPORT PROJECT FOR A YOUNG WOMAN IN A SITUATION OF PROSTITUTION?

By Wania Correia, Programme Coordinator, Médecins du Monde “Girls living on the streets in Kinshasa” programme, and Dr. Didier Cannel, lecturer at the University of Bourgogne and head of the Kinshasa programme

Providing support to a young girl living on the streets “in a situation of prostitution” is a particularly complex issue and challenges us to re-examine our ways of acting, thinking and being. An initial analysis requires a knowledge of where the young girl is from, her trajectory and the events that have led her onto the street, the better to be able to support her in her needs. The next step is to reconcile the need to protect the child and the need to prevent sexual practices that are illegal under Congolese child protection laws. Prostitution is not an activity these girls wish or have chosen to engage in; it has been forced upon them.

These young girls are exposed to appalling risks: gang rape, violence in all its forms, sexually transmitted diseases and HIV, viral hepatitis, unwanted pregnancy, exploitation, discrimination, debt, criminalisation, etc.

Applying the principle of harm reduction, “protect and accept, without judging”, coupled with a specific approach, makes it possible to combine child protection with campaigns to prevent certain sexual practices by providing a range of services and support to these girls in a situation of prostitution. The project is part of an MDM programme in Kinshasa funded by AFD and implemented in partnership with Congolese organisations on a global basis encompassing education and preventive healthcare, access to healthcare and human rights advocacy.

The support provided to the girls includes access to healthcare and psychological and social support; this is followed by the introduction of activities to boost/create self-confidence as a means towards social reintegration and personal reconstruction.

This support calls for greater involvement on the part of the girls themselves, giving them a central role in the project and encouraging them to become more independent and take responsibility. The creation of self-help groups, known as “communities”, for girls on the streets, akin to those developed for other minorities faced with public health problems, is one initiative that has been introduced.

Support for girls in a situation of prostitution can also take the form of disseminating safety instructions to help reduce the risk of violence: stay together, always use the same people to stand watch, identify attackers.
3. REINTEGRATION OR INTEGRATION?

Young girl being interviewed by the Samusocial Mali night mobile team.
AFD’s Crisis and Conflict Unit adopts a dual approach, working to promote the development of a region whilst also dealing with the causes of its fragility. The Unit does not implement projects directly, but monitored AFD co-financing of a Médecins du Monde programme to provide care for young girls on the streets of Kinshasa as part of a Sectoral Innovation Facility14 dedicated to the post-conflict period in 2007. The programme, which is run in conjunction with local partners, centres on three key elements: a secure shelter, treatment dispensaries in partner structures reinforced by mobile teams patrolling six nights a week in the areas where the children live, and vocational training leading to qualifications to help with reintegration into society. Médecins du Monde and its partners are also represented on joint coordinating committees of agencies responsible for providing care and advocacy.

This coordination, which has been strengthened in recent years, ensures continuity of care from the initial reception of street children through to complete independence (encompassing accommodation, treatment and care, training and reintegration). Even so, the needs of these children are still not fully covered: there is a need for psychological and social follow-up, for example, or financing to cover the purchase of tools for income-generating activities following a vocational course. A systemic care trajectory needs to be developed in order to follow up the young worker on the job market and within market networks, particularly within the informal economy.

The population of Kinshasa is divided in its views of street children, with some seeing them as a menace and others shrugging off the situation. The government is aware of the danger to the city posed by growing numbers of street children. Child protection laws have even been passed, but without the resources to put them into practice. The general acceptance by the community and by the authorities of the violence to which street children are subjected encourages the victims themselves to see violence as normal.

Faced with a political response that is encouraging but still inadequate in terms of resources, the NGOs play a predominant and growing role, and have begun structuring their campaigns on such a scale that their intervention goes beyond mere humanitarian aid into the realm of social work.

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14 The Sectoral Innovation Facility for NGOs (FISONG) was set up in 2007 to finance innovative initiatives by NGOs working in the field of international solidarity.
In conclusion, it must be reiterated that life on the street, which quickly becomes chronic, disrupts the individual’s subjective perceptions of time, space, others and the body. It is not possible, and certainly not pertinent, to consider the mental consequences without also considering what appears to be a mechanism of adaptation, and in particular of paradoxical overadaptation, and hence the possibilities of escaping from these mechanisms.

In situations such as these, a number of comforting illusions no longer hold good. One example of such wishful thinking is the idea of family reintegration as an automatic miracle solution. Such ideas may have their uses, but they are only feasible if the “environment” the young child left behind is actually capable of reintegrating the child; the fact that the child is on the streets suggests that the initial family integration was very fragile and ultimately failed.

It must also be said that children who have become used to surviving alone on the streets generally set little hope on their chances of being welcomed back into their family; this factor alone considerably diminishes the chances of family reintegration even if the family appears to be willing to welcome them back.

There is a very real situation, increasingly insistent with every day that passes and hardly to be borne, and that is the installation of children and adolescents, boys and girls, on the streets. Hand wringing and legitimate indignation aside, working with children and young people on the streets entails a duty not to abandon them. A system of medical, psychological, social and educational support acts in itself as a form of ongoing social reintegration, even if it does not systematically guarantee reintegration into an environment away from the streets. Every effort must be made to create a preventive support system for families, to ensure that the streets, with all their dangers, are not the only escape route for a child, even a child at risk in his or her own family environment.

The complexity of the situation faced by every child on the streets calls for as many individual approaches backed by a number of disciplines and resources. Implementing a support process based on a global approach to the child’s situation requires networking as a means of pooling resources. Networking also offers opportunities for optimising practices in order to be able to offer individual care geared to each situation and based on common ethics.
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Mobilising key players

Providing multisectoral and multidisciplinary care for street children calls for coordination between NGOs and authorities facilitating sharing and replication of field experiences and approaches, but it also requires these approaches to be institutionalised and maintained over time and even to be enshrined as public policies.
Professional exchanges during the work of the Samusocial Mali night mobile team.
NGOs working in the many and varied fields of development have strong identities that are strenuously upheld. In specific areas and in the interests of effective action, such as in caring for street children, the specific strengths of each agency need to be pooled in order to develop coordinated and complementary programmes. It is equally important to establish dialogue between the NGOs and the authorities.

Coordinating action calls for dialogue prior to defining a programme, in order to identify the agencies involved and the issues and the actions already in place, and to organise concerted and complementary efforts to manage and sustain the programme. Caring for street children requires multidisciplinary and multidimensional action, with a need for complementarity so the actors involved are called upon to coordinate their missions: direct assistance to children, working with families, providing support towards insertion and integration (particularly into education or training). This will mean building partnerships, whether institutional, operational, financial, technical or thematic. Such partnerships can be used to develop a systemic approach, integrating the different interventions into a coherent whole.

Working collaboratively by calling on the knowledge, knowhow and resources of each structure, NGO or other, also helps to develop a parallel process of constant coordination to ensure that the collaboration is of real benefit to street children. Greater attention needs to be paid to improving concertation between NGOs and to ensuring continuity of actions between the agencies concerned. Each context has its own specific characteristics, and working together facilitates a better understanding of the local processes of marginalisation in play, thereby reinforcing action to prevent abuses and promote human rights. Networking enables the various agencies to gather together regularly in a forum where information and practices can be shared.
The networking of agencies working with street children has two objectives:

- improving the care provided to street children through dialogue and the harmonisation of practices. The network creates a link between the emergency structures, the reception and reintegration centres, and between night-time and daytime actions. Partners may also develop joint training and skills reinforcement campaigns.

- more effective advocacy; the network allows its members greater involvement in mobilising the authorities to provide care or to amend legislation. Agencies are thus able to pool their knowledge, contacts and mutual experiences of advocacy.

This dual objective may be driven by two distinct networks or by a single network. Operational networks also frequently evolve into policy and advocacy networks. These networks do not consist solely of NGOs working with street children on a day-to-day basis. Local or national authorities, funding agencies, the media and academics may also be involved, depending on the objective in sight or the influence sought.
Réseau des Éducateurs et des Encadreurs des Jeunes et Enfants des Rues (REEJER)

By Guy Clément Bemba of Apprentis d’Auteuil et Rémy Mafu, REEJER coordinator

REEJER, an organisation created by educators working with children in a street situation, aims to improve care for street children through:

- exchange of practices and experience of providing care;
- mapping of the areas where children live and of service providers, to help improve coordination of field actions;
- training street educators and professionals.

The network also acts as a resource centre for its member structures, offering a range of both conventional and novel services: project management, monitoring the street children phenomenon, creation of guides to professional best practices, organisational support for structures, staff professionalization.

Given the scale of the phenomenon of street children in the Democratic Republic of Congo, REEJER realised that tackling the problem would also require advocacy campaigns. It collates the questions, crosscutting or specific, encountered by the 180 member structures making up the network and brings them to the attention of the political and administrative authorities: recognition of the status of educator, free registration of births with the local authority, free primary education, etc.

REEJER ensures that children cared for by its member structures always take part in any events that may be organised, in accordance with article 12 of the International Convention on the Rights of the Child.

The network played an important role in ensuring the adoption of the Child Protection Act of 2009, alongside a number of national and international agencies. REEJER was actively involved on two fronts, supporting all collective initiatives promoting the adoption of the law and lobbying members of both houses of parliament.

The decrees enacting the law have still to be signed. The act cannot therefore be implemented and certain of its provisions cannot be applied since the DRC has no juvenile judges and no alternative measures to imprisonment; very few prisons or detention centres have facilities for juveniles. REEJER nevertheless decided to publicise the existence of the law to all agencies concerned and lobbies actively for the creation of juvenile courts, which some provinces have already begun to introduce. REEJER also offers technical advice to government departments on the drafting of enacting decrees.
MOBILISING KEY PLAYERS

1. COORDINATING NGOs

Street children in Bamako.

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Mobilising Civil Society Against the Phenomenon of Child Maids in Morocco

By Dr. Najat M’jid, paediatrician, founder of the NGO Bayti and UN Special Rapporteur on the sale of children, child prostitution and child pornography

Despite Morocco having signed and ratified the conventions\textsuperscript{15} and protocols on the rights of the child, the practice of using young girls, more commonly referred to as “child maids”, to perform domestic work remains a worrying phenomenon. A survey by the High Commission for Planning in 2001 found 19,000 girls aged under 18, of whom 14,000 were under 15, working as child maids in the city of Casablanca alone. According to a Human Rights Watch report in 2005, there are some 66,000 young girls across the country working between 14 and 18 hours a day, vulnerable to physical and sexual violence at the hands of their employers.

The phenomenon is social, cultural and economic in its dimensions. The “placement” of young girls, generally from poor and rural backgrounds, is seen as a godsend: the girl is no longer a charge on her family since she is fed and housed by her employer, and she earns a (modest) income paid directly and in full to her parents. Parents, placement agencies and employers seem to be unaware of their role as perpetrators of and accomplices in the sale, trafficking, exploitation and violation of the rights of these girls.

The authorities have taken repeated action to prevent and combat this form of abuse: campaigns to raise awareness, to encourage parents to send their daughters to school, and the launch of a national initiative for human development to combat poverty and insecurity, as well as a legislative reform now under way.

Civil society has also made some remarkable achievements: 29 NGOs, including Bayti, formed a collective in 2009 to promote the rights of child maids by mobilising public opinion, denouncing the violence inflicted on the girls, bringing cases to court and setting up rescue and reintegration programmes.

Advocacy campaigns are also being run to call for the adoption and effective application of a specific law banning the employment of young girls, guaranteeing them protection and reparation and imposing criminal penalties on their abusers.

No public body or NGO has all the expertise needed to provide care for street children. Coordinated action requires agreement on the duration of campaigns. While NGOs are rarely in a position to maintain their intervention over the long term, due to the limits imposed by external funding, they must nevertheless work with the authorities to ensure the continuity of quality support. Child protection is a responsibility of the State. Closer cooperation between organisations of different kinds allows for clear definition of legal frameworks of intervention, sometimes even resulting in the adoption of child protection laws as in the case of the Democratic Republic of Congo in 2009 and the Republic of the Congo in 2010.
For NGOs and the authorities alike, working in partnership makes it easier to provide care to street children and better prepare for the long term. Building a partnership of this kind requires great determination in order to work together effectively and overcome prejudices.

**Better Mutual Understanding**

Establishing dialogue between NGOs and the authorities allows for a better understanding of objectives on both sides. The authorities operate according to a political agenda for the medium or long term that NGOs may be unfamiliar with. In the absence of dialogue and an attempt at mutual understanding, there is a risk that stereotyped perceptions will emerge. The authorities may be perceived as lacking involvement or engaging with street children purely in terms of repression (rounding them up to “clean up” city centres in preparation for major events or international visits) or charity (heavily mediatised one-off donations, generally as part of campaigns by faith-based organisations), and shuffling off onto NGOs part of their responsibility for child protection and the fight against poverty and inequality. Conversely, the work of the NGOs may be seen as a purely emergency response not viable beyond the short term.

The authorities must be encouraged as much as possible to develop their action and thereby avoid the risk of substitution by NGOs.
The development of new structures such as the Samusocial entities to fight against exclusion is a response to inadequate action on the part of the authorities. Even so, the authorities must be encouraged as much as possible to develop their action in this area and thereby avoid the risk of substitution by NGOs. In as much as the issue is multisectoral by definition, there are often as many public partners involved as there are NGOs. Several ministries or central departments are concerned with aid for street children. In Mali, for example, Samusocial Mali is directly involved in programmes run by the Ministry of National Solidarity and in others run by the Ministry for the Promotion of Women, Children and the Family. In Senegal, in addition to the parent ministry, there is also a child protection support unit reporting directly to the President’s office, and which is very active in matters regarding street children.
“REQUESTS FOR SUPPORT ON THE ISSUE OF STREET CHILDREN COME FROM NGOS, RARELY FROM THE AUTHORITIES”

By Michèle Ooms, Health Division, AFD

Strategy

AFD’s health strategy sets out the guidelines for interventions aimed at vulnerable populations, including children, without specifically targeting street children in particular. Furthermore, pursuant to the commitments made at the 2010 G8 summit in Muskoka, the emphasis over the next five years will be on improving access to quality health services in the interests of equity in order to achieve Millennium Development Goals 4, “Reduce the under-five mortality rate” and 5, “Improve maternal health”.

A question of coordination

At the heart of the issue of caring for marginalised children lies the dialogue between local authorities, local AFD agencies and project managers: out of this dialogue, a definition of social policies may emerge. In practice, the only requests we receive regarding street children come from NGOs requesting financial support for their activities. The request rarely emanates from the authorities, mainly due to lack of awareness of the subject and of possible responses, but also because social intervention is often seen as the preserve of the associations’ sector.

To take this question forward across the full range of our cooperation, a programme of awareness raising would be required both internally and with our external partners. The cycle of an AFD project is based on a process of identification of the needs on the field, so requests for intervention are referred upward by the local AFD offices. Raising awareness at local offices, the first level of referral for issues affecting the most vulnerable, is a first step. A second step would require a joint response by different sectors of the agency concerned (health, education and urban development), since the issue of street children calls for a crosscutting, multisectoral and multidisciplinary approach.

A personal journey

In Haiti, I took part in an analysis of the health situation designed to document the problems specific to certain vulnerable groups such as prisoners, street children and adolescents. The mere fact of raising and identifying the problems made it possible to give credit to those working with such groups, a “mini-revolution” in itself given that these issues are often swept under the carpet. The analysis also provided an opportunity to create links between initiatives by NGOs, often faith-based, and the ministries responsible for child protection. Although these institutions frequently lack resources, mutual recognition and coordination are first steps towards defining public policies.
COMBINING THE ACTION OF LOCAL AUTHORITIES, NGOS AND FUNDING AGENCIES

By Agence Française de Développement and Samusocial International

In 2010, a Samusocial International and Samusocial Mali project on “supporting public, municipal or private services to improve assistance to marginalised and excluded populations” was selected for FISONG funding. The FISONG (or Sectoral Innovation Facility for NGOs) is a funding instrument created by AFD in 2007 as a specific means of supporting the capacity of the NGOs for innovation in a particular field. In selecting this project, AFD was keen to demonstrate its support for an innovative approach, and to capitalise on and publicise Samusocial experience of working with street children in Mali. AFD also aimed to create synergies at the local level for a better response to exclusion. In parallel to this programme aimed at street children, AFD is also engaged in the start-up phase of an urban development project with Bamako municipal council to improve sanitation networks in city districts and build the capacity of the capital city’s council.

Through its financial support to these two projects, AFD is pursuing a single objective of urban development generating less exclusion and contributing to inclusive urban development. The complementary nature of the two projects – one in support of a local NGO in association with the city council, the other in direct support of the council – enables the agency to intervene at both ends of a chain of decision-making and response and ultimately to play a part in establishing a more inclusive local policy.

THE DIFFERENT GOVERNMENT AGENCIES

Below are examples of different partnership structures with the authorities and the possible forms of involvement of these agencies, based on the experience of Samusocial entities within their spheres of intervention:

Ministries responsible for social affairs and/or child protection

These are considered the main parent ministries for Samusocial entities, since they are most active in combating exclusion among street children. They may provide NGOs with staff, equipment and premises. They may also
co-finance certain projects, although this method of participation is generally marginal (except in Casablanca and Pointe-Noire).

These ministries also facilitate coordination with the State child protection services they manage, mainly shelters, as for example in the case of Mali, where the Ministry of the Promotion of Women, Children and the Family has for some considerable time run a daytime shelter for street children.

Ministries of Health

The aim of partnerships with health ministries, over and above the possible provision of staff and medicines, is at least to make medical initiatives part of a framework of national prevention and treatment policies. Samusocial Mali is involved in government-sponsored vaccination campaigns, against schistosomiasis (bilharzia) in particular, which it rolls out to street children using vaccines supplied by the
government. This partnership ensures that the campaigns reach a population that is particularly vulnerable to health risks and epidemics but that would otherwise have no access to vaccination programmes, since these are carried out via the traditional channels (families, schools) from which street children are excluded.

Health ministries may provide medicines and staff, or facilitate the children’s access to public structures. Agreements are generally signed with the health ministry and/or the referral hospitals to allow children to access their services, despite the fact that unaccompanied minors are generally not admitted except as emergencies. The terms of these agreements often provide for services at reduced cost or even free of charge. Similar agreements may also exist with private clinics. Access to healthcare structures is nevertheless often difficult, mainly due to the limitations imposed by hospitals’ lack of resources in some countries and their limited experience of dealing with unaccompanied children.

To overcome these limitations, a specialized hospital facility for children on the margins of society has been created in Cairo: the “Basma Clinic”, an outpatient clinic within a public hospital, designed specifically for unaccompanied minors.

**Ministries of Justice**

Collaborating with justice ministries enables the various organisations working with street children to ensure that their action falls within the law and complies with national legislation, in particular by organising the chain of responsibility towards the children they shelter. The issue of children and young people living outside their family environment demands that a precise normative and regulatory framework, within which responsibilities are clearly identified and exercised, be defined to overcome the legal vacuum and frequent lack of any procedures applicable to children deprived of both family and legal protection.

Samusocial structures often rely on specific procedures, known as “temporary placement orders”, to formally set out the organisation’s responsibility for the children it shelters. Since these are generally *ad hoc* procedures, their application may vary according to the country concerned. The aim is to put the organisation’s responsibility for the children it shelters onto an official footing, without imposing too much bureaucracy. In Senegal, for example, the juvenile judge has given approval for Samusocial Senegal to operate under a block procedure reporting at regular intervals. Once every two weeks, the organisation submits to the juvenile judge a list of all the children taken into care over the past fortnight, and of those already in care.
Justice ministries can also facilitate relations with juvenile detention centres in cases where street children are held in detention. Working directly with the detention centres, as part of a partnership between agencies involved with both street children and detainees, makes it possible to keep track of a child’s whereabouts and thus to continue to provide social and/or medical follow-up. By extension, this contact also means that children can be supported and represented when they come before the courts.

Organisations can also partner with justice ministries to set up training programmes for police forces and prison staff. Where police violence against street children is prevalent, such as in Pointe-Noire, for example, seminars are held to raise officers’ awareness of the fact that street children are citizens in their own right and are owed a duty of protection just like any other citizen. Raising awareness among police services has produced positive results in a short space of time, according to the town hall of Pointe-Noire, which has seen a reduction in incidents of physical violence.

Ministries of Education

In countries with compulsory education policies, the ministries responsible for education and training are key partners in ensuring that programmes for the reintegration of street children initiated by NGOs are maintained over the long term. In practice, responsibility for the schooling of street children often lies with the ministries responsible for social affairs, or with NGOs providing access to the education system in addition to specific preliminary care and resocialisation programmes. Education ministries need to be involved, however, when it comes to children being enrolled in State schools or admitted to informal education programmes for adolescents. They are key partners and should increasingly be included in coordinating bodies.

Local authorities

Under decentralisation, local authorities are being given greater powers, particularly in social affairs. While questions of exclusion often continue to be managed directly at central government level, local authorities are taking on more and more powers and thus evolving into true operational partners. In Mali, for example, the only State-run shelter for street children has gradually been transferred from the Ministry for the Promotion of Women, Children and the Family to the Bamako district council. Local social services may also provide resources and shelter premises, as in Pointe-Noire, where a local initiative has become a model for change on a national scale (see box p. 78).

The sheer number of public agencies involved prompts questions as to what kind of coor-
Coordination should be established between the various public departments and institutions concerned and with the NGOs. Pressing for greater coordination between the ministries and departments responsible for social affairs is a challenge that needs to be met in order to ensure continuity of care for street children. In each national context, it is essential to identify an entity capable of providing this coordination, and tools such as “multi-way agreements” between government departments and NGOs. This avoids the need to sign a plethora of individual agreements for each partnership between an NGO and the authorities by grouping them under a single umbrella partnership on a particular subject, thereby greatly simplifying the task of coordination.

Although the degree of public authorities’ involvement is changing, they remain largely marginal partners, with NGOs keeping the lead role in managing services aimed at street children, whether in terms of basic aid on the streets, provision of shelters or help with reintegration.

Partnership with local authorities is essential to ensure the continuity of schemes once international or local NGO programmes come to an end. When seeking to identify the authority that can take over from the NGO, it is best to look to the authority in closest proximity and, first and foremost, to municipalities. The authority best suited to dealing with problems that are immediate in both space and time is undoubtedly the political authority that is closest to those problems.

**Public spending cuts, political calendars: the authorities have limited room for manoeuvre**

How are local or national authorities to deal with these excluded populations? What social policies should be deployed to prevent such situations of vulnerability and find medium and long-term solutions? At the seminar jointly organised by Agence Française de Développement and Samusocial International in Paris in November 2010, these questions were addressed by speakers representing NGOs, donors, researchers and municipalities in the developing countries. As well as discussing the action and partnership opportunities already described in this report, the seminar also debated the limitations on government action.

It is important to consider just how much margin for manoeuvre governments actually have when it comes to defining and implementing public policies. They are constrained by programmes of public spending cuts that indirectly affect spending earmarked for social services. Against such a background of spending cuts, what budget can realistically be allocated with any permanency to the reintegration
National «Education For All» (EFA) plans aim to increase educational coverage in both rural and urban areas by creating new classes and recruiting and training more teachers. In a decade, the number of children in education has increased significantly, outstripping population growth. This is reflected in a decrease in the numbers of children not in school reported by UNESCO in its EFA Global Monitoring Report. The effort is significant but still insufficient, due to a lack of resources. UNESCO estimates that a further $16 billion a year would be needed to achieve universal education.

Many EFA plans propose specific campaigns targeting children with special needs, a group that includes orphans, children with disabilities, street children, and children not in school in countries in crisis. The programmes provide for educator training, suitable premises and teaching materials geared to teaching marginalised children.

AFD, along with other donors, participates in dialogue and funding, in conjunction with government, for the definition, implementation and oversight of sectoral education plans. Half-yearly or annual reviews report on outcomes, including those involving vulnerable children.

AFD also co-finances NGO programmes aimed at street children. FISONG funding has been granted to a project run by the GRET and ENDA NGO consortium in Senegal. The project involves setting up a platform to promote non-formal education, aimed primarily at child talibés. It was devised in response to a request from Senegal’s Ministry of Education to help structure dialogue with the many NGOs working in the field of non-formal education for vulnerable children and capitalise on the most effective approaches.

The hopes founded on greater involvement of local authorities are predicated both on current processes of decentralisation of powers from national to local level and on the emergence of a real concern on the part of the authorities of major cities affected by the phenomenon of street children. A transfer of powers that is not accompanied by a transfer of human and financial resources only hinders action. It may also, however, encourage the agencies concerned to be more innovative in
MOBILISING KEY PLAYERS

2. INVOLVING THE AUTHORITIES

Drawing workshop at the Samusocial Senegal centre.
seeking partnerships and expertise outside their normal framework of reference, and in seeking funding from the private sector, as in the case of Samusocial Pointe-Noire.

Fears for the continuity of local and particularly municipal action may arise in the event of political change. What guarantees are there that a policy for dealing with street children implemented by a council of one political hue will be maintained by an incoming council of another? The best ways to “armour” a policy against a change of majority are to develop action that is consistent with the needs identified and raise awareness of the subject, encouraging the local population to identify with and take ownership of the services. In addition, the existence of a national strategy of child protection offers a source of support and helps to ensure that a successful decentralised policy lives on. Even if each municipal team may have other priorities, it may prove difficult to call into question everything that has already been achieved.

The definition of public policies, both national and local, to deal with street children highlights the multidimensional aspects necessary to any approach to the phenomenon. Developing inclusive urban policies implies a systemic approach, since every choice of intervention has a knock-on affect in other areas: access to housing, mobility, social services, opportunities for earning a living, etc. This calls for the development of urban skills in the field of social action, not just in the technical aspects of urban development. There are many questions to be answered in order to define an urban model that will allow for the inclusion of these vulnerable populations and create as little exclusion as possible.
The issue of exclusion is inherent in AFD’s intervention strategy aimed at promoting “inclusive” cities. An integrated approach is deployed at the local level, in conjunction with the municipalities, in order to define programmes operating at three levels:

- **infrastructure**: providing access to essential services through the development of infrastructure such as sanitation systems or drinking water supplies;
- **public space**: developing amenities and living spaces within the public space at neighbourhood level (squares, schools, parks, latrines, roads);
- **social development**: building the capacities of municipal services, regularising land ownership, developing economic opportunities or improving housing.

A number of projects are being developed in informal settlements (slums), to reduce the factors of exclusion within the city by working with the most excluded populations. In Antananarivo, for example, a project is under way to create alleyways through poor neighbourhoods to improve mobility and reduce the risk of flooding. The project is being managed jointly with Handicap International to ensure compliance with urban accessibility standards and thus improve mobility for all.

The difficulty in integrating street children as project beneficiaries stems from the fact that they do not fit into any institutional development “box”. Their level of exclusion is such that even action at the neighbourhood level does not ensure their systematic inclusion. What AFD seeks to do is provide global support to local authorities to enable them to develop their own capacity for action, in social affairs as well as in other fields.

The attitudes of the partners to this issue vary enormously, and depend on context as much as on personalities. Local public initiatives on behalf of the poorest are gaining ground, however, throughout the developing world. They are motivated in part by the fact that pockets of poverty may pose a risk to the entire community, but also by the spread of local democracy and a growing awareness that any local development policy must be based on the integration of all those living in the city.

18 Colombia (Medellin), Djibouti (Balbala), Haiti (Port-au-Prince), Kenya, Lebanon (Tripoli), Madagascar (Antananarivo), Burkina Faso (Ouagadougou), etc.
THE CREATION OF SAMUSOCIAL POINTE-NOIRE:
FEEDBACK ON AN INITIATIVE LAUNCHED BY THE MAYOR

Following his election in 2003 as Mayor of Pointe-Noire, the economic capital of the Republic of the Congo, Roland Bouiti-Viaudo called on Samusocial International in 2005 to analyse the feasibility of setting up a Samusocial structure for children and young people on the streets of the city. In the wake of a technical assessment conducted by Samusocial International, the Congolese NGO Samusocial Pointe-Noire (SSPN) was founded in January 2006 with Roland Bouiti-Viaudo as its President. The structure now consists of a mobile centre and an emergency shelter providing nursing and psychological care, housed in a former municipal library specially renovated for the purpose. Collaboration between the town hall and SSPN is ongoing, with plans to set up a training centre and/or school for the children in the NGO’s care. Since the first patrols were launched in April 2006, SSPN has made contact with almost 1,000 children and young people on the streets.

Networking has been developed to improve the care provided to children. Agreements have been signed with the city’s leading hospitals and with the Ministry of Social Affairs and the Family, which has seconded staff to SSPN. Cooperation has been established with the local justice department and the courts of Pointe-Noire, particularly on the granting of temporary placement orders in the SSPN shelter. Campaigns to raise awareness of the issue of street children have targeted police forces in Pointe-Noire and SSPN has set up medical and social services at police stations and in the police jail for street children who come into conflict with the law.

Networking is also used to leverage advocacy. SSPN is a member of the Board of Directors of the Network for Action on Dropout Children, a national platform for concertation between the authorities and civil society to harmonise practices and exchange experiences. SSPN has also contributed to draft legislation on child protection in the Republic of Congo, adopted on 14 June 2010. Pointe-Noire town hall has also imposed limits on revivalist churches in order to curb the accusations of witchcraft that lead to so many children being excluded from their family.

SSPN’s development, with the constant support of the municipality of Pointe-Noire, illustrates how powerful partnerships can be in combating the social exclusion of children and young people on the streets.
Group discussion with the Samusocial Pointe-Noire night mobile team.
Conclusion / Good practice

Where there are multiple interventions aimed at young people and children on the streets within the same geographical area, this calls for mutual knowledge between the agencies involved and reciprocal recognition not only of their conceptual or empirical approach to the issues but also of the rationale behind their actions. A network of care, formal or informal, is necessary to ensure complementary and consistent intervention in terms of the individual monitoring of children. The network organises an initial level of concertation between agencies that is essential, particularly when preparing children to leave the streets behind. Far too often, this transition is still decided unilaterally by the agents involved and the sole transition envisaged is back to the very families from which the children took refuge on the streets in the first place, as a result of abuse or neglect. The creation of a consolidated framework model for the activities of NGOs and, where appropriate, of public services, should be considered a key objective of the coordination process intended to ensure continuity of action.

Coordination between these agencies also encourages the pooling of knowledge accumulated through day-to-day dealings with the population concerned, about how they came to be on the streets, lifestyles and individual trajectories out of the streets. Such pooled knowledge can only contribute to collective advocacy to combat the stigmatisation suffered by children and young people on the streets, and which has
its roots in profound ignorance of their situation. The result is a stereotyped image: street children in major cities are generally perceived, both by their neighbours but also by institutions, as runaways and delinquents and rarely as victims of family problems from which their only escape is to take to the streets. Before developing an advocacy strategy, preliminary work needs to be done on drawing up an objective picture of the situation of street children. A network of agencies working in the field is a pertinent framework for conducting in-depth studies but, once again, preliminary work will be needed to harmonise data collection procedures; subsequently, the network will need to have access to the technical and financial resources required for any form of intervention. Study results will then need to be published and tailored to the target audience, whether it be media awareness campaigns or political lobbying campaigns, and subsequently integrated into a global strategy that will be all the more effective for having collective support.

Political advocacy is aimed first and foremost at governments, which are responsible for effective implementation of the Convention on the Rights of the Child adopted by the United Nations in 1989 and ratified by every government in the international community with the exception of the United States and Somalia. This supposes that governments are indeed willing to organise concertation frameworks to bring together the various agencies – NGOs, public services and government bodies – around the specific issue of street children, a group in need of special protection. This in turn is predicated upon a willingness to engage in interdepartmental concertation on an issue that cuts across the fields of child protection, the family, social work, health and justice. Without strong government support, any concertation is confined to the structures, private or public, responsible for managing services, and to sector-specific bilateral exchanges that may or may not result in partnership agreements to improve the provision of care to beneficiaries. Concertation and agreements at this level alone, however, do not suffice to develop a real national system of protection for children at risk.

Where government commitment is present and effective, concertation between agencies allows for mutual recognition and synergies between existing national and international expertise. It encourages the development of normative and development frameworks
specific to the issue of street children, the specific details of which are sometimes unfamiliar to the national authorities. Establishing standards (ranging from the regulation of reception structures and shelters to the adoption of child protection legislation that gives due weight to issues relating to street children) is essential for concertation between agencies. The normative process is not, however, an end in itself; once completed, new services must be developed or existing services adapted. Action is expected of government agencies, for example, in the field of both preventing domestic violence and protecting its child victims. This requires the creation of child protection services to which situations of child endangerment can be reported. Such services need to be equipped with the resources necessary to shelter a child and provide support to the family, in particular support with parenting skills. Recognising that a return to the family may represent a danger to a child means that alternative solutions to the family must be provided, by developing placement centres or a fostering system.

All these services require resources and both technical and human skills dedicated to social work. Far too often, however, professionals in the social sector are under-qualified and in short supply. The development of social worker training must form an integral part of NGO efforts to mobilise governments. NGOs that have acquired a certain expertise in dealing with street children should be seen as qualified contributors.

Finally, while NGOs must of necessity initiate or expand partnerships with local authorities taking on new powers of social action as a result of decentralisation, it is equally important, irrespective of the context, to consider urban policy as a pertinent framework for concertation between agencies and a potential source of united action on behalf of street children.
Further information...

- Samusocial International website: www.samusocial-international.com

- Samusocial International blog: samusocial-international.typepad.com

  The following studies can be downloaded from the blog:
  - “Nandité”, *(a study on street children in Dakar)*;
  - “Nous venons tous d’une maison” (*We all come from a home*, a study of street children and young people in Bamako);
  - “Survivre dans la rue suite à une rupture de vie familiale” (*Surviving on the street following family breakdown* study on the situation of street children in Pointe-Noire).

  These studies include indicative bibliographies on the issues of street children.

- Consortium for Street Children: www.streetchildren.org.uk

Agence Française de Développement (AFD) is a French government agency set up seventy years ago to combat poverty and promote development in developing countries and the French Overseas. It acts as the main implementing agency for the official overseas aid policy of the French government.

Operating in 50 countries and nine French Overseas territories, AFD finances and supports projects to improve the living conditions of local populations, support economic growth and protect the environment: education, maternal health, support for farmers and small businesses, clean water supplies, preserving tropical forests, combating climate change, etc.

In 2010, AFD provided over €6.8 billion in financing for projects in developing countries and France’s Overseas. The funds were used to provide education for 13 million children, improve water supplies to 33 million people and extend micro-credits to just over 700,000 small borrowers. Energy efficiency projects funded in 2010 will lead to savings of approaching 5 millions tonnes of CO₂ annually.

[www.afd.fr](http://www.afd.fr)
Samusocial International, founded in 1998 as a non-profit association under the French law of 1901, supports the creation and development of systems of aid to persons suffering from social exclusion in the world’s largest cities. The network is currently made up of 14 organisations, eight of them specialising in the issues of children and young people on the streets: in Bamako, Pointe-Noire, Ouagadougou, Dakar, Cairo, Moscow, Casablanca and Luanda. All Samusocial organisations follow common principles, set out in a Charter and a Professional Code of Conduct, and share a common approach based on permanence, mobility, professionalism, multidisciplinarity and networking.

In addition to its mission of supporting the creation of new Samusocial entities, Samusocial International also supports their ongoing development through a network-based approach to the following activities:

Ongoing training: Samusocial International provides training for local Samusocial teams and their partner structures. Training is the core of Samusocial International’s work, the aim being to guarantee a transfer of knowledge and knowhow in order to contribute to the development of national competencies in understanding and responding to the issues of severe exclusion.
Building local institutional capacity: Samusocial International provides constant technical support for its Samusocial partners, tailored to their needs and their degree of development and independence, particularly in terms of management capacity, access to funding, good governance, NGO development, building partnerships and networks. Embedding Samusocial into the system of local agencies, both private and public, is one of the key aspects on which Samusocial International works with its local partners.

Capitalisation and research: Samusocial International compiles reports based on information gathered by the Samusocial organisations. These reports are circulated as part of awareness and advocacy campaigns and collaboration initiatives with the authorities and civil society to work together on finding appropriate responses to severe exclusion. In order to develop its resources, internal and external, in terms of training and advocacy strategies, Samusocial International also coordinates the publication and circulation to a wide audience of thematic proposal papers and methodological guides based on professional practices and experiences in a broad range of contexts.

University courses: Samusocial International supports two university courses in France: a degree in “Dealing with homeless and endangered children in metropolitan areas” offered since 2003 by two universities, Paris VI and Paris XII, and an elective course, introduced in 2007, entitled “Social Exclusion in Urban Environments - Northern and Southern Cities,” at Sciences-Po.
Previous Publications

N°1 - Extrême pauvreté et développement (AFD & ATD Quart Monde)

N°2 - Humanitaires et développeurs : comment agir ensemble en sortie de crise et de conflit (AFD & Groupe URD)

N°3 - Enseignement des partenariats AFD/Collectivités territoriales françaises (AFD & Cités Unies France)

N°4 - Collectivités territoriales & commerce équitable (AFD & Plate-forme pour le commerce équitable)

N°5 - Appui aux systèmes productifs locaux ou « clusters » (AFD & ONUDI)

N°6 - Entreprises et développement (AFD & IMS-Entreprendre pour la Cité)

N°7 - Eau et assainissement en sortie de crise : entre urgence et développement (AFD & Groupe URD)

N°8 - Parcs naturels régionaux de France & coopération décentralisée (AFD & Fédération des PNR de France)

N°9 - Indications géographiques : qualité des produits, environnement et cultures (AFD & Fonds Français pour l’Environnement Mondial)

N°10 - Agendas 21 et actions internationales des collectivités (AFD, Région Île-de-France & ARENE)

N°11 - Le partenariat avec les sociétés civiles pour le développement (AFD & CCFD - Terre Solidaire)

N°12 - Les enfants des rues : de la prise en charge individuelle à la mise en place de politiques sociales (AFD & Samusocial International)