

Working With Street Children

Introduction

A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs



WORLD HEALTH ORGANIZATION

Mental Health Determinants and Populations
Department of Mental Health and Substance Dependence
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Background

Street children constitute a marginalized group in most societies. They do not have what society considers appropriate relationships with major institutions of childhood such as family, education and health. The continuous exposure to harsh environments and the nature of their lifestyles make them vulnerable to substance use and this threatens their mental, physical, social and spiritual wellbeing. In many regions most of these children use alcohol and other psychoactive substances. In addition, these children are confronted with discrimination and view health and social services with suspicion. Street children live a transitory life style and are vulnerable to inadequate nutrition, physical injuries, substance use, and health problems including sexual and reproductive health problems. These factors reduce the effectiveness of interventions that target street children.

Street children exist in every part of the world and large groups of children unsupervised by adults have appeared in almost every country during some part of history. Most are found in large, urban areas of developing countries. The problem has worsened across the globe in recent years because of economic problems, political changes, civil unrest, increasing family separations and conflicts, the epidemic spread of diseases and natural disasters.

It is estimated that there are between 10 and 100 million street children in the world today. These children live a transitory life style and are vulnerable to inadequate nutrition, physical injuries, substance use, and health problems including sexual and reproductive health problems.

Some street children are part of entire families who live on the street. Others are born to older street girls. Some street children are **‘on the street,’** which means that they still see their families regularly and may even return every night to sleep in their family homes. Children **‘of the streets,’** on the other hand, have no home but the streets. Even if they occasionally spend time in institutions for children or youths, they consider the streets to be their home. In this document, the term **‘children’** refers to both children under the age of 10 years and young people aged 10-24 years. Although street children support themselves in many different ways, they need the assistance of caring adults and charitable services provided by governmental or non-governmental organisations. Despite peer solidarity and support through charitable services, street children have extremely high rates of morbidity, disability and mortality.

Improving the quality of life of street children is a difficult and challenging task. In response to this, WHO developed a project focusing on psychoactive substance use among street children. Initially, project activities were piloted in seven countries around the world and a draft training package was developed. Between 1993-1997 the project was expanded to 23 sites with 70 government and non-government agencies participating in 20 countries. Over 700 professionals, street educators, volunteers and others participated in pilot training sessions utilising the draft training package.

This training package is a result of many years of experience on the part of WHO on the street children project. The initial focus for the WHO street children project was to develop a training package for street educators on substance use. However, following extensive field-testing of the initial training package, the target groups indicated the need for a more comprehensive package that would include issues related to sexual and reproductive health. Indeed sexual and reproductive/HIV/AIDS/STDs are closely linked to substance use. Hence the inclusion of these issues in this final training package, making the package more comprehensive.

The importance of education for street children.

Street education is a very effective way to support street children as it occurs at locations where they live. Street education can involve many types of activities, for example, counselling about harmful effects of substances or about prevention of STDs, improving literacy and educating street children on the importance of seeking assistance on health issues or other social problems that could be addressed. The World Health Organisation recognizes that street education can be of vital importance in meeting the needs of street children in the areas of substance use, sex education, life skills, health education and literacy.

The term **street educator** applies to anyone who works directly with street children. They are workers who actively engage the children, gradually gain their trust and confidence, help raise their self-esteem, and support them as they try to become active, healthy adults who are accepted within the community.

Training for street educators

One part of the development philosophy is the belief that the causes and solutions to many problems are found in the community as a whole. Sometimes the best way to solve a specific problem is to initiate a broad intervention. Interventions can only be effective if they are integrated within and complement the broader strategies to improve the overall health and wellbeing of street children and their communities. Working with children who use inhalants, alcohol, or other psychoactive substances can be a bigger challenge. Even though more and more individuals and organizations are becoming involved with street children, many do not feel ready nor equipped to address the difficult issues related to substance use among these young people.

Training is an ongoing process that prepares new workers and helps experienced ones perform better. Ongoing training provides knowledge, personal development and moral support. In street children education, training is important because working with street children can be emotionally difficult as the issues surrounding street children are complex. For example, many street educators do not feel ready or equipped to address the taxing issues related to substance use and HIV infection/AIDS. The police, shopkeepers, residents, drug dealers or street children themselves may also harass street educators. Acquisition of knowledge and skills to educate street children will enhance the confidence and effectiveness of street educators.

Who else can benefit from street educator training?

Apart from new and experienced street educators, the following groups of people can also benefit from street educator training:

- People who plan or manage programmes for street children.
- People in the role of supervising street educators and programme services.
- Project managers of local youth programmes.
- Professionals and workers in agencies that work with street children.
- Agency administrators in law enforcement, research, psychology, social work, welfare, medicine, nursing and other health care fields.
- Students of the above professions and fields.

The street educator training package

The training package has been developed for street educators, so that they are better equipped (with knowledge and skills) to respond to the needs of street children.

The information contained in the package will help street educators clarify their values and attitudes, and broaden their understanding of issues of street life. It will help them recognize that effective street education is a gradual, long-term process that must include a commitment to empowering street children. The materials also offer ideas on how to develop street children projects.

The training package is made up of two parts. The first part is comprised of training modules on **‘Street children, substance use, sexual and reproductive health including HIV/AIDS and STDs’**. These modules provide information on the problems street children may face and essential skills and knowledge educators need to function in a dynamic environment on the street. The second part is called **‘Trainer Tips’**. The trainer tips provide ideas on how the subjects can be taught and includes information on selected topics. The tips describe a number of options that could help the trainer or educator in adapting to local needs and resources.

The Modules.

This part of the package has 10 training modules.

Modules 1 and 2: contain information on the profile of street children and the knowledge, skills, and personal qualities that street educators should possess to carry out their responsibilities.

Modules 3 and 4: give information on two areas of major concern among street children - substance use and sexual and reproductive health problems including HIV/AIDS and STDs.

Modules 5 and 6: describe ways of assessing the needs and problems of street children and the general principles of how to respond to these needs (interventions).

Modules 7, 8 and 9: describe knowledge and skills required for teaching street children, responding to the needs of ill and injured children, and for involving the community in their care.

Module 10: describes the method by which street children projects can be developed and implemented.

Structure of the modules.

Each module has five sections. These are:

Introduction: provides a summary of what is contained in the module and also describes the learning objectives (what the user should know and be able to do after completing the module).

Lessons: contain the issues to be covered in the module. Each of these lessons has examples which are derived from reports obtained from WHO collaborating sites on the street children project. Citation is made for other sources. These examples will help the users in understanding the reality of working with street children.

Learning activities: these exercises, given at the end of each lesson will help the user in reviewing what is presented. The exercises are designed to enhance the learning process. Some learning activities can only be accomplished by training in a group.

Key messages: these will help the learner recognize the important learning points covered in the module.

Bibliography and further reading: a collection of these reading materials (related to the subject covered in the module) which could help street educators in their work. The two main symbols used in these Modules are described below.



This symbol indicates text for reading.



This symbol indicates exercises to reinforce the learning.

Trainer tips.

The trainer tips are designed for people who plan and implement training activities to train street educators and others using the training modules. The trainer tips include:

- Suggestions on ways to plan the training process so that it fits the needs of participants.
- Ideas for training methods for each lesson.

How to use this training package during training.

During a training session with a group of street educators, the trainer should work through the modules with the participants. Use of interactive training/learning methods is recommended. This means that the participants should actively participate in the learning process, with the trainer using appropriate training methods. It is recommended that the training take place over time with ample opportunity for skills consolidation through practice.

Explanation of terms

- **Abstinence** (from a substance).

Refraining from the use of substances, whether as a matter of principle or for other reasons.

- **AIDS.**

AIDS stands for: Acquired - not inherited; Immuno - relating to the body's immune system which provides protection from disease-causing germs; Deficiency - lack of immune response to germs; Syndrome - a number of signs and symptoms indicating a particular disease or condition.

- **Case management.**

In the WHO Substance Use Street Children Project, case management refers to a set of skills needed to work with a child. The skills include the ability to determine a child's needs, recognize when the child is in a crisis, plan a response to the child's needs, and recognize when the child no longer needs the services.

- **Children.**

In these training materials the term refers to street children under the age of 10 years and young people in the age range of 10-24 years.

- **Convulsion.**

It is a condition characterized by involuntary (not under one's control) contractions (rigidity and jerking) of muscles, e.g. of limbs or trunk. This may be associated with loss of consciousness. Convulsions may occur as a result of head injury, infection of the brain or during withdrawal from prolonged use of alcohol or other substances.

- **Counselling.**

Is a process of inter-personal communication where a person with a need or problem is helped to understand his/her situation in order to determine and use workable solutions to meet a need or problem.

- **Culture.**

Is broadly defined to include the customs and practices of a group of people. Diversity in cultures is due to differences in race, ethnicity, language, and nationality, and differences in shared values, norms, traditions, and customs. Street children may feel a part of more than one culture, e.g. that of their parents and several youth cultures (represented by the groups with whom they share common interests, beliefs, and activities).

- **Delirium tremens.**

This is an abnormal mental state which usually develops acutely (over a short period). It is characterized by confusion, disorientation (inability to recognize the passage of time, the place, and people), paranoid feelings (expectation of being harmed by others), and possibly hallucinations (perceiving things that others do not perceive) occurring during withdrawal from alcohol. The person is restless and can have severe tremors.

- **Dependence** (on substances).

Users who are dependent on substances often have poor control over the intake of substances and continue to use them despite significant substance related problems. Dependent users may develop a tolerance for certain substances, and may experience withdrawal symptoms if they do not use the substance for a long period.

- **Detoxification.**

The care provided to the dependent person during the period of reduction or stoppage of a dependence producing substance with the aim of withdrawing the substance safely and effectively. A substance user might experience a difficult period of transition when he or she stops using a substance or reduces the amount of substance use after prolonged or excessive use.

- **Dose.**

The amount of a substance that a person takes in a defined period.

- **Drug.**

In medicine, the term refers to any substance with the potential to prevent or cure a disease or the potential to enhance physical or mental wellbeing. In pharmacology, the term (drug) refers to any chemical agent that alters the biochemical or physiological processes of body tissues or organisms. In common usage, the term often refers to illicit drugs which are often used for non-medical (e.g. recreational) reasons.

- **Foetal alcohol syndrome.**

Health effects (physical and mental) experienced by a baby that result from the mother's use of alcohol during pregnancy. These effects include slow growth pattern before and after birth and mental disabilities.

- **Gender.**

Widely shared ideas and expectations (norms) about women (girls) and men (boys). These include typical feminine and masculine characteristics and abilities and expectations about how women and men should behave in various situations.

- **Hangover.**

Immediate effects experienced after the intoxication from an alcoholic drink has worn off. Physical problems may include sleepiness (or trouble sleeping), headache, thirst, difficulty in co-ordination of movements, tremors, diarrhoea and vomiting. Psychological problems may include anxiety, guilt, depression, and irritability. The term usually refers to the problems experienced after a single alcohol drinking session. The term hangover is also used to refer to the after-effects of single experiences of using other substances.

- **Harmful use.**

A pattern of substance use that causes damage to physical or mental health. In street children, most physical harm associated with substance use occurs as a result of intoxication or overdose. These include traumatic injuries from accidents and violence, suffocation, burns and seizures. Injecting drugs is particularly dangerous because of the risk of hepatitis, HIV and other infections from contaminated needles and syringes. Smoking substances can result in disorders of the respiratory system and burns. Some substances such as leaded petrol, benzene and coca paste can cause health damage even if they are taken in small amounts.

- **HIV.**
Human Immunodeficiency Virus attacks the immune system and gradually destroys it. The body cannot defend itself against infections and this results in the condition known as AIDS.
- **Intoxication.**
The state of being under the influence of one or more substances. There is a change in the person's wakefulness, alertness, thinking, perceptions, decision making, emotional control or behaviour. The specific manifestations depend on the nature of the substance taken.
- **Intervention.**
In these materials, an intervention is defined as an action or activity that helps in the prevention, modification, or treatment of problems related to substance use and other health problems.
- **Lapse.**
An isolated instance of substance use after a period of non-use. A lapse does not necessarily lead to a relapse.
- **Life skills.**
Abilities that enable individuals to deal with the demands and challenges of everyday life. They include decision making, problem solving, creative thinking, effective communication, interpersonal relationships, self-awareness, empathy, coping with emotions and stress.
- **Malnutrition.**
A condition that results from the lack of essential nutritional elements necessary for health. It usually occurs due to inadequacies in the diet.
- **Modified Social Stress Model (MSSM).**
A theoretical framework used by WHO Street Children Project as an approach to understanding the vulnerability to risk behaviour and situations such as substance use, sexual behaviour and reproductive health.
- **Normalization of Substance Use.**
When the use of a substance is considered normal and is commonly accepted by a certain group, the use of that particular substance is said to be 'normalized' within the group.
- **Overdose.**
Deliberate or accidental consumption of a much larger dose than that habitually used by the individual. It leads to acute adverse physical or mental effects which might have short or long lasting consequences. Overdose can lead to death. The amount of a substance that can cause death varies with the individual and the circumstances.
- **Peer educators.**
Street children who are trained to carry out informal or organized educational activities on a range of health-related topics with other street children (in small groups or individually).

- **Peer counsellors.**
Street children who are trained to carry out one-to-one counselling, with a focus on providing emotional support and help with problem solving with other street children.
- **Peer group.**
People who are similar to 'oneself'. The peer group for a street child is usually other street children of similar age who are involved in the same type of work as he or she is. Each peer group has its own unwritten rules about the use of substances.
- **Poisoning.**
A state of major disturbance of consciousness level, vital functions, and behaviour following a person taking (on purpose or by accident) a very large amount of a psychoactive substance.
- **Programmes.**
Specific events or series of planned activities that are initiated with the aim of benefiting street children in some way.
- **Psychoactive substance.**
Refers to a substance that produces a change in mental processes, e.g. altering mood or states of consciousness (see substance).
- **Relapse.**
A return to drinking or other substance use after a period of abstinence beyond the period of detoxification. It is often accompanied by a return to pre-existing level of substance use and dependence.
- **Resilience.**
The ability of a person, family, or group of people to recover from shock, depression or other difficult circumstances such as family conflict, lack of adequate food, housing, and clothes. On the community level, difficult circumstances may include natural disasters, poverty, war and conflict situations.
- **Services.**
The functions of the various service sectors which entail more continuous assistance, opportunities, and benefits to street children than programmes. For example, health services (medical examination, emergency care, and immunizations) and education services.
- **Street children.**
Street children may be literally living on the streets abandoned by their families or they may have no family members left alive; separated from their families and move from friend to friend, or live in shelters, such as abandoned buildings, hostels, and refuges; in contact with their families, but spend most days and some nights on the street because of poverty, overcrowding, or sexual or physical abuse at home; in institutionalized care, having come from a situation of homelessness, and at risk of returning to a homeless existence.

- **Substance.**

Any product that affects the way people feel, think, see, taste, smell, hear or behave (psychoactive substance). A substance can be a medicine, such as morphine, or it can be an industrial product, such as glue. Some substances are legal, such as approved medicines and cigarettes, and others are illegal, as with heroin and cocaine.

- **Sustainability.**

The capacity of an organization to take the initiative for assuming responsibility of its own development and carry out the processes needed to make the organization depend solely on its own 'strengths and resources'- ie. self-sufficiency.

- **Street educator.**

Refers to people who work directly with street children, either as outreach workers on the street or as service providers in centres where street children visit or sleep, with the aim of improving their lives.

- **Street advocate.**

Anyone who works to improve the lives of street children, even if they rarely come in direct contact with them. A street advocate may be a health worker who occasionally treats street children, journalists who write about them, a researcher who studies them, a community activist who promotes their cause, or even a government official who is concerned about them.

- **Tolerance.**

A decreased response to a substance dose. The same amount of the substance no longer produces the same effect. Dependent users may develop a tolerance for certain substances, and their bodies may adjust to the substance.

- **Toxic.**

Another word for poisonous. The potential to cause injury or death.

- **Withdrawal.**

The problems a person experiences in adjusting to the stoppage or reduction in the amount of use of a substance after a period of prolonged or excessive use, such as depression, tremor, sweating, muscle aches and twitches. Different substances have specific manifestations.

Bibliography and further reading

WHO (1984). *Glossary of Terms. WHO Health for All Series*. Geneva, World Health Organization (WHO/94.5).

Schurink E & Tiba M (1993). *Street Children as a world phenomenon*. In: Schurink, W, Street Children. Pretoria, Human Sciences Research Council.

WHO (1994). *Lexicon of Alcohol and Drug Terms*. Geneva, World Health Organization (ISBN 92 4 154468 6).



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