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Experiencing emotional and psychosocial support
during preparation for re-integration:
A study of street children under the care of
Retrak Uganda

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ACRONYMS

CCI	Child Care Institutions
CEDC	Children in Especially Difficult Circumstances
DOVCU	Deinstitutionalisation of Orphans and Vulnerable Children
FGD	Focus Group Discussion
IDI	In-depth- Interviews
MGLSD	Ministry of Gender, Labour and Social Development
NSPPI	The National Strategic Programme Plan of Interventions
OVC	Orphans and Vulnerable Children
SOP	Standard Operating Procedures
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund

ABSTRACT

This thesis investigates children's experience of psychosocial and emotional support of (non-parental) caregivers in residential facilities in preparation for their re-integration into family based care. The thesis urges that successful preparation of 'street children' for re-integration into family based care requires professional psychosocial and emotional support. The author uses Bowlby's attachment theory as well as Rogers' humanistic theory of a therapeutic relationship to articulate children's needs for emotional care on account of their varied experiences from the street life and/ or life before the street – some of which are traumatic in nature. Key concepts in Rogers' humanistic approach including congruence, empathy and unconditional positive regard are identified to be central in a caregiver-client relationship in order to achieve positive effects.

In order to study this preparation phase for children's re-integration, interviews with (former) street children, caregivers, management personnel at the Uganda-based institution "Retrak" (which focuses on the work with highly vulnerable children) as well as administrative personnel of Uganda's Gender, Labour and Social Development Ministry have been conducted. The analysis of the interviews showed that the aspects of time, trust and therapeutic relationship are seen by the caregivers as well as by the former street children as relevant factor for preparation of successful re-integration. Only by sufficient inclusion of these aspects, children are enabled to overcome traumatic experiences and build a strong and open relationship with the caregivers. This again is the basis for the children's self-actualization and empowerment to overcome potential barriers, which hinder re-integration.

However, the interviews have shown that several factors inhibit the full inclusion of the relevant factors time, trust and therapeutic relationship in the work with the children (e.g. lack of expert personnel to work with highly traumatized children, understaffing, underfinancing, problems in creating trust relationships with children who do not open up towards the social workers). Therefore, the thesis concludes with recommendations, how these obstacles could be overcome, providing for better re-integration results.

Title

Experiencing emotional and psychosocial support during preparation for re-integration: A study of street children under the care of Retrak Uganda

Key words

Former street children; Retrak's service providers; emotional and psychosocial support; family reunification; OVC policy

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Chapter I

Introduction

1.1 Background to the study

Even though the exact number of street children in Uganda is unknown, a study by the African Network for the Prevention and Protection against Child Abuse and Neglect (*ANPPCAN*) estimated in the year 2013 that over 10.000 street children, are living in Uganda, marking a 70% increase since 1993 (*ANPPCAN* 2013). Around 6.000 children live only on the streets of Kampala (*UNICEF* 2011).

The reasons for the presence of children on the streets are associated with the rapid urbanization of Uganda, which had led to an increase of urban poverty within the cities (*Mukiibi* 2011). Other common factors contributing to homelessness among children are mistreatment at home and the death of parent(s).

Street children rank among the most vulnerable groups of society as they are exposed to great risk of exploitation, physical, emotional and sexual abuse, violence and particularly marginalization (*Anich et al.* 2011; *Young* 2003). In any case, it has to be noted that the situation and life circumstances the street children are living in, can vary significantly from one another.

As a result, it is required to differentiate between children who work and live independently on the streets ('Full-time street children'/ children 'of' the streets) and children, who spend some of their time on the streets augmenting the household income of their families ('part-time street children' / children 'on' the streets) (*Young* 2004). While part-time street children have the possibility to return home after working on the streets during the day, full-time street children are forced to live on the streets permanently.

The presence of many children on the streets has culminated into the establishment of several programs that aim to have them re-integrated with their families. Moreover, evidence shows that majority of the children have a living parent or are connected to their extended families. In case of an absolute impossibility of reunification due to various reasons (e.g. abandonment, mistreatment at home, death of parent (s)) a reintegration into foster care and/or into society is pursued.

However, "reintegration does not mean just returning the children to the situations from which they may have escaped" (*Coren et al.* 2012, p. 8).

Commonly, reintegration is seen as an event while the process before and after the event of the reintegration fades into the background. The reintegration of street children is in fact a lengthy process, which requires an accurate preparation as well as follow up sessions.

For this reason, one of the Uganda's Principles of the National Alternative Care Framework regulates that "...Staff should carefully plan each action towards a child's return and case closure. The needs of the family must be addressed in order to enable the child to return home and to reintegrate into family life" (MGLSD 2013, p.22).

Furthermore, the National Alternative Care Framework states that special attention must be paid inter alia to the *holistic needs of the child* (i.e. health, education, social development, attachment and bonding) and particularly to the child's *physical and/psychosocial special needs* (MGLSD 2013).

Indeed, the psychosocial distress the street children were exposed to might have caused severe emotional and psychological trauma. (Funk 2010) Hence, numerous (former) street children suffer inter alia from depression, spontaneous crying, despair and hopelessness, anxiety, panic attacks, fearfulness, compulsive and obsessive behaviours, irritability, anger, resentment and emotional numbness (Department of Health and Human Services of the Tasmanian Government 2005).

In order to make these emotional and psychosocial needs of children addressable, the Alternative Care Framework formulates that information about children's *mental health and current emotional state* as well as *concerns regarding the meeting of the child's physical and emotional health, and developmental needs*, has to be captured and to be entered onto the Orphans and Other Vulnerable Children Management Information System (OVC MIS System) (Uganda's National Framework for Alternative Care 2013).

However, despite the efforts of the *The National Strategic Programme Plan of Interventions (NSPPI-2) for Orphans and Other Vulnerable Children in Uganda*, reintegration and rehabilitation programs for street children tend to fail on a regular basis. (Aptekar & Stoecklin 2014) The children find themselves unable to adapt to the new environment and they choose to go back to the damaging yet familiar environment they escaped from, the streets.

One of the most stated reasons to this phenomenon is the lack of support they receive, as their needs are not met in a holistic manner (Schimmel 2008).

1.2 Problem statement

Studies have ascertained the negative impact of street life on children's psychosocial health i.e. their self-concept, life goals and expectations, cognitive capabilities and emotional wellbeing (Le Roux & Smith 1998). Other researchers have reported low self-esteem, apathy and fatalism among street youth (Lugalla & Mbwambo 1999).

Referring to Carl Rogers' theory of humanistic psychology individuals are in the need of close, emotionally supportive and loving relationships for a healthy human development (Howe 2008). Rogers identified 3 components, which are relevant for a successful therapeutic relationship, namely (a) *unconditional positive regard* (b) *empathic understanding* and (c) *congruence*.

By considering these three components an emotionally intimate and supportive relationship between the caregiver¹ and the children can be built, necessary for an effective reintegration.

Furthermore, Rogers argues that unconditional positive regard, empathic understanding and congruence are particularly required in the recovery process from immense psychic stress and trauma (Rogers 2012). Hence, the necessity of therapeutic relationships providing unconditional positive regard, empathic understanding and congruence in the rehabilitation process are crucial in regards to the reintegration process into society. In order to successfully reintegrate into families or into community, street children need a source of sustained emotional support to gain self-respect, self-esteem, self-confidence, trust and faith in themselves and in society (Schimmel 2008). Rogers believed that individuals, who received *unconditional positive regard* especially in their early years, are most likely to achieve *self-actualization* i.e. the ability to fulfil the own potentials. (Sharf 2011)

In addition to a therapeutic relationship between caregivers and children, the aspects of *time* and *trust* are major factors, which can promote a successful rehabilitation and reintegration process (Coren et. al. 2016).

Due to the heavy workload caregivers often face, they might find it challenging to sufficiently engage with the children and to spend an adequate amount of time with every child individually in order to meet his/her needs in a holistic manner.

Furthermore, as former street children often have a deeply rooted mistrust against adults, it is of significance that caregivers seek to replace this mistrust with a trust relationship. Without the element of trust in a social work intervention, the offered assistance will not be fully accepted. (AFD 2012).

However, there exist numerous organisations providing outreach programs for assisting street children in the transition process from street life to a secure life in society. (Aptekar & Stoecklin 2014) The children's visible needs in form of existential needs such as food, clothing, shelter and medical care are met before further essential needs such as education, rehabilitation and reintegration are incorporated.

Yet, most of these programs emphasize to cover primarily the basic needs of the children, whereby the emotional and psychosocial state of the children tend to be neglected. (Schimmel 2008).

¹ Caregiver= social workers or other professionals working with and caring for former street children within an organisation

Without recognizing the importance of psychosocial and emotional support for a successful rehabilitation of street children, rehabilitation programs covering only the “visible needs” of the children might not be successful in long-term.

It is of crucial importance, that caregivers working with street children recognize, that former street children need sustained intimate supportive relationships with adults in a guardian capacity for a healthy emotional and psychosocial development in order to achieve sustainable rehabilitation and reintegration (UN Rapid Situation Assessment Report on the Situation of Street Children in Cairo and Alexandria 2001).

The feelings and thoughts of the children in street situations are highly complex as the necessity to learn how to survive on the streets and the street experiences made by the children lead to peculiar ways of rationalizing and reasoning, which are little known by outsiders.

Psychological research has shown that street children are highly deprived of love, intimacy and supporting relationships (Mukherjee 2005).

The hostile environment in which street children are living in and the assaults towards them lead to the children’s belief that they are worthless and unwanted. Street children might have encountered traumatic experiences, which caused negative emotional states. In case the feelings of stress, fear and other negative emotions are not sufficiently tackled during the re-integration process, it is likely that children may find themselves again in the same environment as before i.e. on the streets.

The caregivers’ task is to empower the street children to direct their lives in a positive way. This is achieved mainly by letting the children know and feel that their lives and their individuality matter, by affirming their worth and dignity and by expressing that they deserve to be treated with love and respect. As pointed out by Schimmel (2008), such emotional support is a major component for a successful rehabilitation and reintegration, which in turn enables the children to be responsive to their unique life experiences, insecurities, as well as their personal strengths and capacities.

1.3 General and Specific Objectives

This thesis strives to analyse the perception of former full-time street children who are currently in the preparation process for re-integration at Retrak Uganda with regard to their perception on emotional and psychosocial support provided by their caregivers. Further, the mutual existence of trust relationships between the children and caregivers are examined through a humanistic approach. As a counter part also the caregivers’ views on how they consider these aspects shall be taken into consideration.

Therefore, the aim of the thesis is to provide a comprehensive conclusion on the current state of creating trust bonds and the provision of emotional and psychosocial support. The outcomes will be compared

with the state of the art providing recommendations how the current rehabilitation approach can be enhanced.

Furthermore, the specific objectives are:

- I. To identify which aspects of emotional and psychosocial support are of especial importance for children in the rehabilitation process.
- II. To identify which role the aspects of trust, time and therapeutic relationship play in the process of preparing the children for re-integration.
- III. To provide an overview on how the rehabilitation program of Retrak currently realizes the aspects of emotional and psychosocial support.

1.4 Research question

The thesis shall provide a conclusion to the following research questions:

- “ How is the emotional and psychosocial support between children and caregivers considered in the process of preparation for re-integration from the perspective of former street children under the care of Retrak Uganda and their caregivers? “
- “How are the elements of trust, time and therapeutic relationship between the caregivers and the children reflected in the social work practice of the caregivers?”

1.5 Scope of the study

The elaborations on the research questions will be more specifically made under the following terms:

- The thesis will follow a solution-based approach rather than a problem-focused approach. This limitation shall contribute to the practical applicability for persons concerned with street children in the rehabilitation process.
- The analysis of the collected data will be conducted from the perspective of social work and is limited to the preparatory phase of the re-integration process. Further, the thesis focuses on the service components of emotional support and its impact on the preparation for re-integration. Due to this

limitations additional aspects, which are to be considered in a holistic preparation for re-integration such as formal education and training, medical support, economic strengthening, community engagement (NGLSD 2015) etc are explicitly not included.

- Following the case study approach of Merriam (1998) this research study is designed to gain an in-depth understanding of the situation of the persons involved. In particular, the interest of the thesis lies in the analyses of the process employed rather than their outcomes, in the given context rather than a specific variable and in the discovery of respective patterns rather than confirmation.

1.6 Justification

As far as can be seen little comprehensive studies exist how organizations specialized in rehabilitation programs in Kampala consider and employ strategies to create trust relationships and to support former full-time street children in their emotional and psychosocial development.

Respectively, also the effect of the emotional support on the success of the rehabilitation process has not been scrutinized. Therefore, the practical problem may exist that the success of rehabilitation processes is narrowed, as persons involved are not sufficiently aware of the crucial importance of providing emotional and psychosocial support. The thesis at hand strives to contribute to the scientific discourse and to draw attention to the respective issue among caregivers.

The results of the study seek to increase the rates of successful rehabilitation programs of former street children.

Furthermore, the results of the study may serve as a guideline for persons involved in street-children care and visualize the importance of creating emotional bonds with the children. Thus, caregivers will be enabled to enhance their current methods applied in the respective organisations.

Additionally, the study can serve as a base for further elaboration on the significance of a therapeutic approach with street children.

1.7 Issues of the study

Due to the width and complexity of the preparation for re-integration, not all factors, which might have an impact on the rehabilitation process can be taken into account.

The thesis at hand, including its methods of data collection, data analyses and its conclusions, applies methods of social science and/or methods of adjacent fields of science. As noted above, a comprehensive understanding of the significance of emotional support in the rehabilitation process requires the inclusion

of such factors, which are primarily subject of other fields of science. These include for example gender related aspects, socio-cultural or historical, legal factors or prevailing stereotypes etc.

However, this research study does neither intend to provide a comprehensive picture of all relevant factors which may have an impact on the rehabilitation nor does it apply methods which are not part of social science. Therefore, alterations may occur, if the respective topic is scrutinized from the standpoint of another field of science, other than social science.

Even though more valid results are to be expected if a holistic approach was applied, which takes into account all factors that might affect the rehabilitation process, due to time limitations and the limited extent of a master thesis as well as for the sake of a detailed analysis a restriction to a social science approach was made.

The author is not familiar with the native language of the children “Luganda”, whereas the majority of the children had limited conversation skills in the English language. Hence, a research assistant capable to conduct the interviews in Luganda and translate them from Luganda into English was engaged to conduct the interviews. For this purpose, the translator used an interview guide which was compiled by the author. However, it is a well-known fact, that specific terms from two different languages cannot always be translated precisely and exact meanings may be lost in the translation procedure.

To overcome this issue, the author liaised with the translator in order to clarify the exact meaning of the answer in Luganda and the English translation, where the exact wording seemed essential and crucial for this study.

1.8 Theoretical Framework

1.8.1 Humanistic Approach

Humanistic social work is derived from the humanistic psychology's theory and methodology.

As a consequence, most values and principles of the humanistic social work practice directly originate from humanistic psychological theory and humanistic psychotherapy practice.

According to Payne, the main role of the humanistic social work is to empower clients to reach their fullest potential within the therapeutic relationship.

Hence, the humanistic approach focuses on assisting the client to achieve self-actualization and to promote human and social wellbeing by developing personal growth and human capacities.

As a matter of fact, human psychologists endorse the idea that people have a tendency towards growth and the fulfilment of their potential. (Payne 2011).

Though the humanistic approach based on the hypothesis of a free will, critics argued that, their position on free will is incoherent, because of the following reason: while it is assumed that individuals have the ability to freely choose their actions, it is on the other hand argued that the human behaviour is determined by other's treatment and inherent needs (Burger 2015).

In humanistic theory, the influence of experiences on a person's ways of perceiving and understanding the world is acknowledged (favouring a nurture approach), which is enriched by the assumption of each individual's uniqueness (being an ideographic psychology). Further they favour an explicitly holistic approach, as human behaviour is not reduced into more fundamental processes. Humanists therefore oppose a reductionist approach. Humanistic methods seek to study the subjective perception of every individual rather than taking an objective view of clients. Consequently, objective scientific methods are rejected, as the great individuality of people cannot be compressed under an objective model (Rogers 1965).

Critics of a humanistic theory have contested this approach, by claiming a lack of objectivity, alleging an unscientific methodology, which is biased, and the impossibility and irrelevance of attempting to track down people's way of perceiving the world. In the light of the world's omnipresent misery, others have criticized the humanists' positive view of human nature. With this regard, critics even argued that humanistic egocentric focus on meeting *the individuals'* needs fulfilling *its* growth potential contributed to the problems of a world at stake rather than solving the problems (Friedman 2008).

Humanistic psychologists reject these criticisms by saying that only by trying to understand the individual on a subjective base can assist in overcoming difficulties. Further, only through the counselling approaches developed by Rogers many individuals have been successfully aided in coping with their problems (Stefaroi 2012).

1.8.2 Rogers Humanistic Theory of Personality

In the 1950s Carl Rogers and Abraham Maslow introduced the humanistic approach (or client-centred approach) to psychology and Rogers further applied it systematically to the personality (Eysenck 2004). Hence, Roger's theories of personality development were developed through person-centred counselling and scientific therapy research and are based on humanistic psychology and theories of subjective experience.

In contrast to psychoanalysis and behaviourism, the humanistic psychology focuses on the active role of each individual in shaping their internal and external worlds (Payne 2011). Rogers believes that individuals behave as they do because of the way they perceive their situation. In this context, Rogers

stated: “As no one else can know how we perceive, we are the best experts on ourselves” (Gross 1992, p.905). Based on this humanistic approach, Rogers’ theories emphasizes on the growth potential of healthy individuals, whose path of lives depend on individual choices rather than deterministic biological factors.

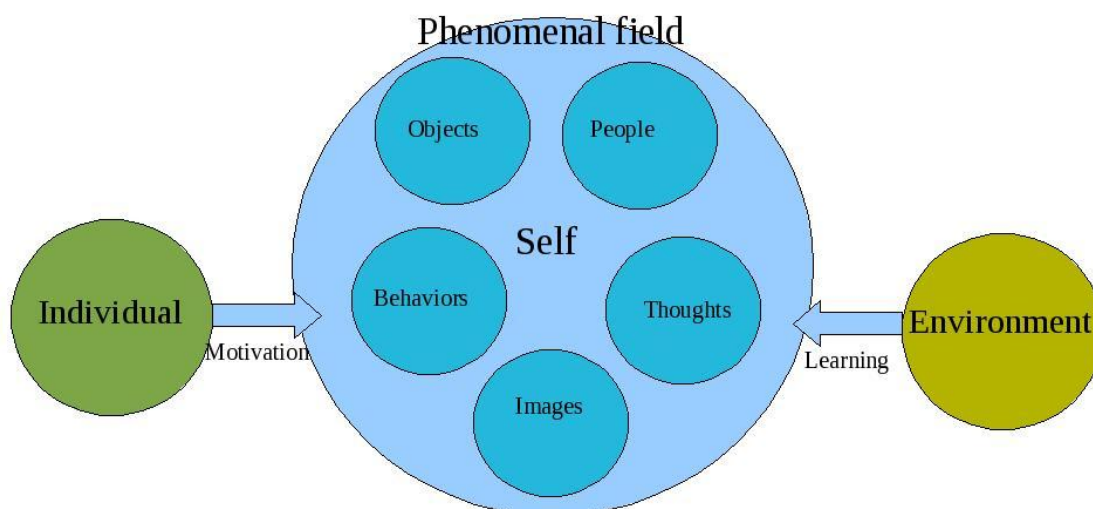
Therefore, the theory of personality development stresses on the free will and the self-determination, with each individual desiring to succeed at his or her highest possible capacity (actualizing tendency) (Rogers 2012).

Snygg and Combs (1949) agreed to Roger’s humanistic approach and became proponents of the phenomenal field theory.

According to this theory, the phenomenal field (or self) is our subjective reality.

As the phenomenal field includes external objects, people, thoughts, emotions, images and behaviours, it can be described as the constantly changing world of experiences of every individual that he or she is the centre of. The person's motivations and environments both act on their phenomenal field. (see illustration 1 below)

Illustration 1: The Phenomenal field



(Source: Boundless 2016)

Further, Rogers claims that the behaviour of individuals depends on the way they perceive their personal situation they are living in as he believes that every person reacts according to his or her own subjective reality (Rogers 1965).

With regard to the phenomenal field theory, Snygg and Combs explain that motivation is "the basic need of everyone to preserve and enhance the phenomenal self, and the characteristics of all parts of the field are governed by this need" (Snygg & Combs 1949, p.15).

Snygg & Combs (1949) explain further that the environment influences the individuals learning processes, which in return has an impact on the phenomenal field and the self.

The “self-concept” is central to Carl Rogers’ personality theory, which is defined as “the organized, consistent set of perceptions and beliefs about oneself” (Gross 2009, p. 225).

The self-concept is shaped by interactions with the environment and the experiences that follow from these interactions.

A positive self-concept serves as an indicator for a healthy self-esteem and a positive outlook on the future, while a negative self-concept leads to a low self-esteem and negative thoughts on life in general.

It should be noted that, the self-concept is mainly influenced by the childhood experiences and evaluation by others (Hattie 2014).

The self-concept comprises the following three components:

1. *Self-worth/ Self-esteem*: The self-worth describes what individuals think about themselves. According to Rogers self-worth is developed in early childhood and is formed through the interaction with primary caregivers. Likewise, adults’ feelings of self-worth are affected by interactions with significant others.
2. *Self-image*: Self-image comprises how individuals see themselves. This component is decisive for good psychological health, as the self-image is strongly related to the human thoughts, feelings and behaviour in social environment.
3. *Ideal self*: The ideal-self defines the person an individual would like to be. As a result, the ideal-self comprises the personal goals and aspirations of every individual. The ideal self must be seen as a dynamic concept as it changes simultaneously in the course of the growth of the person (Rogers 1959).

According to Rogers (1951) the child has two basic needs, namely positive regard from other people and self-worth.

Feelings of self worth influence the psychological health and the likelihood of achieving life goals and self-actualization. An individual with high self-esteem is more likely to cope with difficult situations in life, to handle defeat and to face challenges. Likewise, a person with low self-esteem may struggle with coping with difficult life situations and may also avoid challenges in life (Rogers 1959).

Rogers (951) believes that every individual is in need of positive regard for a healthy human

development. Individuals need to be regarded positively by their surroundings, feel valued, respected and treated with affection.

Positive regard is mediated through positive evaluation and judgments of attachment figures.

Further, Rogers distinguishes between *unconditional positive regard* and *conditional positive regard*. The *unconditional positive regard* describes the acceptance and support regardless of the individual's personal views and actions. The person itself will be accepted and loved for what he or she is. Positive regard is not withdrawn in case of "misbehaviour" i.e. acting in a not socially accepted way.

Whereby, *conditional positive regard* depends on praise and approval of others. The individual does only experience acceptance and love on condition that the person behaves in socially accepted ways. As a consequence, the individual is not accepted for the person he or she is, as human mistakes are not tolerated (Rogers 2012).

As mentioned above Rogers believes that all humans desire to fulfil their potential and to succeed at their highest possible capacity. In fact, this self-actualizing tendency refers to a person's basic instinct (Rogers 1959).

Self-actualization takes place, when individuals reach their respective potential and achieve their life goals. In particular, in order to achieve self-actualization the person's "ideal self" must be congruent with their "self-image". In case of a high level of congruence between the ideal self and the self-image, the level of self-worth increases.

Incongruity occurs in case of incompatibility of the ideal-self and the self-image.

Rogers describes an individual, who has reached self-actualization, as a "fully functioning person". Further, Rogers claims that all human beings have the potential to reach self-actualization as long as the environmental circumstances will allow this growth. Hence, the environment of each person is decisive for achieving self-actualization (Rogers 2012).

As a consequence, he identified the following 3 requirements for an ideal environment, in which an individual is able to achieve self-actualization.

- I. *Unconditional positive regard (Acceptance)*: When people, in particular children receive unconditional positive regard or appreciation for their entire being including failings, their growth is promoted by feeling worthy to be loved for who they are. Hence, Rogers believes that individuals are only able to fulfil their potential of growth in case they have a positive view of themselves (positive self regard).

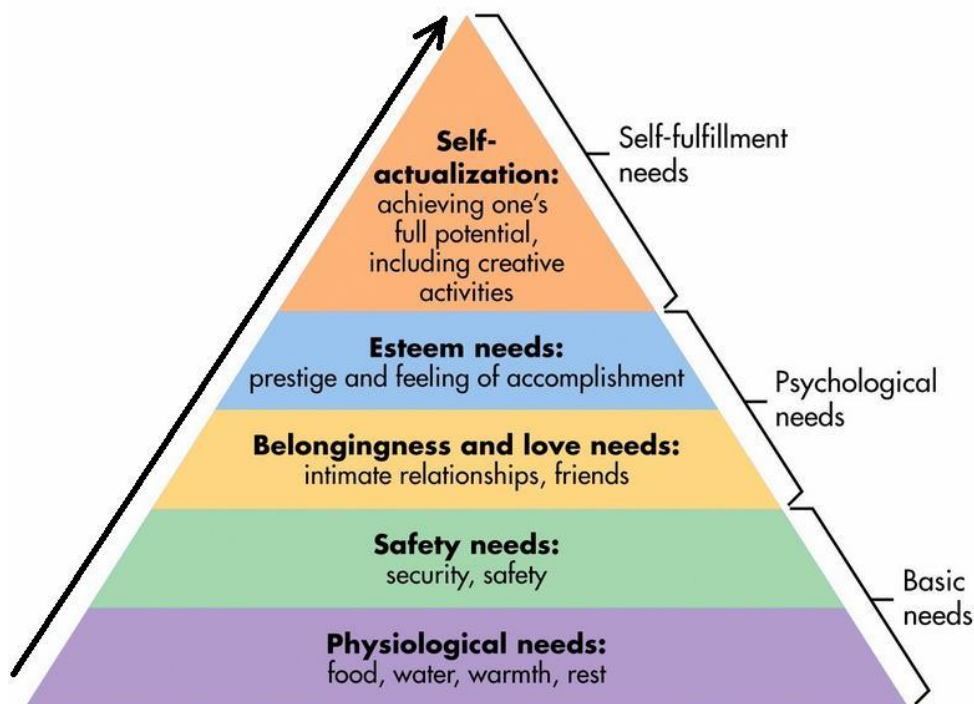
- II. *Empathy* – Individuals’ growth is encouraged by other persons’ empathy. Sharing thoughts and feelings with others and being understood and listened to in return can be described as a powerful force for positive change. Roger explains that when people are listened to with empathy “*it becomes possible for them to listen more accurately to the flow of inner experiences.*”
- III. *Congruence (Genuineness)* – Congruence comprises not only honesty towards others but also the ability to be “real” and “human” in the sense of being approachable to others and not hiding behind a façade. As a matter of fact, the growth of individuals is promoted when others are honest and trustworthy towards them. Resultantly, genuine behaviour of the individuals will be promoted in return. (Rogers 2012)

In line with this belief, Rogers argues that any successful therapeutic relationship between a professional and a client includes the aspects of unconditional positive regard, empathy and congruence.

Rogers further reasons that the main determinant whether individuals will become self-actualized is childhood experience. Indeed, researchers found out that the people who have received unconditional positive regard in their early childhood are more likely to achieve self-actualization (Rogers 1965).

Compared to Rogers, Abraham Maslow’s view of human needs is more multifarious. Maslow points out that people have a wide range of needs, which are ordered in a prepotent hierarchy. Accordingly, human needs differ in immediacy and need to be satisfied according to the hierarchical order, beginning with the basic needs at the bottom. Therefore, Maslow divided his hierarchy of needs in three different parts, namely basic needs, psychological needs and self-fulfilment needs (Maslow 1943) (see illustration 2 below).

Illustration 2: Maslow's Hierarchy of Needs



(Source: PDP Notes 2013)

Maslow believes that only those who have all their subordinated needs (i.e. basic needs and psychological needs) covered may become self-actualisers i.e. people who have achieved self-actualization by fulfilling their potential completely (Maslow 1970).

Further, Maslow argues that prolonged periods, in which a particular need is not satisfied, can result in a so-called “fixation”- a state in which the individual is particularly concerned about satisfying one specific need that has been neglected over a long period of time even though this need has already been covered. (e.g. individuals who have suffered from hunger, will continue to be dominated by the anxiety of not receiving enough food in the future even though there might be no reason) (Maslow 1943).

1.8.3 Attachment Theory

The attachment theory developed by John Bowlby (1988) describes the dynamics of interpersonal relationships between humans.

According to Bowlby all human beings instinctively seek for proximity and intimacy. In particular, attachment can be seen as a motivational and behavioral system, which directs individuals to seek proximity with attachment, figures in order to receive emotional support or protection. (Landa & Duschinsky 2013)

With regard to infants, he argues that early relationships with primary caregivers are significant for the child development and influence social relationships later in life.

Regarding the attachment bonds between children and primary caregivers, Bowlby found out that children have especially the need to seek close proximity with their caregiver, in vulnerable situations. (Prior & Glaser, 2006).

When the needs of the child are met in a sensitive way, the children are skilled to develop a secure base, from which they can further set autonomous actions. As a result attachment can be seen from an evolutionary perspective as the caregiver ensures the safety and security, and therefore the survival of the child (Rutter 2008). As street children are torn out of intact family structures, the relationship with their former caregivers is shattered. The children are therefore not able to turn to caregivers when they need it the most, namely during encounters of the hardships of street life. Children therefore lack the security and safety of intact family structures. As the children lack these social relationships to their former family structures, they may experience deficiencies in their later development (Lewis Wilson & Wilson 2015).

Along with the desire of proximity and intimacy, humans have a universal and intrinsic desire to be accepted by others. With regard to Maslow's Hierarchy of Needs (see above), human beings seek to satisfy attachment needs, which are subcategorized under psychological needs (in particular belongingness and love needs), after fulfilling the basic needs. Due to the position of the attachment needs in the hierarchy, individuals will only strive to fulfill the higher-order self-fulfillment needs after achieving their attachment needs (e.g. family and friend affiliation (Bowlby, 1988)).

Waters et al. (2005) point out that the attachment theory should not be understood as a general theory of relationships. According to Waters et al. (2005) the attachment theory only addresses a specific aspect. It describes how human beings react within relationships in vulnerable situations. Levy & Orlandi (2014) argue that attachment depends on the children's ability to build basic trust relationships towards caregivers. Children develop trust when they experience that their needs are met in a consistent nurturing relationship (secure relationship). Furthermore, infants need to develop an attachment bond with at least one primary caregiver in order to learn how to regulate feelings effectively. Therefore it is argued that the attachment bond towards primary caregivers is decisive for children's successful social and emotional development.

In the 1960s Ainsworth found out that depending on early caregiving environment, children have different patterns of attachment. Ainsworth (1967) identified four styles of attachment, namely secure attachment, anxious-ambivalent attachment, anxious-avoidant attachment and disorganized attachment. Regarding secure attachment, Children feel that they can rely on their caregivers as they meet their needs

of protection, proximity and emotional support. Caregivers of secure children are accessible and sensitive to their needs.

Ainsworth describes the secure attachment as the best attachment style as it enhances the control of emotions and the development of interactive and social behaviours. A secure attachment can also reduce the effects of stress and trauma experienced later on in life.

Children with an anxious-ambivalent attachment feel separation anxiety when separated from the caregiver. Even when the caregivers return to the child, they do not feel reassured. Anxious-ambivalent children experienced caregivers who were mostly insensitive, unpredictable, and less accessible.

In case of anxious-avoidant attachment, children tend to avoid their caregivers. The caregivers of anxious-avoidant children were mostly rejecting and insensitive to their children's needs.

Disorganized attachment occurs when the child suffered from a lack of attachment from the caregiver. Disorganized children had caregivers whose behaviours were unpredictable and abusive towards them (Ainsworth 1967; 1991).

Chapter II

Literature Review

2.1. Defining 'Street children'

Depending on the perspective, numerous definitions of the term "street children" can be identified. The United Nations (UN) and UNICEF established the most commonly used definitions of street children.

According to the United Nations, street children are "boys and girls for whom 'the street' (including unoccupied dwellings, wasteland, etc.) has become their home and/or source of livelihood, and who are inadequately protected or supervised by responsible adults' (Panter-Brick 2002, p.4).

In order to define the term 'street children' appropriately UNICEF distinguishes between 'children on the streets' and 'children of the streets'.

UNICEF states: 'Children on the streets [...] must share in the responsibility for family survival by working on city streets and marketplaces. [...]. Nevertheless while the street becomes their daytime activity, most of these children will return home most nights. While their family situation may be deteriorating, they are still definitely in place, and these children continue to view life from the point of view of their families.'

Whereby 'Children of the streets are a much smaller number of children who daily struggle for survival without family support, alone. While often called "abandoned", they too might also have abandoned their families, tired of insecurity and rejection and aged up with violence... [Their] ties with home have now been broken... de facto [they] are without families.' (Pare 2003, p. 4 & 5)

Similar to UNICEF's distinction between 'children on the streets' and 'children of the streets', Young (2004) talks about 'part-time' and 'full-time' street children.

The definition of 'part-time' street children is equivalent to 'children on the streets' as both definitions refer to children who only spend some of their time on the streets.

Equally, 'children of the streets' are comparable to 'full-time' street children as these are children who are independently living and working on the streets. Ennew (2003) describes such 'full-time' children therefore as 'real street children.'

2.1.1. The controversial term “Street Children”

In scholarly writings the term street children has been criticized as it may be seen as derogatory, stigmatizing and not capturing the different dimensions of child vulnerability. Inter alia, under the following aspects have been pointed out:

Volpi points out, that the term "street children" does not sufficiently capture the different dimensions of child vulnerability: while the term suggests to capture children enduring the hardship of living on the streets, the interconnection with other aspects of child vulnerability, such as child labour, child prostitution are not sufficiently included (Volpi, 2002).

It has been pointed out that the term is deteriorating, labelling and stigmatising.

Ennew (2003) pointed out that the term refers to a group of children who are homeless, but does not comprise the children from urban regions without appropriate infrastructure, and who therefore experience similar living circumstances.

To underline these inconsistencies in regard to the wording, a large number of heterogeneous synonyms have developed, ranging from, "community children", "urban out-of school children" (used in Kampala), 'skadukinders' (Afrikaans for shadow children), 'Children in Especially Difficult Circumstances' (Ennew 2003).

Despite this criticism the term "street children" has been used in the majority of scholarly writing. In order to align the wording of this thesis to the standard formulation, the author has chosen to refer to the respective group of children as "street children". It shall be pointed out, that no deteriorating connotation is intended.

2.2. Street children in Uganda

2.2.1 Estimating the Numbers

In 2005 UNICEF stated: ‘The exact number of street children is impossible to quantify, but the figure almost certainly runs into tens of millions across the world. It is likely that the numbers are increasing as the global population grows and as urbanization continues apace’ (UNICEF 2005: 40-41).

Even though no exact figures on the number of children living on the streets in Uganda are available, the following estimations have been made:

The number of street children in Uganda has increased by 70% since 1993 (ANPPCAN 2013). In the year 2013, the study by the African Network for the Prevention and Protection against Child Abuse and Neglect estimated that over 10.000 children live on the streets throughout Uganda.

In 2011, UNICEF identified over 6.000 street children living in Kampala (UNICEF 2011).

2.2.2 Push & Pull factors

Factors which force children to live on the streets are divided into push factors and pull factors. Under push factors are circumstances subsumed which 'push' children away from their homes and onto the streets (e.g. Volpi, 2002).

A series of push factors exist which force children to live on the streets. Munene and Nambi have identified push factors for Ugandan children, which include extreme poverty broken families; hostile family structures (including domestic violence, abuse, neglect) and the parent's not able to cope with the burden of parenting (Munene & Nambi, 1996). Therefore poverty and internal conflict within the family are major push factors for children. These two factors often correlate, as poverty can lead to domestic conflicts. Young (2004) refined the studies on push factors. Young (2004) found out that most children are pushed on the street due to mistreatment (mistreated by guardian, mistreated by parent, fear of being beaten), poverty, shattering of family structures (especially death of a parent), behavioral problems (such as involvement in criminal activities).

Particularly for this thesis, family conflicts are of especial interest: Donald and Swart-Kruger (1994) noted that the lack of emotional support and a loving relationship is a major factor of influence for the child's decision of running away from home. Also Brendtro et. al., (1990) noted that harsh living situations, including harsh social conditions is a major pull factor. Children who do not experience loving warmth at home, often seek to find it in other places or persons: once run away from home other street people are seen as role models and attachment figures. Through these social relationships children seek to satisfy their cognitive and affective needs (Richter, 1988a). (Le Roux & Smith 2010)

Pull factors are the circumstances which 'pull' children toward the streets (e.g. Volpi, 2002.)

Young's study (2004) identified as major pull factors, peer pressure, the children's attraction of living in the city (including hope to use urban facilities, be offered varieties of food or entertainment) to; the hope of employment or to receive charitable donations given by NGO's. Also false information about city life pulled children on the streets, leaving children disappointed if they do not find the living situations the expected

(Young 2004). These pull factors were also identified by Jacob et. al. (2004)

2.3 Street Life

By leaving home and being forced to live on the streets, children are exposed to several risks Donald and Swart-Kruger (1994) pointed out, that the loss of the relationship with adult caregivers poses high risk for the child's emotional wellbeing, especially in regard to the child's psychological development, personality building and identification process. Therefore experiencing the hardships of street life and being forced to leave the acquainted environment, are highly destabilizing and traumatic experiences. After such a sudden breakage of relationships, children may find it extremely difficult to trust adults again.

Further, street children are particularly vulnerable to experience violence, inadequate access to food , health problems , sexual abuse, child labour, and child prostitution (Walakira 2012). The experience of violence in young ages, further contributes to an emotional trauma. By witnessing or by being exposed to such severe violations of the physical integrity the children most likely will suffer from traumas and stress disorders which need to be treated to succeed with re-integration. (Coren et. al. 2012)

To escape from the hardships of street life, children often resort to abuse addictive substances. Psychological violence (incl. verbal abuse, threats or forced labor) is one of the most prevalent type of violence experienced by street children in Uganda (Walakira 2012). The abuse of addictive substances further accelerates the downward spiral; drug abuse may affect not only the physical and mental health but requires treatment before the re-integration process can start. Therefore, the counselling of these children take significantly longer than with children who do not suffer from drug addiction. (Coren et. al 2016)

Conticini (2008) has defined four different phases of street life namely, acceptance, adaptation, accustomisation and dependence.

In the phase of *acceptance* the child gets familiar with the new environment, the street. It is probably the most challenging phase for the children- from a physical as well as from a psychological point of view. The child may feel isolated, desperate and abandoned, which may lead to depression and violence.

The child is already exposed to the community's stigmatization and discrimination, which can destroy the child's reputation. It should be noted that, girls are more likely to lose their reputation than boys.

Another gender difference is that girls tend to be less mobile than boys, who move easily from one place to another. (Shukla 2005) In this phase the child struggles to connect with other street dwellers as the relationships to other children living on the streets are mainly conflict-prone and competitive.

In the phase of *adaptation* the child begins to establish collaborative cooperative relationships with other children.

The child becomes a part of the street children's network of social relationships, which can be protective as well as exploitative. In fact, the child has to learn soon to accept patron-client exploitative relationships. (Young 2003)

However, in this phase the child develops feelings of trust to other children thereby friendships and brotherhood may be established.

This social network plays now the main role in their life, with regard to livelihood development, emotional support and physical security. Thereby the child adapts increasingly the informal rules and norms of street living. As a result the child's identity is reshaped and modified by the street environment. (Sale 2016)

Within the phase of *accustomisation* the child becomes a respected member within the street group. The child feels empowered and enjoys the absolute freedom. In this phase the child suppresses his past and focuses on the future. The child/ adolescent shares a feeling of solidarity with selected friends but becomes increasingly competitive against enemies or outsiders. Through daily routines such as alcohol and drug abuse, sex, stealing and fighting, the adolescent adapts new set of values. (Walakira 2012)

Moreover, the child/ adolescent gains access to a variety of profit making activities, whereby he is not only able to satisfy his needs but even his preferences.

In the phase of *dependence* the child/ adolescent becomes more and more dependent on the street environment, social networks and routine activities. Survival strategies such as emotional detachment from reality and substance abuse are common. The child loses gradually his self-confidence and the hope in the future. In fact, the child gains a fatalistic and depressed vision of the future. (Conticini 2008)

2.4. Uganda's National Quality Standards for Vulnerable Children

2.4.1 National Framework for Alternative care

Uganda's Ministry of Gender, Labour and Social Development (MGLSD) aims to ensure that all of Uganda's children are provided with appropriate and adequate care.

In the attempt to ensure that children in need of alternative care are provided with standardized care options; the National Framework for Alternative care was developed.

The relevant laws, policies, strategies and guidelines of the Alternative Care Framework include United Nations Guidelines (A/Hrc/11/L.13 2009) For Alternative Care, The Children's Act, National OVC Policy of Uganda, The National Strategic Programme Plan of Interventions (NSPPI) For Orphans and Other Vulnerable Children in Uganda and Operations Manual for Youth and Probation and Social Welfare Officers (2010).

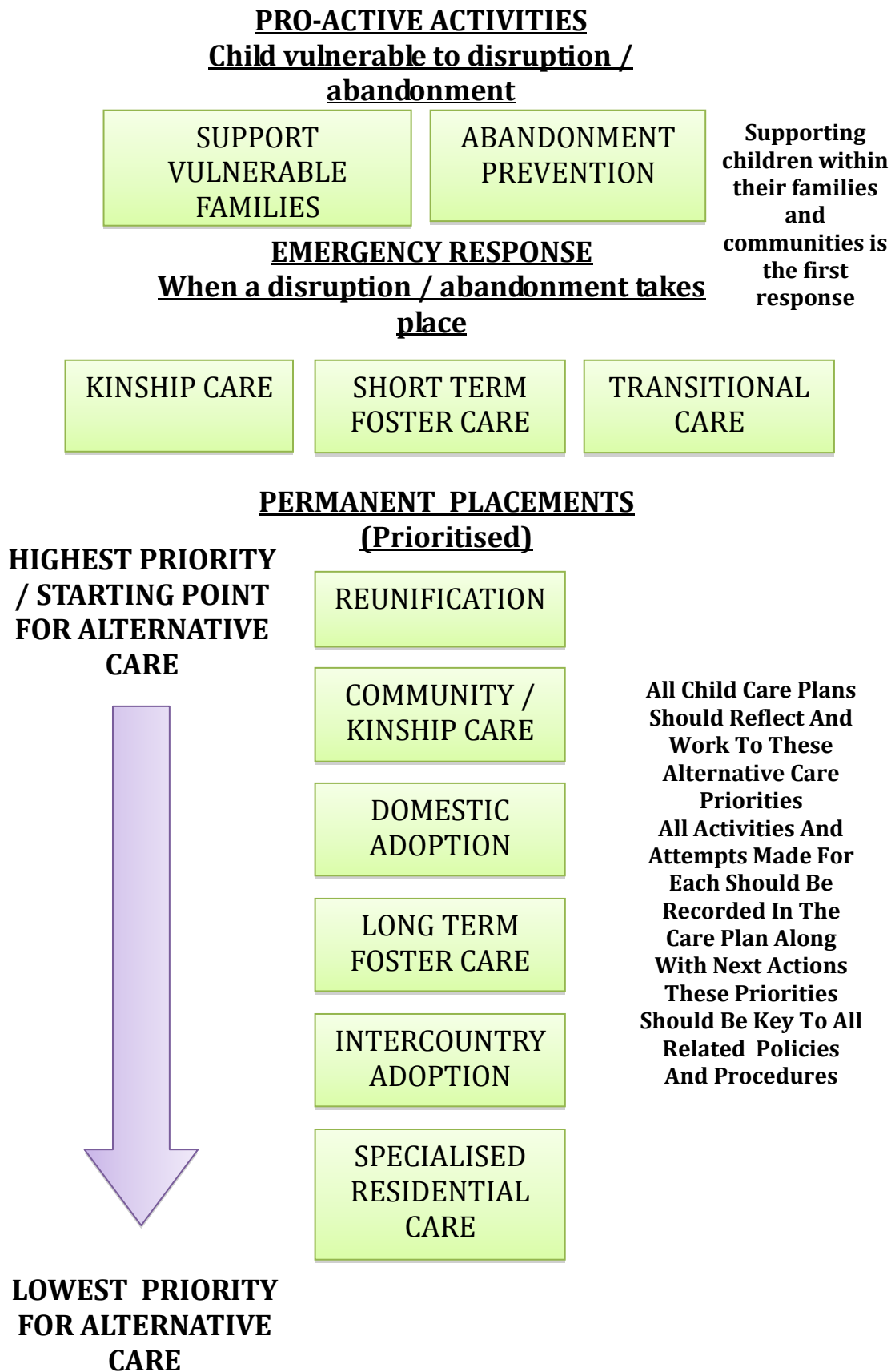
This framework seeks to promote the de-institutionalization process for alternative care and to combat the numerous care institutions acting outside the national legal framework.

According to the 2010 OVC situation analysis, around 8 million children- more than half of Uganda's child population- are vulnerable, whereof 10.000 children live on the streets. The 2010 OVC situation analysis further pointed out the lack of deliberate efforts to reach critically vulnerable children due to the weak government systems for providing social protection and child welfare services.

In this context, in order to strengthen Uganda's child protection systems the National Alternative Care Framework has been developed with the aim of reducing the number of children in institutional (orphanage) care, providing guidance to government and non-governmental actors; and supporting existing government structures in overseeing the care of children in alternative care.

Along with clear guidelines for actors working with children in need of alternative care; the Framework developed a "continuum of care"-plan to ensure appropriate placement options for the children. As shown in the following graphic, the overall goal of the "continuum care"- plan is to reunify the children with their families and to avoid the option of residential care at any cost (MGLSD 2013) (see illustration 3 below).

Illustration 3: Alternative Care Framework



(Source: MGLSD 2013, p.25)

2.4.2 National orphans and other vulnerable children policy (NOP)

The overall goal of the National OVC policy is to guarantee the full development of orphans and other vulnerable children as well as the realization of their rights. In particular, the policy aims to ensure that:

- *The legal, policy, and institutional framework for child protection is developed and strengthened at all levels*
- *Orphans, vulnerable children and their families access basic essential services package;*
- *Resources for interventions that benefit orphans and other vulnerable children are mobilized and efficiently utilized; and*
- *The capacity of duty-bearers for orphans and other vulnerable children to provide essential services is enhanced. (MGLSD 2013, p. 18)*

According to the philosophy behind the OVC policy, all children need to live to their full potential and have their rights and aspirations fulfilled. As a matter of fact, the core values of the OVC policy are love, care and compassion.

Moreover, the policy framework provides the following guiding principles, which have to be respected by all OVC programs:

- *Human rights-based approach to programming*
- *The family and the community as the first line of response*
- *Facilitating community participation*
- *Promoting child participation*
- *Promoting gender equality*
- *Designing age-sensitive programs*
- *Reducing stigma and discrimination*
- *Delivering integrated, comprehensive and coordinated services*
- *Decentralizing service delivery (MGLSD 2011, p.23)*

2.4.3 National strategic programme plan of interventions for orphans and other vulnerable children (NSPPI- 2)

The Ministry of Gender, Labour and Social Development implemented alongside the National Framework for Alternative Care, a National strategic programme plan of interventions for orphans and other vulnerable children (NSPPI-2), which follows the above-mentioned OVC philosophy.

With the aim of providing a holistic child welfare approach and strengthening alternative care practices in Uganda, the major strategic objectives of the NSPPI-2 are to:

- *Strengthen the capacity of families, caregivers and other service providers to protect and care for orphans and other vulnerable children*
- *Expand access to essential services for orphans and other vulnerable children, their caregivers and families/households*
- *Increase access to protection and legal services for orphans and other vulnerable children, their caregivers and families/households*
- *Strengthen the institution, policy, legal and other mechanisms that provides supportive environment for a coordinated OVC response (MGLSD 2011, p.20)*

The goal of the NSPPI-2 is to achieve the 4 following major outcomes:

- *Improved economic security for orphans and other vulnerable children, their caregivers and families/households*
- *Improved access to and utilization of essential services for orphans and other vulnerable children, their caregivers and families/households*
- *Improved child protection and access to justice for orphans and other vulnerable children, their caregivers and families/households*
- *An effective policy, legal and other institutional mechanisms that delivers a coordinated OVC response (MGLSD 2011, p.xiv)*

2.4.4 Family Reintegration Standard Operating Procedures (SOPs)

The Ugandan Government puts efforts in implementing the United Nations Guidelines for Alternative Care of Children with the aim to foster re-integration and to reduce the time children spend sepeared from their birth families.

As a result, the Deinstitutionalisation of Orphans and Vulnerable Children (DOVCU) project the SOPs of Family Reintegration were developed with the aim of complementing already existing national legal and policy instruments for the care and protection of OVC in residential care.

The SOP's are aligned to the Alternative Care Framework and seek to guide managers of Child Care Institutions (CCIs) as well as other stakeholders taking care of children outside their families. As a consequence, the Ministry of Gender, Labour and Social Development together with Retrak Uganda carried out a review of forms and tools adapted from Retrak's Family Reintegration SOPs for the

application amongst both Retrak and non-Retrak partners.

The guiding principles of the Family Reintegration SOPs include:

- Prioritization of family reintegration
- Child-centred intervention
- (Re)building positive attachments between the child and her/his caregivers
- Involvement of the wider community

In particular, the Family reintegration procedure comprises the following five main steps:

- Step 1: Child assessment and preparation
- Step 2: Family tracing, assessment & preparation
- Step 3: Placement and support
- Step 4: Follow-up and support/ Removal of child
- Step 5: Phase out (MGLSD 2015; Retrak 2013)

2.5 Intervention programs for Street Children

2.5.1 Classification of programs for Street Children

According to Aptekar & Stoecklin (2014) different classifications of programs can be made, according to their appraisal of their aims and qualities. Thomas de Benitez (2011) has established a system of classification of programs for children in street situations into three models:

- 1) The *correctional, reactive or repression-oriented model*: Children in street situations are seen as deviants
- 2) The *rehabilitative or protection-oriented model*: Children in street situations are identified as victims
- 3) The *human rights- based approach*: Children in street situations are seen as citizens whose rights have been violated

Programs can work with all or some of the three levels. They can work with the target groups that cause the problem (families, neighbourhoods, gangs, etc.), the recipients who experience the negative effects of the problem (children in street situations), and the political-administrative authorities who develop and implement a given policy (the State).

The following table of Thomas de Benitez (2011) illustrates a useful scheme, which synthesizes possible strategies how to work with street children at all the three levels.

Table 1: Classification of Levels of Intervention

<u>Classification of Levels of Intervention</u>			
Policy approach	Conceptualization of street children	Abstraction	Target levels
Repression	Deviants	Public order	Children in street situations (micro level)
Protection	Victims	Authentic Child	Dysfunctional Families and communities (meso level)
Rights-based	Citizens	Child Rights	State, historical and economic factors (macro level)

(Aptekar & Stoecklin 2014, p.171)

2.5.2 Models of Intervention

Intervention programmes believe that street children can be “helped to overcome the effects of their harsh environments”. (Ratele & Duncan, p. 351) Fighting against the negative impacts of street life on the children’s health is the first aim of these programs.

The World Health Organisation (2003) defines health in the following context as a state of complete physical, mental and social well-being, and not only as the absence of disease. Interventions may take the form of single projects, drop- in centres or peer education interventions, and many will be underpinned by the ‘children’s rights’ discourse, more recently taking a holistic approach to the needs of young people (Thomas de Benitez 2011). Interventions striving to improve the situations of street-connected children and young people include educational projects, vocational training, harm reduction HIV prevention, therapeutic intervention and multi-disciplinary programmes. (Shukla 2005)

According to Cockburn (1995) intervention programmes can be categorized into three broad approaches, namely:

1) *Containment*

The containment approach is applied in closed institutions, where correctional measures are used.

2) *Cure*

The cure approach aims to take the children off the streets and to reintegrate them into society. The cure approach is sometimes termed rehabilitation as it triggers the re-socialisation of the street children.

3) *Prevention*

The prevention approach seeks to identify the root cause of the street children phenomena in order to prevent children from a life on the streets.

Cockburn (1995), Rapholo (1996) and Smith (1996) assessed these three approaches and came to the conclusion that “the containment approach is the least effective approach, the prevention approach the least explored and the curative or rehabilitative approach the most moderately promising of the three.” (Ratele & Duncan 2004, p. 351)

2.6 Requirements for a Successful Intervention

According to several scholars, the children’s participation in planning and managing the re-integration is a relevant factor for interventions (Panter-Brick 2002).

Several studies such as Coren et. al. (2016) have shown, that such participation can only be realized, when the following three elements are taken into consideration:

2.6.1 Time

Spending time with a child is crucial out of two reasons:

Firstly, creating a trust relationship between the affected child and the intervening person is a slow process which requires that both of the affected persons get to know each other and acquainted. This can only be achieved, if the caregiver and the child commence a step-wise process of creating a personal relationship. Only by a slow process the child we see in the caregiver not on adult which tries to scholar the child but an attachment figure to which it can openly speak about the problems. (REPSSI 2010)

Further, through spending sufficient time, it is ensured that children are enabled to tell their life stories and grounds for living on the streets to the intervening person on their own. Children should not be forced to answer to questions which they do not want to expose (Coren et. al. 2016). By ensuring that the child can determine the speed of the process of revealing its living conditions and then can freely talk about them, the psychological healing process is triggered. Therefore practitioners more and more follow holistic child-centred approaches to family reintegration in low- and middle-income countries. (Mann 2014; Wedge 2013).

2.6.2 Trust relationship

Under all circumstances the basis of successful intervention programmes is to find out which type of

intervention is the most promising for the respective case (Ennew 2000). Providing basic care (housing, nutrition) is only a part of successful re-integration. When it comes to enabling the child to start a better life, it is most essential to assist the children in overcoming deep traumas, which have been inflicted before or during street life (Karabanow & Clement 2004). This requires a lengthy and challenging procedure in which caregivers are required to re-build a child's self-esteem and to foster the child's psychological self-healing. Creating self-confidence, is also of relevance, as otherwise the child will perceive any intervention as senseless and will continue to remain in the old behaviour patterns, which are directed towards self-destructive behaviour. Building up self-esteem can only be done by attachment figures, i.e. persons whom the children trust. Due to traumatic experiences children tend to be suspicious towards adults, even with adults who genuinely try to help them. Therefore, before a the re-integration process can be started, caregivers need to create a trustful relationship towards the children. (REPSSI 2010)

2.6.3 Therapeutic relationship

Also, field works have shown that positive and constant encouragement is far more successful than negative feedback (Lewis Wilson & Wilson 2015). Rogers argues, that building the self-confidence of the children and raising their self-esteem, requires a therapeutic relationship, which consist of the elements unconditional love, empathy & congruence (Cooper et. al. 2013). By slowly re-building the self-esteem, not only the success rate of the child's re-integration is significantly enhanced, but also future homelessness among children is prevented: Former street children who have been successfully re-integrated are less prone to assume an aggressive or non-loving behaviour towards their own children. By re-integration programs which focus on the emotional state the cycle of violence and intergenerational transmission of poverty can be interrupted (Schimmel 2008).

With regard to the timing of the intervention programs, Conticini has argued, that these must be started before the child is taken into custody, i.e. while the child is still living on the streets. This is argued by the assumption that an abrupt change in the living circumstances may have traumatic effects on the children, which discourage the child in participating in the re-integration process and pushes them back to the street. A stepwise intensification of the intervention shall prevent this sudden rupture in the child's life (Conticini 2008).

2.7 Emotional & Psychosocial Development of Children

2.7.1 Defining Emotions

While there exist numerous definitions of emotions, a unified definition of emotions has not been achieved yet.

The Oxford Dictionary of Psychology defines emotion as “any short-term evaluative, affective, intentional, psychological state, including happiness, sadness, disgust, and other inner feelings.” (Coleman 2015). Whereby, Lewis & Lewis Wilson (2015) defined emotions as “subjective feelings” and differentiated between primary (basic, innate) and secondary (social, developed) emotions. While primary emotions are universal, secondary emotions are subject to culture and developed in diverse ways, with different strengths.

Following this idea, Plutchik believed that there are a small number of primary emotions. Indeed, intellectual historians such as Darwin, Descartes and Aristotle shared this belief (Buck & Oatley 2007).

Following Paul Ekman’s research on cross-cultural facial expression in 1970s, he also suggested the existence of 6 “primary” or “basic” emotions, namely: happiness, fear, sadness, anger, surprise and disgust (Ekman 1992).

Plutchik shared Ekman’s perspective and developed the “Wheel of Emotions”, introducing 8 primary emotions, existing of 4 positive and 4 negative emotions contrasting each other i.e.: joy vs. sadness, anger vs. fear, trust vs. disgust, and surprise vs. anticipation. Plutchik further explains that certain basic emotions can evolve into complex emotions due to cultural conditioning or associations combined with the basic emotions (Plutchik 2002).

However, it can be argued that any definition of emotion is incomplete or even invalid depending on the researchers approach.

According to Scherer & Ekman (2009) there exist the following four approaches to classify “emotion”:

- Biological approach
- Developmental approaches
- Psychological and ethological approaches
- Sociological and anthropological approaches

Despite these various approaches, most of the researchers agree that each emotion has the following 3 components (Lewis Wilson & Wilson 2015):

- Physiological arousal (somatic markers) such as heart rate, blood pressure, muscle tension, perspiration... etc.

- Expressive behaviours (non-verbal behaviour) such as facial expressions and body language
- Cognitive appraisal (subjective evaluation) such as changes in attention and evaluation of situation.

2.7.2 Emotional Development of Children

Oatley (2013) stated: “Emotions are the very heart of social cognition; without them we wouldn’t be able to do anything at all” (Keltner et. al., p.291)

In this regard, emotions are seen as enabling factors in human relationships.

These emotions facilitating human relationships are developed during childhood under the influence of the social environment. (Lewis Wilson & Wilson 2015)

Current research has even shown that the social interactions followed by emotional exchanges influence the physical structure of the infant’s brain. Within this context, the effect of the child’s social environment on his emotional development is clearly visible (Sale 2016).As a consequence, children living in an environment of poor, inconsistent or absent nurturing, may have weakly developed or absent social emotions (Lewis & Lewis Wilson 2015).

Hence, children coming from abusive environments tend to develop socially challenging behaviours, which are generally based on negative reactions to their social environments they are exposed to. Even when the negative social environment changes to a positive one, the challenging behaviours can continue until the emotional needs of the child are met in an adequate way. However, a healthy emotional development is relevant for the future success in personal and professional life (Keltner et al. 2013)

Lewis & Lewis Wilson (2015, p.8) argue that “the most important aspect of emotional understanding is the realisation that not all people possess the emotions that develop as a result of good nurturance in infancy and childhood. We tend to presume that everyone possesses the emotions that we ourselves have.” While this is the case regarding the primary or basic instinctive emotions, the development of secondary emotions depends on the social environment. However, the secondary emotions of children growing up in adverse situations may not develop in the same extent. This has a direct effect on socially responsible behaviour, which showed to be weaker developed if children have suffered from harsh conditions.

For interventions, this has the consequence that caregivers have to make endeavours to understand the child in respect to his or her emotional state but must not expect that the child has the same emotions as one who has grown up in a more protected environment (Thompson Prout, H. & Fedewa 2015).

2.7.3 Psychosocial Development of Children

The psychosocial development of a child is a relevant factor which directly impacts the capacities of “analysis, perception, cognition, decision making, interpersonal relationships and responding appropriately to the environment” (REPSSI 2011, p.22) .

During this process children have different needs, based on their age and on the stage of development they are currently at. Caregivers must be aware of these different needs in order to provide the best possible support to the children (Thompson Prout & Fedewa 2015).

With regard to street children, the relationships created within peer groups play a major role in their psychosocial development. These relationships ensure the survival of the street children (Paradise and Cauce 2002), improves their self-esteem and let them get away from the internal family conflicts. Within these peer groups strong solidarity among its members can be observed, while the group often acts hostile towards externs. However within the peer groups a system of hierarchy, and street justice, which enforces moral and social norms, is established. (Conticini 2008)

Le Roux & Smith (1998) pointed out that this social support of peers, has a direct effect on the positive development of the intellectual and social abilities. Even if the children grow up in adverse circumstances acceptance, understanding and companionship can positively influence their cognitive and emotional development.

2.8 Psychological state of street children

Children who are living on the streets often suffer from emotional and social setback which create vulnerability to psychosocial distress: isolation and abandonment due to rejection and stigma, low self-esteem, grief, feelings of guilt, despair and suicidal thoughts. Due to the violence experienced the mental and physical health problems are further increased, including damaging the emotional, cognitive, and physical development of children. (Walakira 2012).

As street children are stigmatized as social outcasts, their development of a positive sense of self-worth is further inhibited. (Donald & Swart-Kruger 1994).

Experiencing such traumatic events can leave emotional and psychological scars till adulthood, whereas the severity of psychological distress is influenced by a multitude of factors (age at which a specific trauma occurs, severity of trauma etc) Straker & Moosa (1988) has pointed out that there are many meditating variables; for example, the developmental. Even if children seem to cope with the traumatic

experiences well, they are still highly predisposed to emotional traumatization in their later years of life. (Le Roux & Smith 1998).

Donald and Swart-Kruger (1994) point out, that despite the hardships of street life, numerous street children have shown competences to cope with these harsh living circumstances by adapting to them and developing strategies to cope with them.

In this context, Donald and Swart-Kruger (1994) have created the following correspondence table:

Table 2: Vulnerability vs. Resilience of Street Children

Developmental areas	Evidence of risk and vulnerability	Evidence of adaptability and coping
Physical	-Exposure -Violence/victimization -Drug/ alcohol addiction -Sexually transmitted diseases -Untreated illnesses/injuries	+Group protection +Shared resources
Emotional	-Loss/lack of adult caregiver relationship -Anxiety, depression	+Peer bonding +Autonomy/freedom
Social	-Social rejection -Criminality -Unstable relationships	+Group identity +Peer support
Cognitive	-Attention/concentration deficits -Spatiotemporal impairment -School dropout	+Problem-solving ability +Ingenuity +Informal skills

(Donald & Swart-Kruger, 1994, p.170)

2.9 Emotional & Psychosocial Support for Street Children

2.9.1 Emotional support

According to Kowitt (2013) there is little consensus on how to define or operationalize emotional support even though the importance of emotional support is largely known. Langford et al. (1997) have defined emotional support as the provision of care, empathy, love and trust while Dale et al. (2012) have associated emotional support with encouragement, active listening, reflection and reassurance.

Likewise, some researchers have characterized emotional support as reciprocal interactions of “mutual obligation” while others have characterized it as solely a subjective perception of feeling accepted loved and respected (Langford et al. 1997).

2.9.2 'Professional Relationship' between Children and Caregiver

However, the first aim of organizations providing rehabilitation programs should be creating a safe space where the children are able to communicate their distress to caregivers, who can respond adequately and who care about them in every aspect.

According to Lewis Wilson & Wilson (2015) trust arises from one's emotional experience. Yet, due to the hazards, which have been experienced by the children, they may find it difficult to have trust in others and create bonds, especially to adults.

This difficulty may arise due to the fact that children have had negative experiences with adults, who were supposed to protect them (i.e. their parents, legal custodians, authorities such as police men or other persons of reference) (Conticini 2008).

Due to the street life experiences with adults including street children being stigmatized and being exposed to violence, scorn and hostility, street children may project their resentments against adults also to caregivers offering the street children help in the respective organizations (NCTSN 2016).

Resultantly, one of the first challenges of the caregivers is to enable the children to overcome the distrust in order to create a trust relationship.

As numerous studies have shown, the trust relationship between a social worker and a client is decisive for a successful social work intervention (AFD 2012).

Applied to the rehabilitation work of social workers and caregivers, the trust relationship i.e. emotionally intimate and supportive relationship between the former street children and the caregiver serves as the fundament of any successful rehabilitation program. (Coren et. al. 2016)

2.9.3 Psychosocial Support

Changes in the surroundings of a person triggers an emotional and behavioural response in persons, by which the relationship between the psychological or emotional and social state of mind is influenced. By this equilibrium of emotions the perception of others and the environment is heavily affected. Psychosocial care and support addresses the social, emotional and psychological wellbeing of a person by creating respectful relationships giving, unconditional love and tolerance. It strives to strengthen the persons' capacity to deal with stressful events or crises. Psychosocial support is provided by persons who are in an emotional relationship with each other (eg caregivers, family members, friends). (Ratele & Duncan 2004)

When the capacity of the natural family to provide psychosocial care and support fails or is inhibited, external persons such as community members or agencies are required to offer programmatic psychosocial care and support or interventions (Richter, Foster & Sherr 2006).

Especially external agencies have to be aware of traumas and mental problems caused by rupture of care and support by primary caregivers such as parents. In order to identify mental health issues the person working with children and adolescents must be familiar with human development. Behavioural patterns that may be diagnosed as pathological when seen in adults may not be abnormal in children and adolescents. Hence, knowledge of children's and adolescents development and the behavioural ranges at different ages is decisive to distinguishing between pathological behaviour and developmental crises, which may have no or little long-term effects (Thompson Prout & Brown 2007).

Furthermore, awareness of the developmental stage of the child or adolescent will help in clinical decision making during the rehabilitation process. It will also assist in appropriate age-based goal setting according to the child's unique developmental framework. Setting goals above the child's unique developmental expectations guarantees almost the failure of the intervention.

It must be also noted that the problem-solving cognitive abilities of the children can vary from child to child and may not be in accordance with their age. In particular, the life on the streets might have caused significant delays in the children's development, particularly in cognition and language. Within these developmental age expectations, professionals need to be sensitive to possible developmental delays in children (Thompson Prout, H. & Fedewa 2015).

In conclusion, it has to be noted that emotional and psychosocial support can be perceived very differently according to one's unique socio-emotional needs. As every individual is different there is no general norm of what type of emotional & psychosocial support is appropriate for everyone, especially not to vulnerable groups such as street children whose needs can vary enormously from each other. Hence, it is of importance to understand every child's individual needs in order to provide the accurate support for the child (Kowitt 2013).

Chapter III

Methodology

3.1 Description of the Study Organization

Retrak is a former football club called “Tigers Club Project” for Street children, established in Uganda in 1994. In 1997 Retrak was registered as a British Charity Organization in Uganda. Retrak expanded over the years and is placed nowadays in Africa (D.R. of the Congo, Uganda, Tanzania, Kenya, Ethiopia, Malawi & Zimbabwe) and South America (Brazil).

The over-all goal of Retrak is the reintegration of street children into society to become contributing members of it.

Retrak enables street children to move off the streets by providing them family- and reintegration support to find a place within a family (biological family or foster care) or community.

Furthermore, the organization aims to work with the children and their family to ensure their physical and emotional wellbeing, safety, economical independency and their access to education.

The Organization is providing a wide range of Services to Street Children: First and foremost, Retrak provides care for basic needs, including housing, medical services and education programs. A further service component of Retrak is to give street children a place of safety and protection against violence, may it be street violence or domestic violence (child protection services). One of the main goals of Retrak is to guide and prepare the children in the re-integration process. For this service, caregivers provide inter alia counselings for the children to overcome mental issues or traumatic experiences. This is crucial in a preparation process. After re-integration, Retrak provides follow-up support by providing further counselling session to the re-integrated children and their families. This has the purpose to ensure that the children remain in the family structures. However, also preventive measures are provided, meaning that families and children are taken care of before children move from home to live on the streets. Finally, Retrak offers outreach services to get in contact with those children who are already on the streets, inform them about Retrak's services and offer them to visit the institution.

3.2 Description of the research design

With the aim of analyzing the perceptions of the caregivers and the children on the provision of emotional and psychosocial support a qualitative methodology, namely case study research design was employed.

A qualitative methodology was applied since this research design is deeply grounded in awareness (Polkinghorne, 2005) and serves therefore the purpose of analyzing the perspectives of the children and caregivers thoroughly. According to Huberman & Miles (2005) qualitative researcher aim to collect data through a process of deep consideration and empathetic understanding, which this research study requires in order to understand the core of the matter.

However, with the intention of capturing the complexity and wide range of the research topic a case study design appears to be the most suitable qualitative research design as it involves a ‘detailed, in-depth data collection involving multiple sources of information rich in context’ (Creswell 2007, p.245).

Yin (2009) distinguishes between exploratory, descriptive or explanatory case studies. For my research purpose an explanatory approach was applied as this thesis strives to present data illustrating “cause-effect relationships”.

According to Blatter (2008) there are three ideal types of case study research namely naturalism, positivism and constructivism. As the aim of this case study research is to generate practical and detailed knowledge, a naturalist approach was applied. ‘Naturalists try to reveal the authentic nature of a social phenomenon or the detailed elements of a causal process by getting as close as possible.’ (Blatter 2008, p. 69)

3.3 Study participants and Sample selection procedures

Table 3: Study participants

Research Group	Category of study participants	Methods	Number
Former street children	Children aged 10-17 years	Focus Group Discussion	5
		In-depth Interviews	4
Retrak’s service providers	Managers	In-depth Interviews	2
	Social workers	In-depth Interviews	4
Key informants	MGLSD official	In-depth Interview	1
	Director of REPSSI	In-depth Interview	1

As shown in table 3 the primary study population of this research study comprised former full-time street children in the age group of 10-17 years. These children interviewed are currently under the care of

Retrak as they are in the preparation phase (lasting from 3-6 months) for reintegration.

Part-time street children were excluded from the study in order to streamline the participant group. For the inclusion of the gender aspect, it was sought to represent both, female and male participants.

As the total number of boys residing in the Retrak centre was much higher than the number of girls, the number of boys participating in the research study was equally higher. In order to identify any age differences, the participants were divided into the following two age categories: 10 to 13 and 14 to 17 years.

The secondary study population included service providers i.e. the caregivers at Retrak working with the children being prepared for reintegration in particular reunification with their biological family, kinship family or foster family.

Hence, in order to gain a holistic understanding of Retrak's services, two service providers at the management level and four service providers interfacing directly with the children were interviewed.

Furthermore, with the aim of involving the macro-level such as the social policy, which is providing guidelines for the respective organizations working with street children, a key-informant such as an official of the Ministry of Gender, Labor and Social Development was interviewed.

Additionally, another key informant i.e. the director of the organization REPSSI "Regional Psychosocial Support Initiative" which is providing guidance for psychosocial issues, was interviewed in order to establish an applicable recommendation list for Retrak's service providers.

The participants were selected by applying *purposive sampling* as the participants were selected in accordance to the research question. As it is a non-probability sampling approach, purposive sampling does not allow any generalizations to a larger population. (Bryman 2012)

3.4 Data collection (Sources, methods)

The evaluative method used in this research study is on an institutional level as the research studies puts emphasis on the current practice at the organization Retrak.

3.4.1. Focus Group Discussions

The Focus Group Discussion (FGD) is a qualitative data collection method, which aims to collect qualitative data by interviewing several participants who have particular knowledge and experience about a tightly defined topic. The interaction within the group is central in order to exchange opinions, to highlight different views on a particular topic or to reach group consensus. (Bryman 2012)

As shown in the following table, five FGDs according to age and gender were held.

Table 4: Characteristics of Focus Group Discussions

Gender	Age range of FGDs	Number of FGDs conducted	Number of participants
Girls	10-13	1	5
Girls	14-17	1	8
Boys	10-13	1	8
Boys	10-13	1	8
Boys	14-17	1	8
			TOT. 37

All the interviews with the children were conducted at the respective Retrak child centers for boys and girls.

The interview guide for the FGDs was divided into the following 4 major parts:

- River of Life Method
- Rock and Balloon Method
- Discussion A: Analysis of Time, Trust & Therapeutic Relationship with Service Providers
- Discussion B: Understanding of Emotional & Psychosocial State

During the FGDs participatory tools namely *the River of Life Method* and *the Rock and Balloon Method* were employed.

The *River of Life Method* serves as a tool to explore the life stories of the children as well as the emotional challenges the children had to face. Children have the opportunity to share their stories and feelings; explaining the reasons behind their escape from home to the streets, the life experiences they made on the streets and how their path lead them to Retrak.

In addition to a deeper understanding of the past of the children, the children are encouraged to tell about their present situation under the care of Retrak. For this purpose, the *Rock and Balloon Method* was used to identify the positive and negative factors of their stay at Retrak with regard to their emotional and psychosocial state.

Both Methods helped to gain a better understanding of their current emotional and psychosocial wellbeing. As a consequence their emotional and psychosocial needs could be identified and correspondingly enhanced.

Furthermore, during the *Discussion A* the children were invited to discuss the importance of the factors

time, trust and therapeutic relationship as well as the implementation of these factors at Retrak. The children had the opportunity to share their experience and to give recommendations relating to each of these three factors.

Within the *Discussion B*, the researcher aimed to gain a deeper understanding of the children's emotional and psychosocial state by discussing Ekman's 6 primary emotions, namely anger, fear, happiness, sadness, excitement and disgust.

Additionally, in order to operationalize the wide and undefined term of "emotional and psychosocial support" used in this thesis, it was measured against three aspects, namely: therapeutic relationship, time and trust. Likewise, the aspect of "therapeutic relationship" was defined by the components of unconditional positive regard, empathic understanding and congruence under reference to Roger's person-centered therapy.

It should be noted, that under reference to literature the hypothesis is established that these three factors (i.e. therapeutic relationship, time and trust) are crucial aspects of an emotional and psychosocial supportive relationship between children and caregivers.

3.4.2 In-depth interviews

With the aim of gaining a deeper knowledge of the children's perceptions about their emotional and psychosocial state, in-depth interviews were employed since they contribute to gain deeper and more personal insights (Bryman 2012) and are targeted and therefore directly focused on the study topic. Yet, they are insightful and provide clarifications as well as perceived causal inferences. (Yin 2009)

Regarding the in-depth- interviews with the caregivers, key-questions will be asked with the aim of establishing a recommendation list based on the findings of the respective interviews. For this purpose, the findings of the in-depth interviews and FGD's with the children will serve as a base to identify whether the support provided by Retrak meets the psychosocial and emotional needs of the children.

The gained information was repeated to the children towards the end of the interview in case they wished to correct or add anything.

3.4.3 Key-informant interviews

As further data source two key informants have been interviewed.

In order to analyze the service standards of Retrak with regard to its provision of emotional and psychosocial support, the director of the organization REPPSI has been interviewed.

REPSSI provides guidance and appropriate recommendations regarding psychosocial issues to the government and entities working with vulnerable people.

Further, a key informant i.e. an official of the Ministry of Gender, Labour and Social Development was interviewed in order to understand whether and to which extent the necessity of supporting street children on a social-emotional level is considered in the national standards.

It was examined whether the national standards and the service standards of Retrak conform to the current findings of social science with regard to the provision of emotional and psychosocial support in the children's preparation process for re-integration.

Additionally, recommendations were made how the existing standards may be enhanced in order to align them with the state of the art and the requirements for a healthy emotional and psychosocial development.

3.5 Data management and analysis

As one of the main focuses of this thesis is to identify emotional and psychosocial aspects the method of thematic analysis was applied since this method is a qualitative analytic method for "identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic." (Braun &Clarke 2006, p.79)

In the following the 6 phases of conducting thematic analysis will be represented:

- Phase 1: Familiarization with the data
- Phase 2: Coding
- Phase 3: Searching for themes
- Phase 4: Reviewing themes
- Phase 5: Defining and naming themes
- Phase 6: Writing the final report

Applied to this study research, Phase 1 of the data analysis consisted of transcribing the collected data from Luganda to English. Simultaneously to the on-going data-collection process, the notes and recordings of the interviews and FGDs already conducted were reviewed in order to become familiar with what the data is about.

After getting an overview over the data phase 2 and 3 of the thematic analysis were applied: In phase 2 initial codes were developed by analyzing recurring patterns and structures in the FGD data. During the

coding of the different interviews, the classification of the responses were refined in a reflective and iterative process, leading to alterations in the classification system and the creation of sub-classes. By the creation of these classes, typical response patterns were identified and marked. Therefore, if interviewees responded in a similar way to respective questions, a sub-categorization into a specific class was made by labeling the answer with the respective code. Especial care was taken in order to take an un-biased approach while labeling the interviews. Deviations and differentiations made by the interviewees with regard to a specific question were therefore especially identified. After the labeling and coding process, codes interrelating to each other were grouped in order to provide a comprehensive overview on the outcomes and to analyze the answers thoroughly.

In phase 3, after the initial coding, a search for overarching themes was made. An initial interpretation based on the literature was conducted, focusing especially on how emotional support could affect the children: for this purpose repeating and re-occurring answers with regard how emotions affect the children have been marked for further analytical reflection. Codes therefore have been grouped to themes related to the findings from literature review with regard to time spent with the children, the impacts of a trustful and therapeutic relationship. During this process also data gaps have been analyzed, which needed to be added through follow-up interviews.

In phase 4 of the thematic analysis a review of the initial themes has been conducted. The themes, which have been formulated in phase 3, were probed against the data by reviewing the data collected during the FGDs. The purpose of this process was to verify whether the themes are actually supported by the children's answers in the FGDs. During this phase the coding of the data was again refined and additional codes were added in order to create a fine-tuned data set.

In phase 5 the themes have been reviewed in order to assess what impact they have in comparison to the whole set of data and whether any sub-themes can be identified. The latter has been especially done with regard to age and gender gaps in the answers: after analysis of each theme –a specifically search for differences within the age groups (for the respective theme) as well as for gender differences was conducted by analyzing and comparing. Differences identified have been coded and marked as sub-themes.

In phase 6 the researcher started to work on the final form as included in the thesis. The themes were described, remarkable quotes, representing the main ideas of each theme were included in the thesis, and the outcomes of the analysis have been put into context with the findings of the literature review. Further, logical consequences have been drawn and consistency and inconsistencies of the collected data with

literature have been pointed out. Finally, the data has been probed against the research hypothesis and the respective conclusion to answer the hypothesis has been drawn.

3.6 Ethical Issues and how they were dealt with

As researchers have a moral responsibility to protect research participants from harm, it is of utmost importance that any research carried out should be conducted in an ethical way, especially if the research involves vulnerable groups. In particular, research with street children raises unique ethical issues. (Hutz & Koller 1999)

Paradoxically, even though it can be hurtful for children to talk about the negative life experiences they made, children might also benefit from sharing their stories and emotions. It has been proven that talking about negative life events can be helpful to process the negative emotions associated with hurtful experiences (Sharf 2011). Hence, it can be argued that interviewing children about their past and emotions can be of therapeutic value for the children even though it has to be noted that this might not be always the case.

However, in order to protect the children from any harm, it has been made sure that a professional was always present during the interviews.

Moreover, since the data is of personal nature and includes private aspects, the sensitive nature was duly considered when processing the data. As this research study is concerned about the emotional and psychosocial state of the children, the ethical guidelines by the British Psychology Society known as '*Code Human Research Ethics*' were taken into consideration.

In this research study the ethical dimensions were considered, namely by the following aspects:

- Formal consent was obtained from social workers and managers at Retrak. In case Retrak has been appointed as legal guardian of a child, Retrak also consented to interviewing the child. Also for those children which are not formally in the custody of Retrak, but the formal legal guardian could not be identified, Retrak gave its consent to interviewing the child.
- Each individual child gave its assent to participate in the study. Through this procedure, it was ensured that the children agree with collaborating with the author and are not pressurized (e.g. through group pressure) into participating.
- The children's competence to assent to collaborate with the author was assessed before obtaining it.

According to Alderson & Morrow (2011) Children are competent to give their assent, if they have the capacity to make a choice about a proposed course of action and understand the risks, benefits and alternatives. Furthermore, competent children are aware of their rights concerning the research study.

- Participation in this study was voluntary and based on continuing permission.
- The rights of the children were protected.
- The purpose of the study, the study procedure and the participants' confidentiality were explained to all parties involved.
- The study participants were informed about their right to withdraw from the research study at any time.
- To eliminate any possible violation of the participants' confidentiality and privacy, the anonymity of respondents was ensured by the provision of pseudonyms.
- The raw data was protected against unauthorised access by third parties.
- Due to the highly sensitive topics that arose during the interviews, respondents were free to choose to which extent they wished to respond and the interviewer sought to respond in an adequate and empathic way.

Chapter IV

Findings and Discussions

4.1 Emotional challenges

In the following section it has been identified which aspects of emotional and psychosocial support are of especial importance for children in the rehabilitation process (Objective I).

In order to identify which aspects of emotional and psychosocial support are of especial importance, it is necessary to find out which emotional lacks the children suffer from. This process of relevance as the re-integration process is aimed to compensate the current lacks the children suffer by providing respective counteractive measures (e.g. if children suffer from violent behaviour a main goal of the re-integration process is to provide shelter and protect children from abusive behaviour; the same applies for emotional support: if children suffer from lack of positive regard social workers aim to provide such regard).

In order to find out, in which aspects of emotional support social workers' compensation is required, interviews were conducted, in which the children were asked to tell about their life stories. From these stories, the children's negative experiences were highlighted and grouped. It could be identified, that the children suffered from the following negative impacts, which are also crucial in regard for their emotional wellbeing:

- Physical abuse (i.e. abuse by parents / stepparents / during the street life)
- Drastic life changes (i.e. mainly changes in the family structure)
- Lack of basic needs (i.e. lack of basic nutrition, housing, education)
- Lack of emotional support

4.1.1 Domestic Physical Abuse / Physical Abuse on the Streets

Most children stated that they have encountered physical abuse, either at home or through their stepparents. In fact, almost all of the interviewed children got physically abused or were about to get abused by a family member, which led to the decision to leave home for good:

Johnny (11): *"I left home because my mother was always beating me."*

The FGD's has shown that the children distinguished between "deserved" and "undeserved" corporal punishment. In the latter case the children were more likely to run away from home, as they felt to be treated unfairly:

Richard (10): *"I woke up late my father was already awake he asked me what I have been doing in bed, he started beating me and I ran to my aunt's place, when I reached my aunt's place I told her that I ran away from home because I was beaten with no reason she also started beating me again, I ran away, so I came to the city."*

Also it could be identified that through changes in the family structure (re-marriage after death of a parent, leaving of a partner,... etc.) violence within the family become an evident problem. A high percentage of the children experienced severe physical abuse by the stepparent, in particular by the stepmother:

Nicole (10): *"In the morning my mother packed her things and she left, here my father married another wife and she started abusing me and beating me."*

Danny (13): *"I was living with my mother and my father, my mother died and my father married another woman that woman started mistreating me... That woman was beating me a lot she didn't give me food yet I was doing everything at home; she even told my father that I am a thief I should stop going to school. So one day she got my hand started beating me and I pulled myself from her and I ran away, she told me not to come back home ...I started sleeping on the street."*

Many children reported that the behaviour of their own biological parent towards them changed after the changes in the family structure. In most cases the new parent providing a negative image of the child influenced the own parent.

Lilly (12): *"That time when I was at my aunts place and my father came to beat me again I realized that people can change anytime because when my mother was still home my father used to love me so much I remember one day my mother shouted at me and my father got annoyed and warned her never to shout at me again but when I see that he is the person who wanted to kill me I really wonder."*

When the children started living on the streets one of their greatest struggles became to avoid being abused by passers-by, by the police and by other street kids.

Johnny (11): *“Street life, some boys used to beat us and they would take away our money, sometimes they force you to take paraffin even the police used to beat us so life was really hard for me.”*

4.1.2 Drastic life changes

The drastic changes in the family structure often were regarded as highly confusing to children and particularly painful. Such disturbing incidents with a beloved attachment figure can cause a deep cut in the children’s emotional development and can further lead to difficulties in creating bonds of affection as well as relationships of trust with others (Levy & Orlans 2014). Such drastic life changes do not only affect the children’s day-to-day life but rather elicit a range of difficult feelings and emotions, which may affect the personal development of the children (Seiler 2012). The children perceived these changes as mainly to have a negative impact on their own lives:

Jack (15) explains: *“It’s always good to grow up with your parents because if my real mother was here I wouldn’t have suffered like this. These stepmothers, they mistreat us a lot and if I had authority I would tell my father to chase that woman away so that we can enjoy our life now.”*

The children became aware of the fact how easily life could change and threw them into a harsh reality of being left alone in a world in which they had to fight for survival:

Bernhard (13): *“When my step father left me by the street I realized that life can change in a minute. When I was still with my father I used to see street kids not knowing that they suffer a lot.”*

4.1.3 Care for basic needs / Lack of education

Most of the children mentioned, that factors, which emotionally destabilized them, came from lack of basic needs (e.g. lack of housing, lack of nutrition, etc.....).

Simon (13) explains: *“When I joined the street, I learnt how to take care of myself, life wasn’t easy that time because I had to struggle to see that I eat.”*

The main struggles the children faced during their time concerned the search for edibles and a place to sleep.

Bernhard (13): *“When it reached morning I started moving in the city looking for food with my friends in the dustbin, it was my first day to eat from the dustbin -I got sick. From there I started looking for scrap to sale and I got money to buy food.”*

Some children already living on the street for a significant amount of time claimed to have the “ownership” over certain sleeping areas. These children prohibit newcomers to use the sleeping places they claim to own unless they get paid. As most of the children had no money they kept on moving around in hope to find a place to sleep.

Danny (13): *“...at night as I was sleeping some boys came started checking my pockets looking for money but I didn't have any they chased me from that place, I went I looked for another place they also asked me for money I told them I don't have any they told me to move away ... Eventually I found another place to sleep but in the morning some other boys told me again to go and look for money otherwise I will not sleep there again. So I was always forced to sleep isolated in hidden places where no one could see me ”*

The children are aware of the importance of education in order to achieve desired life goals (i.e. becoming a doctor, a teacher etc.). They stated that attending school is a very important part of their lives. Several children mentioned that they were very upset, as they currently could not go to school.

Quentin (13): *“ I know if I don't go back to school I will not get what I want in the future so it hurts me when I am not in school.”*

Angela (10): *“Not going to school makes me feel bad. I will never become somebody important if I'm not in school.”*

4.1.4 Lack of emotional support

As a recurring topic, the children stated that they have encountered a lack of loving care and emotional support. They have been de-stabilized by being not supported in the way they would have needed.

Several children have been lied to by their (step)parents or other people making false promises. The children felt betrayed by people raising their hopes and not keeping their promises.

Bernhard (13): *“I don’t like liars they make me feel bad like my step daddy, he lied to me that he will take me to good school I hate him because he lied to me and he dropped me on the street.”*

The children suffered particularly from the lack of loving care. The majority of the children stated that they miss their families who used to love them and take care of them before their drastic life change. In particular, the children suffered from the lack of emotional support they used to receive from their family members.

Amy (14): *“It makes me feel bad when I am not with my mother, before my mother left, I used to share with her my problems, she used to tell me hers and I also tell her mine which made me happy but now am feeling bad because she left me alone.”*

4.2 Aspects in which emotional support is to be provided

4.2.1 Introduction

For this thesis, the aspect of emotional support is of relevance. It can be demonstrated from the interviews and surveys, that besides the lack of coverage of basic needs, the children also suffered deeply from emotional deprivation (i.e. lack of positive regard, dishonesty, lack of caring family).

In order to identify how these lacks can be compensated from the children’s perspective, children were asked to tell about the emotionally uplifting factors. Furthermore, this thesis strives to identify if a positive reinforcement of these uplifting factors can significantly contribute to the children’s development of an emotional equilibrium of the children. When a stabilized emotional condition is achieved, the self-esteem of the children is heightened leading to the children’s empowerment to strive for further positive changes in their lives.

Therefore, the children were asked through a so-called ‘Rock and Balloon’ method to list all the good things in their life that lift them up. These aspects are the ones, the caregivers should especially focus on, to provide the emotional support required. The children stated the following topics:

- Family
- Good Friends
- Hobbies
- Caregivers at Retrak
- Emotional support
- Hope

While looking at these factors, it is clearly visible that the children listed mainly topics that are essential for a healthy child's development. In particular, living in a healthy family environment, having attachment figures who show care and love and having good friends to play with are crucial factors for a healthy emotional and psychosocial development.

4.2.2 Wish for an intact family life

The children stated that living in a family environment is one of the most important uplifting factors for them.

Noemi (16): *"I feel good when I am with my family that's why my family is the first priority in everything."*

The love for family members and the positive memories about their homes leads to the children's wish to go back home.

Aaron (11): *"I can't wait to go back home and see my family again. I miss them so much."*

Even though, just the facts of being with the family and spending time with them were described as uplifting factors, the children explained that they feel happy when they are with their families but especially *"if there is peace"*. In other words, the children expressed that just being with their family is not an uplifting factor unless the family atmosphere is a positive one.

Mary (11): *"I feel good when I'm with my family and we all dance and sing. It is so much fun when we all can laugh together. I miss them so much."*

It has to be taken into consideration that the children left their homes mainly because of the negative family environment they were exposed to. As a result, several children claimed not wanting to go back home to the families if the negative behavior towards them didn't have changed.

4.2.3 Wish for intact social relationships

Another important uplifting factor for the children was having good friends. Many children referred to their friends as the most important people they have in life.

Lara (15): *“...what makes me really happy is playing with my friends and joking with each other.”*

Furthermore, spending time with friends helps the children to overcome negative memories and encourages them to have a positive attitude (Lewis Wilson & Wilson 2015) and give the children a holdback in difficult times.

George (12): *“Playing with my friends makes me feel so good, they worship me and they make me to forget those bad things that has happened to me.”*

Some children stated that spending time with the caregivers at Retrak is an uplifting factor for them. They enjoy the attention of the caregivers and having the possibility to talk to them.

Amy (14): *“I love spending time with my aunts here at Retrak. There are so fun, we watch movies or dance and have a good time together.”*

From this, it can be concluded that the caregivers are not only seen as authority figures, who can be approached in case of need but rather as attachment figures with whom the children enjoy spending their leisure time with.

Other children stated that having someone who cares about them and to whom they can talk to is crucial to be happy.

4.2.4 Wish for self-actualization

The majority of the children stated at least one hobby that would lift their spirits. The hobbies the children mentioned were as follows:

- Playing football with friends
- Watching movies
- Swimming
- Listening to music
- Dancing

4.2.5 Wish for emotional support

Many children argued that the emotional support they used to receive from their parents at home was very important to them and they are looking forward to be loved, cared and particularly heard by their loved ones in the future again.

Lilly (12): *“I am happy because I am going back home, then I can see finally my mother, I feel good when I am with her because I can always tell her my problems.”*

Despite family and friends, several children declared that the caregivers played an important role in their lives, as they are currently the only reference people they have. Sharing problems with the caregivers was portrayed as one of the most positive factors in their emotional wellbeing.

Angelina (15): *“After talking to my caregivers I always feel better, I feel like nothing can happen to me because they are there for me.”*

The children identified having hope in the future as an uplifting factor in their daily mood.

Bernhard (13): *“I can now see that my future is bright.”*

The hope of the children comprised several areas:

- The hope of being reunified with the family
- The hope of going back to school
- The hope of seeing lost parents
- The hope of seeing friends

4.2.6 Conclusion

The FGDs and IDIs showed that the street children’s experiences were marked by the hardships of street life and massive problems within their family lives. These were the major push-factors triggering the children’s journey to the streets. The results of the interviews conducted, confirmed the study of Munene and Nambi (1996) which indicated that poverty and internal conflict within the family play a central role in children's reasons for migrating to the street, as well as Young’s 2004 study, claiming that mistreatments by guardians and the death of family members are a major push factor for street migration.

The lacks they suffered from were induced by conflicts within the family (lack of emotional support) but mainly were connected with the hardships of street life (lack of basic care / violence on the street etc.). When analysed under a view of Maslow's Hierarchy of Needs (1943), the children were deprived of the most basic human needs, namely the physiological and the safety needs, which form the base for any further development or self-actualization. It can be therefore concluded that the lack of basic care hindered the children to engage in self-actualization.

In order to enable the children to occupy themselves with the fulfilment of their emotional needs, it is necessary to provide basic care. Only after this has been done, the caregivers at Retrak can engage with the emotional support of the children.

From an emotional perspective the children strive for intact social relationships and for self-actualization. Mainly, children wish for living within their "natural" family, meaning within their family relationships in which they were born into and raised. This conclusion is in line with the findings of Donald and Swart-Kruger (1994), which noted that, in terms of emotional health, the lack or loss of an adequate relationship with adult caregivers poses the greatest problem for most street children. It can be concluded, that the children strive to re-create the living situation they have lost, namely within an integer natural family.

As the children at this present situation lack this natural family, subsidy social bondages have been formed, namely with other children and the social workers at Retrak. The latter can be considered as the children's "replacement of the natural family". Similar to Ainsworth's belief (1991) that children are in need of intimate relationships, children strive to create a subsidy relationship resembling a family structure in order to meet their cognitive and affective needs.

4.3 Trust, Time & Therapeutic relationship

In the following section (Objective II) has been scrutinized, namely it has been identified which role the aspects of trust, time and therapeutic relationship play in the process of preparing the children for re-integration.

4.3.1 Introduction

As shown in the literature review, spending sufficient time is crucial to develop a trust- and therapeutic relationship between children and caregivers.

For this thesis, under reference to Roger's theoretical framework it has been postulated that three elements are crucial to create an emotional bondage between children and caregivers, namely:

- I. Spending sufficient time with the children: factors during the rehabilitation process, first for the counselling and second, for a healthy psychosocial development of the child.
- II. Creating a trust relationship: Due to their street life experiences, most of the children are unable to develop stable relationship with adults; however, studies (e.g. AFD 2012) has shown that trust relationship between a social worker and a client is decisive for a successful social work intervention.
- III. Focusing on a therapeutic relationship: Rogers argued that any successful therapeutic relationship between a professional and a client includes the aspects of unconditional positive regard, empathy and congruence. Only after a relationship includes these three elements, clients are enabled to reach self-actualization and promote their inherently good aspects of their characters.

In order to identify how these elements are realized at Retrak, children, social workers and managers have been questioned on their perspectives. In the following these interviews will be reviewed.

4.3.2 Time Factor

When the children were asked how they felt about spending time with the caregivers the majority of the children stated that they would have positive feelings (i.e. happy, excited, good, relieved, relaxed and secure) while spending time with them.

Furthermore, the children felt appreciated and cared by the caregivers whenever they spent time with them.

Some children had indifferent feelings towards spending time with the caregivers and were reluctant to share their thoughts during the FGDs.

The children, who enjoyed the time spent with the caregivers, differentiated the time spent with the caregivers into the following three categories:

- a) *Time for counselling*: The children stated that they would feel happy to spend time with the caregivers as they could talk to the caregivers and share their problems with them in the given time. Numerous children mentioned the feeling of relief and relaxation after the counselling sessions with the caregivers. The children appreciated mostly the advices they would receive during the counselling sessions as well as the discussions about their future.

Richard (10): *“That time is great because I get to tell him my personal problems. And we also talk about my future and he gives me advices how I can become what I want in the future.”*

b) *Time for fun activities*: Several children regardless their age or gender enjoyed the time spent playing with the caregivers. Hence, despite using the time with the caregivers for issues of consultancy, the children enjoyed the fact that the caregivers would participate in fun activities.

In fact, by playing with the children, the caregivers show the children that they do not only care about their problems but also about the children as individuals.

Oliver (15): *“I feel good whenever they play football with us. They show us that they actually like being with us.”*

Amy (14): *“I feel so excited because they crack jokes, we play with them and sometimes we play music and we dance together.”*

c) *Time for encouragement*: In addition, the children would also feel encouraged after spending time with the caregivers. Through encouraging words and feedback, which builds up the children, the caregivers would raise the children’s self-esteem and empower them to believe in their dreams.

Mary (11): *“I feel empowered because sometimes they give me words of encouragement and I believe I can do whatever I want in the future.”*

During the interviews it became evident, that the majority of the children stated that spending quality time (i.e. one-on-one time) with the caregivers is essential, as the children felt, that only in these situations they could open up, share their emotions and their past, talk about problems and solutions to overcome these problems. In particular, the elder children pointed out that they require one-on-one counselling as they had troubles in sharing their issues with the caregivers in front of the younger children.

Doreen (15): *“Yes because here we are mixed with young girls so that time is important because there are some things you may want to talk to her when young girls are not hearing.”* (IDI)

Other children stated that they had difficulties in opening up in front of many caregivers.

Martin (12): *“Sometimes when I go in the office to talk to any uncle, you find many there and you can’t open up you fear but when you get time and sit with one uncle alone you open up and tell him your problem.”* (IDI)

When the children were asked whether they would like to spend more time with the caregivers some of the respondents declared to need more time with the caregivers. Several children stated not to spend enough time with the caregivers because of the high number of children residing at Retrak and the workloads of the service providers.

Lilly (12): *“Yes, I would need more time. Sometimes they are too busy and they say: ‘Come tomorrow’ but sometimes tomorrow is too late.”*

Many children explained to need more time in order to open up and talk about their problems, their emotional state and the on-goings at Retrak.

Dorian (15): *“Yes, we need definitely more time because the first time we talk to them we don’t open up because it’s our first time to meet them so the more time they give us, the more we open up to them.”*

Children claimed to be in a crucial phase of their lives and therefore require a person to whom they can refer to:

Angelina (15): *“Yes because we still have a lot to learn, we still need them because we are growing and they are the only people we have now.”*

Consequently, some of the children wished to have one day in the week, on which they could approach the respective caregiver they want to talk to.

Some of the elder children mentioned to receive less time than the younger children. As a result, they would feel to be treated unfairly.

Oliver (15): *“Yes, I feel like the younger ones get more time and attention from them than we do. There should be also more time for us to discuss our personal issues. Our problems are important too.”*

On the other hand several younger children stated to spend enough time with the caregivers.

From a gender aspect, it has been noted that almost all of the girls declared to need more time while this wish was not prevailing for the boys.

4.3.3 Trust

When asked about whether the children have established a trustful relationship with the caregivers a scattered answer structure could be identified.

The majority of the children trust the caregivers and they can share their personal problems with anybody else as they caregivers can “keep secrets”. This shows that the children perceive the caregivers as trustworthy towards the children. One child even mentioned that the caregivers would ask for permission before they would share their personal issues with others. As a matter of fact, asking the children for permission to share their personal issues is a sign of loyalty and especially trustworthiness for the children. Several children stated they would approach the caregivers and ask for consultancy in case they face problems. Interestingly, an age gap could be identified: all of the boys aged 10-13 stated to approach the caregivers if they would need help, yet only a minority of the boys aged 14-17 would do the same.

A few children declared that they couldn't trust anybody else than their caregivers, as they believe that they are the only ones who want the best for them. In this context, one child even stated:

Lara (15): *“I trust them because they are like my parents now.”*

However, some boys aged 14-17 years stated that they trust only a few caregivers.

Other children claimed that they cannot trust the caregivers at all as they do not feel being taken seriously when talking and sharing a problem with them.

William (15): *“Often they don't even let me finish when I tell them something. They interrupt me and tell me that my issue is nothing new. How can I trust them when they don't even let me talk?”*

The interviews showed that children can be grouped to have three different approaches when it comes to referring to social workers:

- *Group 1: Social Workers as reference person in all aspects*

The younger boys and all the girls had no problem in asking the caregivers for assistance. Many children stated that the caregivers are currently the only people who they can ask for help.

In this context, several children referred to the caregivers as good and friendly people who listen to them; others stated that they would approach the caregivers, as they are “*the elder people*” who know “*what to do*” and are able to advise them. (Henry 13)

Some children compared the caregivers even to their parents in terms of taking care of them.

Orlando (13): “Yes I would because they are like our parents now. They take care of us”

- *Group 2: Social Workers as reference persons in certain aspects*

The majority of the boys aged 14-17 would only ask the caregivers for assistance at certain times. Several children would not approach the caregivers at all times as the caregivers were often busy doing paper work.

Iain (15): “Sometimes but sometimes not. They are often busy and say: ‘Come back tomorrow!’ So I don’t always go to them.”

Furthermore, some children declared that their caregivers assumed that the boys aged 14-17 are old enough to take care of their issues themselves. As a result, the boys would not feel free to approach in case of need.

Leonard (14): “Some uncles think that we are big boys and we can handle our problems by ourselves, so I don’t always go to them.”

- *Group 3: Social Workers not seen as reference person*

A few children never ask their caregivers for help. Some children did not feel understood by the caregivers; therefore they would rather go to their friends searching for help.

Oliver (15): “No, because I know that they won’t help me because they don’t understand. I prefer to go to my friends to find a solution.”

Other children wouldn’t share their issues with the caregivers due to the lack of trust towards them.

Jeremy (14): “No, I’m scared that the uncles will share my problems with others.”

As a result, these children try to handle their problems by themselves or consult their friends with their issues. A few children would leave their problems even unsolved:

Jack (15): *“No, I don’t go to anyone. I just go to bed and sleep.”*

4.3.4 Therapeutic Relationship

I. Unconditional Positive Regard

Many children stated to feel appreciated and loved by the caregivers and therefore felt to receive unconditional positive regard. The FGDs indicated, that positive regard could mainly be achieved through the following actions:

- Care for basic needs (sickness / providing additional food)
- Involvement with the children (play with them / joke with them)
- Providing counselling (talk to them/ keep their secrets / give advices /encourage them)
- Emotional support (motivation / counselling when emotional problems arise)

Generally, it can be concluded that the children felt loved and cared for when the caregivers spent time with them, tried to find solutions to their problems, encouraged them, showed them that their relationship is developing, were loyal to them and made sure that all their basic needs were covered.

Yet, not all of the children felt this way about the caregivers.

The majority of the boys in the age group from 14-17 years, stated not to feel loved and cared for by the caregivers or at least not by all of them, as they felt not to be treated equally in comparison to the younger boys or do not feel respected

William (15): *“Some show love but not the way they show it to the younger kids. But we all live under the same roof and we all have big problems because we are from the street. Why would one be treated differently?”*

Though the majority of the children did not feel judged by the caregivers a few boys had the impression to be judged by the caregivers when sharing their thoughts with the caregivers.

William (15): *“Sometimes when I share my thoughts with them and they tell me that it is not the right way to think, then I feel judged.”*

II. Empathy

When the children were asked how the caregivers reacted when they shared their personal issues with them, some children regardless their age or gender stated that they would “*feel sorry*” for them.

Taking the language barrier and the translation from Luganda into English in consideration, it is not quite clear if the children did mean actually sympathization/ pityness or real empathy by it.

However, one child further explained:

Lilly (12): “*They feel sorry, their tone changes they show love and care.*”

From this particular statement, it can be argued that the children did indeed mean “reacting empathetic” by “feeling sorry” as only empathy and not sympathization comes with love and care. (Rogers 2012)

Indeed, a few children stated that the service providers keep on checking on them ensuring that they are fine, which is a sign of care and love to the children.

Furthermore, several children further clarified that the caregivers would try to find a solution for their respective problem. In this context one child stated:

Simon (13): “*They react so good, they try to help you and you get to feel that someone is there for you.*”

Giving the children of not being alone with their problem is indeed a main characterization of showing empathy (Cooper et. al. 2013).

Some children mentioned again the aspect of loyalty from the caregivers, as they do not share their issues and problems with others. Loyalty is not necessarily seen as characteristic for empathy, yet it can be seen as a indication of empathetic behavior.

However, several boys aged 14-17 argued that the caregivers do not react in an empathetic way.

Jack (15): “*Some remain normal they don't show any sympathy on their faces.*”

Charlie (16): “*Some show that they care, others not my point is some are used to these situation so they are not moved and sometimes you would like to see someone feeling what you are feeling even if he is not going to help you there and then.*” (IDI)

When the children were asked about their feeling after sharing their personal issues with the caregivers, the majority of the children declared to have positive feelings, felt less stressed and less scared. In particular, children stated to feel “*at peace*” as the caregivers assure them to solve their problem and give them hope to be reunified with their families.

A majority of the children claimed to have these positive feelings under the condition of feeling understood by the caregivers.

Richard (10): *“When he understands me, I feel good and relieved and I can do other things like playing with my friends.”*

Other respondents, particularly the boys aged 14-17 years did not have any positive feelings after consulting the caregivers. The children declared that the reason behind not having positive feelings after the discussions with the caregivers would be the lack of listening and understanding.

Charlie (16): *“I feel better if he listens to me but there are times when they don’t care about how you are feeling I think they got used to our problems so they are not moved.”*

(IDI)

Some children stated to feel fully listened to and understood as the service providers bother find the right solution to their problem.

In this context, several children stated that some of the caregivers would try to listen and understand them even though they did not always succeed in doing so.

Oliver (15): *“Not always. Some try to listen and to understand and some don’t. And those who try to understand still don’t understand.”*

Others (mainly boys aged 14-17) did not feel understood declared that the caregivers do not listen to them carefully enough or do not even let them finish.

Fredrik (16): *“No, sometimes when I tell them that I don’t feel fine they just say “I know” and I can’t explain further why.”*

The children mentioning this issue explained that the caregivers would think to know what their exact problem is and how they feel in case their issue was comparable to other children’s problems:

Jack (15): *“I don’t think that they are listening to me and understanding my problem. When my problem is similar to someone else’s problem they don’t even give me the time to finish.”*

III. Congruence

Several children stated that the caregivers would be easily approachable, especially as the children feel that the caregivers are people with a positive attitude.

Oliver (15): *“Yes, it’s very easy because they put on smiling faces.”*

On the counterpart, the boys aged 14-17 did not describe all of their caregivers as easily approachable. The children explained, that the fact that some of their caregivers do not even acknowledge their presence makes it difficult to approach them.

Jeremy (14): *“No, some are easily approachable, some are not. Some don’t even talk to us they keep themselves in the office. They sit in their offices they just come out to chase us away when we are making noise.”*

The majority of the children felt that the caregivers have a genuine real interest in their personal well-being. The children stated that this genuine interest is mediated through the caregivers trying to solve the children’s problem in time, by checking on the children, by talking to the children and by showing love.

Lilly (12): *“I really appreciate that time they provide to us, to ask how we are feeling and to know whether you still feeling the same as you came here.”*

Fredrik (16): *“They try to see that the way you feeling changes and they also keep talking to you.”*

Nicole (10): *“Yes they treat us like their kids, like when you tell aunt that you’re sick, she keeps on checking on you, giving you all that care your real mother would give to you.”*

Congruence is also conveyed by a caregiver apologizing when negative interferences occurred. Some children stated that the caregivers do apologize to them. Yet, several children stated that the caregivers would only apologize after some time has passed and not right away. The children also stated that caregivers explain their behaviour towards them.

4.3.5 Conclusion

On an overall perspective it could be identified, that children feel that the theoretical approaches of spending time and creating a trustful relationship, which provides therapy is, mainly transposed into the work of the caregivers.

However, the children feel that certain aspects of these elements are not realized to such extent, as it would be necessary:

a. *Time*

Even though a majority of children feel, that the caregivers spend sufficient time with the children, the

majority of the girls stated to need more one-on-one counselling time, and elder children stated that the social workers spend less time with them than younger children.

It should be noted, that spending sufficient time with the children is a major success factor for re-integration.

According to Garnezy (1983), even though young people are rather resilient they have to be given the opportunity to heal their wounds. This is done by the provision of time and a nurturing environment in the post-trauma phase. Therefore, for the process of emotional healing, giving the children time to open up, to build a trust relationship with adult caregivers (attachment figures) is crucial for a healthy psychosocial development. It should be noted, that the age gap should be especially considered, as elder children may have been exposed longer to a traumatic environment.

Also due to their cognitive development, they may have been affected on a deeper emotional level than younger children. Due to the gender gap in the interviews, also the differences in coping with traumatic experiences among male and female children should be considered. From the interviews conducted, it appears that female children tend to overcome their traumatic experiences through one-on-one counselling while males do not require lesser amount of time. Social workers therefore should be aware of this identified incongruences and especially focus on the group of children who felt left behind.

b. *Trust*

Based on the work of Conticini and NCTSN (2016), street children are often unable to develop trust-relationships with adults. Due to their negative experiences with adults (abusive police, violent passers-by) on the street, the children become extremely wary of adults. In particular, the traumas experienced in abandoning family and from the violence inflicted by adults, they are extremely suspicious and constantly test how much they can trust an adult.

However, for proper counselling and enabling the children to be re-integrated in their family structures, it is necessary that children open up to the caregivers (AFD 2012). Only if the children open up, the caregivers are able to find a way to their minds and hearts. Further, through a trust relationship between the children and the caregivers, fruitful counselling sessions can take place.

The FGDs show that the majority of children have been enabled to open up to the caregivers and build a trustful relationship. Only a minority of the children do not see the caregivers as persons of reference. According to the children the main mediator of creating a trustful relationship lies in conveying the feeling of being respected as a person and to be listened to. However, the creation of trustful relationships at Retrak is hampered by understaffing and numerous administrative agendas, the social workers are occupied with.

The children had therefore regularly the feeling of not being able to turn to the social workers as they appeared to be too busy.

c. *Therapeutic relationship*

According to Rogers (2012) a therapeutic relationship requires the appreciation for the entire being with its flaws. By conveying the idea that people can love the being for who he or she is, by understanding the children's thoughts and feelings and by being honest, caregivers can promote the growth of the children. Conticini (2008) pointed out that without a process of building self-confidence, the child will perceive any intervention as helpless and will continue adopting behaviours, which are oriented towards self-destruction. Some of the children at Retrak perceive that the elements of a therapeutic relationship are sufficiently included.

The children perceived unconditional positive regard (especially through motivational one-on-one contacts, as well as involvement of the caregivers) as essential for developing a good relationship. Some children perceived that the caregivers show empathy and are easily approachable (showing that they act congruently).

However, some children also felt, that the elements of a therapeutic relationship are not sufficiently transposed. Especially, elder male children pointed out that they feel that they are not being loved and that social workers tend to ignore their problems. This may have its reason either in the children's developmental state or the social workers' perspective of the children; as the feeling of not being loved and being understood was mainly uttered by children going through the phase of puberty. This perspective may be induced by the general feeling connected to the respective age of not being understood and the process of forming an identity.

On the other hand, also social workers may contribute to this perspective as they may see the older children as being rather independent individuals who will leave Retrak in the near future. It therefore could be that social workers put more efforts on the children who have recently arrived at Retrak and still have a longer way ahead for re-integration. In order to provide the best support to all children at Retrak, social workers should be aware of the difficult phase of puberty and being at the verge of leaving Retrak. The caregivers therefore should strive to explain the elder children how they perceive them in order to discover their needs and to draw up an approach, by which these needs are covered.

The elements of time, trust and therapeutic relationships are essential criteria to successfully prepare the children for the re-integration process. It can be concluded from the interviews that even though from the perspective of the children these criteria are to a wide extent included in the services provided by Retrak,

certain deficiencies are perceived which may inhibit or slow down the preparation and the following re-integration.

d. Gender & age aspects

The data has been collected under consideration of consequent evaluation of gender gaps. The analysis of the data has shown significant differentiation in the perception of the caregiver's role between male and females. A significant portion of the female children interviewed mentioned that spending time with the caregivers is essential for the emotional healing and the preparation for reintegration. Especially the female children pointed out that one-on-one counselling is an important part of the preparation-phase. While male children to a large extent expressed that the caregivers spent sufficient time with them a majority of the female children pointed out that they feel that the caregivers should spend more time with them. The portion of female requiring more time increased with older age. Older female children stated that they want to spend more time with caregivers in order to discuss in detail the further steps of re-integration, to be comforted or to talk about issues which are connected to the transition of childhood to womanhood.

On the other hand older boys (aged 14-17 years) pointed out that in many situations they rely on their own or on a group of other children to resolve their problems. A significant part declared that they are reluctant to speak to caregivers on certain topics as they feel that the caregivers do not understand their problems or are too stressed to engage with the children.

Overall therefore a gender gap and an age gap could be identified; especially older children who are in the immediate phase before leaving Retrak, need special attention of the caregivers. While with females it would be necessary to spend more time with them to help them in overcoming emotional wounds, with males a special focus should be put on creating emotional bonds and showing them that they can turn to the caregivers when problems arise.

To focus on the different needs on male and female children gender segregated facilities have been established. In each center, only males or females have been cared for. With regard to the center of female children, social workers were required to put any special focus on the emotional distress caused by sexual assault. As a higher percentage of the girls were sexually abused, social workers considered a gender gap in the therapeutic relationship by emphasizing in particular the girls' needs and to tackle posttraumatic stress disorders.

4.4 Retrak's emotional and psychosocial support

In the following section Objective III has been scrutinized, namely 'to provide an overview on how the aspects of emotional and psychosocial support are currently realized by the rehabilitation program of *Retrak* from the perspective of social workers and the management of Retrak.'

4.4.1 Introduction

In order to evaluate how the social workers transpose the theoretic background of Rogers' theory, the social workers and managers of Retrak were interviewed.

Social Workers follow different theoretical backgrounds when working with the children namely:

- Attachment theory: The aim of these sessions is to create attachment bonds between the social workers and the children, so they can make informed decisions about their lives. The work aims to build a state in which a child can trust the social worker and share information concerning their lives with them.
- Behavioural theories
- Moral development theories: In the sessions the children shall create awareness about acceptable behaviour in society.
- Ecological theory: This theory is expressed by the fact that the child is the focus of Retrak's centre and all running activities are built around the child.

The overall aim of all the applied theories is to prepare the child for the reintegration into their families and to create the awareness that home is the best place for them to live and survive and grow. In order to create a state in which children are able to return to the families, another focus of the work at Retrak is to resolve issues that may have hampered children from staying home (e.g. by creating self-awareness and self respect).

4.4.2 Emotional and Psychosocial Support

In the view of the social workers, emotional support of street children is one of the key factors for the successful re-integration work:

"[Emotional Support] is the starting point, you cannot say that you do reintegration without responding to the psychosocial, psychological and emotional state of the children. If you want to waste money, you take this child home without responding to his emotional needs first and this child will come back in one day."(Social Worker 1)

Social Workers at Retrak believe that emotional support can be achieved at the best through one-on-one counselling. By giving the children time in the counselling room they can share their issues and can share their life experience. As the children are often suspicious against adults, only by intensively interacting with them, children are able to open up. Only if the children feel that they can trust the social workers, effective counselling can be achieved.

Further social workers pointed out that two key aspects are relevant for a successful re-integration process, namely trust and time.

1. *Trust*

According to the social workers, successful interventions require a solid trust-relationship between the social workers and the children.

It is essential that no false promises are made, as this causes resistance and detrimentally affects the relationship between social workers and children. To regain the trust and friendship of a child becomes very tough, once the child has realized that the social workers have not been truthful.

However, social workers also have to face wrong information disseminated by peer groups.

It is therefore essential to create a relationship, which bases on truth and openness.

The management confirms the important role of building a trust relationship with the children. One of the main goals of Retrak consists in “*helping [the children] learn to not only to trust [the social workers] but also other adults*” (Manager 1). According to the management the main burdens to overcome when building trust relationship with the children are:

- **Addiction**

Before engaging in the re-integration process, addicted children have to get through a drug-rehabilitation process. According to the management, this is a lengthy procedure which requires professional staff, which is often cannot be provided at Retrak.

- **The accustomed way of living**

The management states that the children have become accustomed to the relatively large freedom, which comes with living on the streets. Hence, it is a challenging task to make the children acquainted to a regulated lifestyle in which rules, regulations and boundaries exist.

A social worker has put it as follows: “*they love freedom and the streets give them a lot of freedom, so if you get them and want to change them, [...] it becomes tough.*” (Social worker 3, Follow-up)

- **Social network**

The children have a tight connection with other children living on the streets. This friendship may negatively affect the re-integration process, as certain success achieved may be inhibited by children who are not in the re-integration process but who have a strong influence.

- **Abuse**

Children, who have been abused, take a long time to build a trustful relationship. For instance, if a child has been beaten severely by the father and he sees male social workers, he may project its experience with male adults also to the social worker. By a slow process the social workers keep on talking to this child and comforting him/her in order to gain the trust of the child.

To overcome these burdens social workers encourage the children to speak to fellow friends or another staff member. By doing so, social workers ensure that the children can talk to the social worker they feel most comfortable with.

“But if a child doesn’t open up to you, doesn’t trust you, it is up to them, you don’t blame them. They could open up to another person which is very okay.” (Social worker 4, Follow-up)

The management’s strategy to tackle these burdens are (a) giving the children sufficient time to settle and come into contact with the social workers and (b) one-on-one counselling. With regard to the latter, the management states that such counselling is crucial as:

“The caregiver can break through a child and get a certain info and will be able to help the child to make a decision. It will not be in a group, it will be in those one-on-one counselling sessions because only in the one-on-one sessions a child will be able to trust the caregiver and will be able to reveal information about themselves and eventually get to go home.” (Manager 2)

However, social workers have noticed that often children are also willing and open to create a trust relationship with the social workers. This as in other communities the children have had made the experience to be looked down at and stigmatized as thieves, poor people or dirty.

As the social workers comfort the child, guide them and counsel them, the children receive the feeling to be treated by the social workers in a different way than they have been treated by other community members on the street. For this, children are grateful and therefore often willing to create bonds with the social workers. A social worker illustrated this aspect as follows:

“On one of our feeding days once I tapped a child I knew from the street on his shoulder and said: ”How are you?”. He ran away before he looked at me but then again when he looked behind to see who it was and when he saw that it was me, he ran back towards me and hugged me. And I realized that there is some attachment to build with these children.”
(Social worker 3, Follow-up)

2. Time

According to the social workers, spending sufficient time with the children is essential. Only as time passes, children open fully up and the factual living circumstances and problems are revealed. If counselling is based on a short-time period, children tend to not fully open up and therefore social workers cannot assist them in making important life decisions. The importance of time has been figuratively illustrated by the following story of a social worker:

“A child told us that his parents died and it had no existing family members. [...] His story remained consistent until for 4 months –5 months. [In preparation for the re-integration] which lead us to [the village] where they buried his parents. When we arrived the parents themselves welcomed us in the village –all were still alive. This boy was covering up but that he had 5 chickens from the village. [...] We worked out the issues and we started to dialogue. Finally there was a successful reintegration of this child.” (Social worker 1)

The management confirms the importance of the role of time:

“[Often we say]: Let’s give this child more time” and we have seen that if you give some time, than they eventually start revealing certain information that was being hidden. So it does have a very strong bearing.” (Manager 1)

Social workers often have to gain access to the child by slowly approaching him in daily activities, such as playing with the child:

“Usually I record the conversations while playing and I start making connections and I started him asking slowly and slowly and he opened up. Now he is at home. Spending time issue is very important.” (Social worker 1)

Spending time with the children is inter alia realized by group discussions, which take place twice a day; in the morning and in the evening. The social workers see the group discussions as a way of parenting, in

which the children shall be enlightened about their future, their life skills and what they need to know to move on with life. Topics for discussions are resilience, conflict resolution, setting goals,... etc.

If the social workers realize that there are some children who need more clarity on the discussions, one-on-one counselling sessions are applied. In these one-on-one counselling sessions the social workers strive to convey that even though something went wrong in the children's lives, they can still draw a new life journey and start a better life. The main goals are to make them understand that it is not the end of their lives and to give them hope.

However, the endeavours of the social workers are often hampered by reluctant behaviour of the children (may it be out of fear from adults due to traumatic experiences or by "*I know it all character*" due to the street surviving skills which had to be learned at young age).

The social workers try to overcome these burdens by specific strategies, which base on mutual respect and rewarding systems (so called start charts²). This system is in line with Rogers' approach of unconditional positive regard, meaning the children are appreciated and loved for who they are without conveying disapproval. Positive regard means complimenting the children on a regular basis so that they are able to regain their self-esteem. It also means the willingness to attentively listen without interruption or judgment or giving advice.

According to the social workers, this principle is crucial for the work with children:

"[The reward system] causes a lot of impact. [At] the end of the moth we choose the best behaved child." (Social Worker 4, Follow-up)

Prior, also a negative system was in place, which sanctioned bad behavior by showing children a "red card", ultimately resulting in banning the child for 2-3 days from Retrak. In the light of Rogers' theory red carding a child is not in line with unconditional positive regard; from this perspective, such system would be detrimental to the re-integration process. This thesis was confirmed by the social workers:

"This theory [red-carding] was wrong – the red card to move out were exposing them to more harm. It could not give a chance to give unconditional positive regard." (Social Worker 1)

Disciplinary measures therefore were replaced by a self-empowerment approach:

"This particular misbehaving child needs to help himself." (Social worker 1)

Also children with a problematic background are more often taken into one-on-one counselling session:

² Each child has their name put up on a chart stars in different colors are awarded for specific behavior.

“Instead of being withdrawn, we really make that special attention to that child.” (Social Worker 2)

In order to ensure that social workers spend sufficient time with each child, timetables and attendance books are kept. Further, counselling registers are kept in order to ensure that the social workers spend sufficient time with the children.

With regard to Roger’s second approach “empathy”, social workers showed different perspectives ranging from rather critical to rather positive.

Some social workers explained that their position is to strengthen the child; in their perspective this cannot be done by empathizing but by supporting the child:

“You don’t sympathize with them to just cause more harm but you build the capacity to bounce back from their state where they come to face the challenges.” (Social Worker 3, Follow-up)

“I don’t approve to such an approach where you pour out yourself or telling stories to help the others.” (Social Worker 1)

The management however, strives to convey a certain awareness of the situation of the children to the social workers. Especially, the management provides statistics and empiric background on figures and reasons of child homelessness. Further in these meetings, the management intends to illustratively describe the living situations of the children in order to gain a deeper understanding of the children’s life circumstances. By doing so, the management intends to ensure that the social workers exactly know their target groups:

“I was sharing with them the reasons why children come to the streets. [When] you go down there and see where the children stay and see the conditions these children live in, that’s when you will understand what they are going through. You will be able to understand and accept them and just help them [...].” (Social Worker 2)

The social workers, who took a rather positive stance to empathy confirmed with the management’s position. These social workers see their role as part of their profession to understand the children and put themselves in the child’s shoes. However, when the children are talking about their problems, these social workers see it as crucial to remain steadfast:

“When they tell you what kind of mistreatments they have experienced, instead of breaking down and crying, you must have to be strong enough to make this child also stronger. So we try as much as we can to keep our own emotions away from these children. We really

try to be as professional as we can and as realistic as we can. We don't want the children to feel much more vulnerable. All our efforts is to make the children feel like there is hope. They can start new and have it better. It is not the end of life. They are still better things they can do. We try to make them much more resilient in all our activities.” (Social Worker 4, Follow-up)

When hearing the stories of the children, social workers try to stay as professional as possible, try by all means to be calm, listen to the child and to put themselves in the shoes of this child but also to control their emotions.

Social workers have discovered that the re-integration process is facilitated by referring the children to others who have gone through similar experiences:

“By bringing up these kinds of examples, you will be helping a child to have now hope. Because he might think: “I'm the only one who has gone through this and no one else can help me” But if he sees that also others have been through what he has been through and he sees that they have accepted to be helped and how they overcame the situation, he can also be helped. He understands that life moved on and that he can still lead a better life and become a better person.” (Social Worker 3, Follow-up)

The third element of Rogers' theory, congruence (meaning that the social workers appear genuine to the children. They don't appear as professionals towards the children but rather as human beings who have a genuine interest in the wellbeing of the children), social workers put special focus to include this aspect in their work. Social workers play with the children, speak with them on a daily level, take meals and give them advice in case the children need help. However, even if some children tend to reflect a subsidy family in the social workers, the social workers pointed out that they still strive to act professionally in all activities:

“Even when I'm playing with these children, [...]. I play in a way that is professionally acceptable. Of course it is not good to always remind these children of the professional social worker that you are. In some situations, they want us to behave as if we are their mother, their sister, their playmate and you do that but of course the profession guides all these activities.” (Social Worker, 4 Follow-up)

Furthermore, the management has introduced certain rules, which shall ensure congruence. For example, a decision was made that social workers should receive the same meals and share the dinnertime with the children. Before this decision, social workers were often bringing food from outside, being of better

quality than the food, which was served to the children. Further, formal dressing codes for the social workers were abolished.

“If you are going to sit with someone who has really bad clothes on [...], you will sit there on the ground next to the child so meaning you have also to put on comfortable clothes [...]. It’s just basic things but they mean a lot.” (Social Worker 2)

4.4.3 Conclusion

Through the interviews conducted with the social workers, it could be verified that they are aware of the theoretical background of the social work practice, especially with regard of the factors time, trust and therapeutic relationship. Social workers pointed out that they work towards creating bondages to the children and to spend sufficient time with them in one-on-one counselling. This shows that social workers follow the attachment theory as coined by John Bowlby. The most important tenet of attachment theory is that an infant needs to develop a relationship with at least one primary caregiver for the child's successful social and emotional development, and in particular for learning how to effectively regulate their feelings. Through one-on-one counselling session, social workers strive to create a secure attachment (Ainsworth 1967) meaning that the children feel they can rely on their caregivers to attend to their needs of proximity, emotional support and protection. To do this, social workers pointed out that the children need enough emotional resources, which are to be provided by the social workers; this is mainly done through talking therapies in one-on-one counseling session.

By these counselling sessions, the element time in sense of Rogers’ theory is adapted. However, similar to the children’s perception, social workers declared that due to understaffing and administrative burdens, the social workers cannot provide such time-resources as necessary for a profound re-integration work.

Further, endeavours have been made to also include the aspects of therapeutic relationships into the work with children. This is mainly done by positive feedback, by enabling the children to discover their abilities and their personality and by providing support in strengthening their abilities. The management and the social workers are aware of the importance of congruence and have taken respective measures.

Still, the aspect of empathy has been evaluated differently among the social workers. With regard to empathy the interviews with the children showed, that the existence of an attachment bond and a trustful relationship is crucial for sharing personal issues.

Overall, it can be stated that the elements of trust, time and therapeutic relationship are included in the social work at Retrak. A main method for mediation of these elements is the one-on-one counselling.

However, there are still areas, which could be improved, including the frequency of one-on-one counselling, the time spent with each of the children and expert counselling.

4.5 Effects of Retrak's emotional & psychosocial support

In order to provide recommendations on how caregivers could improve the current methods of emotional and psychosocial support the current and former emotional states of the children were identified in the following section.

4.5.1 Introduction

To provide recommendations for the improvement of the social work practice, it is necessary to evaluate the current state of the art and the current success of re-integration at Retrak.

Even though Retrak itself keeps track on the success rate for re-integration (89%) (Retrak 2015), the single factors, which contribute to the re-integration are not separately evaluated. For the purpose of this thesis, the potential impact of emotional support for preparation of re-integration is of especial interest. In order to evaluate the impact of this aspect, the following approach was taken: To evaluate the current state of social work with regard to preparation of re-integration process with regard to emotional support, FGDs have been conducted with the children, in which they were asked to describe certain emotions before coming to Retrak and after staying a while at Retrak.

4.5.2 Children's current & former emotional states

In the beginning of the Focus Group Discussions, the 6 basic emotions by Ekman were introduced to the children. All children were asked about their current emotional state as well as their emotional state in the past. As the emotions of the children are inter alia influenced by emotional support provided, the thesis was drawn up, that by comparing the different statements on the emotions before and after coming to Retrak, the progress and success of Retrak's work with regard to emotional support can be visualized and evaluated.

The children were asked about the following 6 primary emotions:

- 1) Fear
- 2) Anger
- 3) Happiness
- 4) Sadness
- 5) Excitement
- 6) Disgust

Ad 1) Fear

In the following table, the factors mentioned by the children triggering fear in the past and in the presence are grouped and categorized. By doing so, the following ‘main fears’ were identified:

Table 5: Fear- Overview

Former factors triggering fears	Current factors triggering fears
<ul style="list-style-type: none">Physical and sexual abuse (Being beaten by the police, parents, street kids, being killed, being robbed)	<ul style="list-style-type: none">Fear of failure of re-integration
<ul style="list-style-type: none">Fear of life-threatening conditions on the street (Being raped on the street, by policemen, by the father Starving, sleeping on the street)	<ul style="list-style-type: none">Disturbing social relationships (Annoying the caregivers, hurting the caregiver’s feelings, Fighting with friends)
	<ul style="list-style-type: none">Falling back into old habits (Being chased out of Retrak, Being tempted to steal other people’s properties)

Former factors triggering fears

It could be identified that the children’s former fears considered most severe impacts on their physical integrity (street violence, domestic violence, police violence) and the fear of being killed.

Besides physical abuse, the majority of the girls mentioned to have feared to be sexually abused while sleeping on the streets by a passer-by, by family members or after being taken to the police station.

Also life-threatening situations tightly connected with the life on the streets triggered the emotion of fear (e.g. not having a place to sleep, not finding food etc.).

Current factors triggering fears

Several children shared the fear that re-integration might fail (e.g. to be physically abused after returning home by their family members). Several children assume that the parents’ violent behavior will not have changed and they will be physically abused again.

The majority of children stated that they would fear to disturb the newly created social relationships (e.g. annoying the caregivers, misbehave at the center by fighting with their friends or stealing the staff member’s properties, hurting the caregivers feelings). With regard to misbehavior the children also explained to fear to be ‘chased out of Retrak’ by the caregivers if they do not comply with the rules.

Ad 2) Anger

Table 6: Anger- Overview

Former factors triggering anger	Current factors triggering anger
Lack of basic care (Eating from the dustbin, going to sleep hungry, Receiving no food at home)	Lack of privacy (being disturbed by others)
Violation of physical integrity	Unfair behavior (being treated unfairly, being accused for no reason, being yelled at, being not listened to by the caregivers)

Former factors triggering anger

Numerous children declared that the lack of basic care and nutrition made them feel angry. However, after reaching the streets the children mentioned to have struggled to find food more than ever. In this context, many children explained that the feeling of hunger at night would make them angry as they would find no sleep with an empty stomach.

Several children pointed out the fact of getting sick each time after eating from the dustbin, which made them angry as they had no other choice other than staying hungry.

Further the children explained that being physically abused for no reason, being yelled at or being raped would make them very angry.

Current factors triggering anger

After joining Retrak, the children declared that lack of privacy and unfair treatment made them feel angry. Especially the children stated that anger is triggered, if they are yelled at and are accused for no reason or if caregivers do not listen to them.

Ad 3) Happiness

Table 7: Happiness - Overview

Former factors triggering happiness	Current factors triggering happiness
Joining Retrak	Fulfillment of basic needs
Fulfillment of basic needs	Positive regard
Spending time with the family	Hope
Playing (with siblings, friends, parents)	

Former factors triggering happiness

The children often stated that in the past they had no feeling of happiness. It has been mentioned, that happiness was felt when they were able to survive on the street and could fulfill basic needs such as receiving food and having a place to sleep. As happiness factor children mentioned the joining of Retrak and spending time with family and friends

Current factors triggering happiness

Besides coverage of basic needs (e.g. having food and water to drink, receiving medication, having a place to sleep and a blanket to cover oneself) children now enjoy spending time with caregivers, receiving advices from the caregivers and interacting with them. Getting encouraged by caregivers especially triggers happiness. A factor for happiness is also the hope of family reunification.

Ad 4) Sadness

Table 8: Sadness - Overview

Former factors triggering sadness	Current factors triggering sadness
Violation of physical integrity	Not attending school
Lack of basic needs	Lack of privacy
Lack of education	Lack of respect
Not being cared at by the family	

Former factors triggering sadness

Formerly, the children's triggers for sadness were mainly caused by the hardships of street life (lack of basic care, lack of nutrition; lack of hygiene, lack of housing) and by being separated from the family.

Current factors triggering sadness

Currently, the children feel sad, that they cannot attend school, that they are treated with disrespect or by being verbally abused.

Ad 5) Disgust

Table 9: Disgust- Overview

Former factors triggering disgust	Current factors triggering sadness
Fighting	None
Violation of sexual integrity	
Drug abuse	
Remembering mistreatments	
Being forced to live on the streets	

Again the main factors for disgust were formerly connected with the hardships of living on the streets and were mainly triggered by street violence, by procurement of nutrition, by unhygienic living circumstances and by drug abuse. Now the children did not indicate that they are feeling disgusted.

Ad 5) Excitement

Table 10: Excitement - Overview

Former factors triggering excitement	Current factors triggering excitement
Education	Prospect of Re-integration
Social Relationships	Social Relationships
Fulfilment of basic needs	Fulfilment of basic needs
Joining Retrak	

Former factors triggering excitement

Formerly, the children were excited when their basic needs were met (e.g. earning money, finding a safe place to sleep) and when they could interact in a social environment. The social environment mainly comprised other street children. Most of the children stated that talking to friends, playing with them or having a fun time with them would excite them. Also many children found it exciting to join Retrak.

Current factors triggering excitement

The excitement factors mainly remained the same but the focus shifted. Intact social relationships remained an excitement factor, however while formerly other street children were the main contact persons, the social worker took their place now. Children are now excited when interacting with the social

workers (e.g. playing with them, talking to them, seeing them happy,... etc.). Also the children feel excited about having a safe environment. Having the prospect to return to their families and start a new life triggers in a majority of children feelings of excitement.

4.5.3 Conclusion

By comparing the triggers for emotions, it can be demonstrated, that Retrak has a positive impact on the life of the children. In the past, the negative feelings were mainly triggered when the children when they experienced existential impacts. Most negative emotions were connoted with impacts on the children's physical integrity by lack of basic needs and by negative connotations connected to living on the streets. The children's former emotions have been replaced by less severe triggers for emotions. The emotions are now triggered under circumstances, which also non-street-children regularly experience.

The comparison therefore leads to the following conclusions:

- One of the most crucial factors to normalize the children's state of emotion is to provide basic care for existential needs and provide shelter against physical harm. As most triggering factors for emotions were connected to the hardships of street life, it is vital to provide to the children such standard of care that the respective life threatening conditions are diminished and erased. Therefore, Retrak's care for the children's basic needs is a relevant success factor for reintegration.
- By providing basic care and shelter for the children, the children are put in the position to not have to manage the everyday survival but to reflect on their deeper emotions. As can be seen by the comparison charts, these deeper emotions mainly concern the children's social life. As the children now have found a place in which they can live the life of "carefree children", attachment to the person interacting within this environment is created. The children therefore are able to create social bonds. The main negative emotions after staying at Retrak concern the disturbance of these newly developed social bonds. The children fear to disturb their relationship towards their fellow mates and the social workers.
- As the children's main negative emotions after staying at Retrak concern the disturbance of their social relationships it can be induced, that the social workers' engagement of supporting the children emotionally and building a trust relationship is mirrored on the side of the children. The children see the social workers as contact persons who helped them to overcome the hardships of street life. Therefore, the relationship to the social workers has become a vital social connection for the children.

- Further, one of the main major triggers for negative emotions is the children's fear for being not able to further develop their skills and abilities. Children develop negative emotions when thinking about being not able to go to school or by not being encouraged by the social workers. It therefore can be shown that through the support received at Retrak, children are also empowered. By being given the chance to get basic education, the street children gain a perspective of living a better life in the future. Yet, by only providing for basic care and for possibility for education, the empowerment cannot be fully achieved. The children stated that they feel sadness or anger if they are not respected, not encouraged or not listened to by the social workers. Consequently, it may be inferred that it is crucial for the children to get positive regard by the persons they are attached to in order to fully develop their potentials.

4.6 Challenges for service providers

4.6.1 Management's perspective

The managers interviewed stated, that the work of them is negatively affected by the following factors:

- Understaffing: due to the lack of staff, social workers are not able to give the children all the time that they require.

Further, from the management's point of view, it is necessary to create some sort of stability in the children's lives and to provide daily routine. Therefore, day programs are made available to the children. However, due to the understaffing, the social workers sometimes cannot meet the schedule; creating inconsistencies with the day program, which in return detrimentally affects the children's process of learning to get stability into their lives.

- Lack of experts: the management pointed out, that Retrak lacks experienced experts of different fields of science (psychologists, medics,... etc). The main staff consists of social workers, who – for certain problems the children are confronted with – lack the necessary education. Several children suffer from deep traumas, which cannot be sufficiently handled by social workers due to the lacking expertise. This leads to the result that such children are not opening up and cannot be helped as a consequence.

- Underfinancing: Due to the lack of financial support, Retrak finds itself unable to hire more social workers or experts.

4.6.2 Social worker's perspective

The social workers interviewed stated that their work is negatively affected by the following factors:

- Lack of psychosocial treatment for the social workers: A majority of social workers claimed that the work with children is highly stressful and emotionally draining. Therefore, it was pointed out by all interviewed social workers that they appreciate if they can speak about their experiences during the work with other social workers or their superiors.

When asked how to improve the emotional and psychosocial support for caregivers, it has been pointed out that an institutionalized personal consultation (e.g. regular visits by external psychologists, talking sessions,... etc.) for social workers would be beneficial.

According to the social workers, the lack of consultation negatively impacts their work:

“If you have a personal burden you cannot help” (Social Worker 2)

- Lack of specific education: All of the social workers at Retrak have a degree in social work, which was conferred after a three year study. Further, the social workers attend refresher courses and psychosocial courses. However, these sessions are held only twice a year. When asked, if the social workers feel that their education is sufficient to provide the services needed, social workers explained that the children’s problems often concern their mental health. They pointed out that to provide a suitable treatment for mental health issues professional consultation by psychologists would be needed. However, social workers regularly do not have such specific education which requires a different education (namely most likely of medicine or psychology) . Therefore, they often feel overwhelmed to provide such advice which is in the best interest of the child.

- Lack of expert staff: Children who have experienced traumatic life situations are in need of experts who together with the child try to overcome these issues. Psychologists or other experts can often only provide such therapy. Retrak does not employ sufficient staff, so that external experts need to be engaged. However, lack of funding prevents the sufficient engagement of such experts.

“[...] We have at times engaged [psychologists] but they are very expensive. It can up to 1 million Shilling for just one child to get professional psychological help. [...]” (Social Worker 1)

- Lack of infrastructure: Children with disabilities need special protection and support. Yet, according to social workers, Retrak does not have the capacity to work with children with special needs.

- Lack of outreach to children who are still living on the street: According to the street workers some programs of Retrak (e.g. Open Feedings) provide possibility to get to know children on the street but fail to create such attachment that children are supported on an emotional level.

“I think Open Feeding doesn’t impact much- it only brings children here- it’s more kind of an outreach practice but it doesn’t give the psychosocial support for children. It only gives outreach numbers who come in.” (Social Worker 1)

- Understaffing: due to heavy workloads, social workers cannot mobilize sufficient capacities to create attachment with the children. Therefore, emotional support cannot be provided in the amount needed.

“[...]during the day [...] so many other children [come] in the drop ins and they just hang around here and they are just looking for somebody they can talk to, somebody who can guide them and help them in their lives.” (Social Worker 3, Follow-up)

- Underfinancing: In order to provide services to the children and their families (especially at the places the families of the children are living, which may be far from Kampala) sufficient fundings are necessary. According to the view of social workers Retrak has to fight for financing. At the current financing level, social workers feel that they cannot provide sufficient emotional support.

“We pray and seek for more funding. It’s a barrier sometimes if we don’t have enough money to do the business.” (Social Worker 2)

Underfinancing hinders to engage in several therapy methods (e.g. play therapy, music therapy, drama therapy) which the social workers found beneficial *“to read the minds”* of the children and which assist in the re-integration process:

“We don’t have the expertise to conduct these therapies. For these children who engage in drama or music therapy, we have a team that comes with a band once a week, but that’s not enough. If this would be incorporated in the project, building relationship could be built faster and it would help the children to build self-esteem.” (Social Worker 1)

The above-mentioned factors concern mainly a material aspect.

Yet, with regard to an immaterial factor, social workers have pointed out the following issues which hamper and inhibit creating an emotional relationship with the children:

- Addiction: As children often abuse addictive substances, social workers find it hard to gain attachment to these children. The social workers declared that these children need special care and much needs to be spent on them.

- **Disabilities:** Children who have mental or physical disabilities cannot be treated as well as children without disabilities, as funds, capacities and experts are missing to engage with them. Thus, children with disabilities are often harder to approach for the social workers.
- **Behavioral problems:** As the children learned to survive on the streets, abiding by rules is often a process, which needs to be slowly learned. Social workers experience drawbacks due to children's problems of abiding by rules. To overcome this burden, social workers make use of reward systems or try to spend sufficient time with these children.

4.7 The Role of the Ugandan Government

The work of the caregivers is also shaped by external factors, including inter alia the legal environment in which they execute their works as well as directives prescribed by authorities. To investigate the current legal framework in which the caregivers are working, an interview with an official of the Ministry of Gender, Labour and Social Development was conducted.

4.7.1 Psychosocial support for street children

The Ministry has developed a national training manual covering psychosocial support in the work with orphans and other vulnerable children, the so called "Uganda PSS Manual".

The Uganda PSS Manual comprises the "National OVC policy", which serves as minimum standard. The guidelines within the PSS Manual focus on different aspects for the work with OVC (e.g, education, housing,... etc.), whereas psychosocial support is a mandatory component in every of these standards.

However, there is no specific working guideline in place for the aspect of emotional support of street children. Yet, According to the Ministry, a collaboration was found between AfriChild Center, UNICEF and the child protection working group, to elaborate an agenda on the aspect of emotional support for street children. According to the Ministry, this agenda

"[...] has priority, because we do need the information and evidence. I think specifically for street children we have no comprehensive study." (Official of MGLSD)

To bring the contents of the manual to the knowledge of the social workers, the Ministry promotes trainings for OVC service providers. For this purpose the Ministry provides the trainers to the institutions.

Even though these trainings are non-mandatory, the Ministry encourages the institutions to attend these trainings.

4.7.2 Development of the National OVC Policy

Even though the Ministry acknowledged that the interaction between the Ministry and the institutions are little, once the works of the institutions have started, some of the institutions approach the Ministry to discuss their working methods and understanding of the set of rules they are working in. In case these discussions are fruitful, practical aspects of the works are included in the further policy making processes of the Ministry with regard to orphans and vulnerable children.

Further, the Ministry regularly engages in so called child protection working groups to identify areas which need to be focused on:

“we sit down, we can identify issues, topical issues, areas where we need training [...]. The child protection working group brings us together, Retrak especially is a member of this- so if there is an issue they want to bring on the table, it is there and we discuss it in the child protection working group and if it is acceptable we agree to it” (Official of MGLSD)

Therefore, the Ministry strives to include the practical experiences of the institutions in the development processes.

4.8 The Role of Regional Psychosocial Support Initiative

4.8.1 Introduction

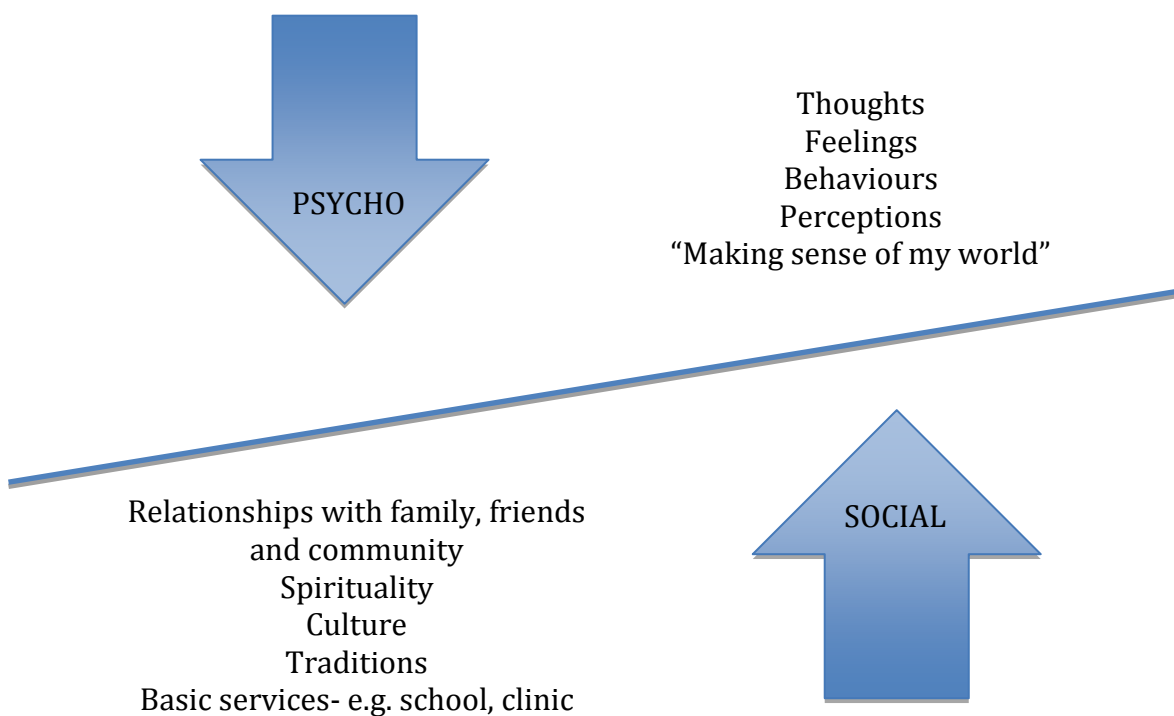
REPPSI (Regional Psychosocial Support Initiative) is a government-funded organization which focuses on providing psychosocial support to different entities such as the Ministry of Gender, Labour and Social Development, organisations working with vulnerable children, communities,...etc.

Further, REPPSI provides trainings for social workers interacting with vulnerable children in order to ensure that psychological aspects are included in their work. Therefore, an interview with a representative of REPPSI has been conducted to inquire how REPPSI's work could potentially assist Retrak.

4.8.2 Provision of emotional and psychosocial care

From a theoretical point of view REPPSI is based on the *Bronfenbrenner's System Theory* as they center the children in their works. REPPSI strives to provide a continuum of care covering the basic, emotional, social, intellectual and spiritual views of the children in care. Further, REPPSI focuses on capacity building (HIV intervention, economic intervention strengthening, child protection systems strengthening,...etc.), whereas psychosocial care and support is always considered. This strong inclusion of the psychosocial support, comes from REPPSI's understanding of the "Scale of psychosocial support". REPPSI recognises that *"if there is an imbalance in the emotional wellbeing [...] then the social aspect can't balance the manifestations on the other side"* (Representative of REPPSI) (see illustration 4 below).

Illustration 4: Scale of psychosocial support



(Source: REPPSI 2011, p.8)

In order to provide effective support for children, REPPSI analyses push- and pull factors for homelessness among street children (e.g. harsh living conditions, police violence, sexual assault,... etc). REPPSI is of the conviction, that by tackling these push and pull factors the roots for homeless among street children can be extinguished, whereas emotional support plays a major role:

“[...] we believe that, even if you give them [...] economic support [...] you have to look at the emotional well being of the child, at the factors: love and support- because the physical beating still remains.” (Representative of REPSSI)

This approach considers, that even if economic support is provided, violence against children often prevails. REPSSI therefore also strives to provide certain emotional support for the parents of the children (e.g. by talking to them about their problems).

With regard to street children, this aspect is of especial importance when it comes to the re-integration of the child into its former social structure. Hence, in the process of re-integration it is essential to *emotionally prepare, both, the family and the child for the re-integration.*

Prior to the re-integration REPSSI strives to build a trust relationship to the family members and provide basic parenting skills, in order to prevent the re-installation of the push& pull factors. REPSSI compiles separate action plans for each of its cases. This as every single child and family has had its own story, which lead to the situation they are currently living in:

“[...] you have to look at this child as an individual, because they are completely unique. For example, one child is on the street because he ran away from home, another child is on the street to beg for money for example for their mum- the sex worker. It is even a double tragedy: during the days begging, getting tortured and at night again seeing the business of the mother –it’s the same room, getting tortured again. And it’s worse when this young child is even a girl. She might have to do the same business as her mum with the clients and all that [...]” (Representative of REPSSI)

4.8.3 Methods of delivering skills to families

In order to ensure that children and families are put in the position to resettle the current problems, REPSSI use several tools of knowledge transfer. Most of them are based on a practical approach:

- Groups discussions to discuss current problem fields in the work and possible solutions;
- “Comital Conversation”: service providers draw up an “Action Plan” that is suited to the problems of the families which whom they work. The Comital Conversation intends to show the persons involved that some of their issues can be solved by themselves rather than by external interference.

“We have to make the parents realize and we believe that we have to show the parents. But often the caregivers working with the families don’t realize themselves. Because you give what you have. They are stressed, they are banned out, things are not working out.”

(Representative of REPSSI)

However, REPSSI has made the experience, that re-integration is often counter-acted by lacking parenting skills of the parents, which result from traumatic experiences they have encountered. Caregivers can only “*give what they have*”. It is therefore essential to also provide emotional relief for primary caregivers themselves in order to exterminate push and pull factors:

“[The caregiver] go even through hardship, [and] are stressed. And by being stressed they end up transferring those emotional abuses to children. So you have to prepare the parents.” (Representative of REPSSI)

4.8.4 Trainings for social workers

In order to make the social workers acquainted with the theoretical background of REPSSI’s work, they provide certain trainings to them, consisting of:

- Project related, practical trainings
- follow up- coachings
- “country facilitators” and
- psychosocial assessment tools, providing emotional support for the social workers.

4.8.5 REPSSI in the policy making process

REPSSI is part of the Child Protection working group. In this role it provides general recommendations to the MGLSD. It also engages in the refining of social workers manuals together with the MGLSD.

Currently, REPSSI engages in the re-drafting of the social workers manual, as the current one has been high-level and social workers have reported practical problems in applying the rules. In this work, REPSSI strives to include the aspect of emotional support in the programs.

Further, it provides trainings to several NGOS and GOs which are engaged in the social work with street children. It especially provides support in compiling, GO’s and NGO’s Action Plans. The progress of the work is regularly checked up by REPSSI namely by trainers’ reports, case scenarios, follow up trainings and interactive platforms, which are also used to connect social workers.

4.8.6 After Retrak – Reintegration

The main goal of Retrak's work remains the successful re-integration of children into family structures. Reintegration means to reinclude the children who have formally lived on the streets or outside of their natural or social family structures within an environment, in which these family structures can be rebuilt. This can be done through reincluding the children within the family structures they have come from or include them within foster care/ adoptive families. Moreover, reintegration can also consist in providing the children with the capacities to live a self-determined life. (Shukla 2005)

Even though this thesis focuses solely on the preparation phase for re-integration, a spotlight should also be shed on the re-integration phase. The success-rate of Retrak's work has been evaluated in the Final Evaluation report of “Uganda street child reintegration, foster care and family support” project 2015.

In this evaluation it has been found out that over a five year period, 850 street children living unsupported on the streets have been enabled to realise their rights to services (health care, education/skills training, psychosocial support) and have been reintegrated into a family context (with relatives or foster carers). Further, Retrak's work proved to be rather successful when evaluated on a one-year perspective: the 65% threshold of re-integration success rate and 60% of the children being placed in foster homes has been more than met with a success rate of 89 %. (Retrak 2015) Therefore, Retrak can refer to a highly successful re-integration rate. Therefore, Retrak can refer to a highly successful re-integration rate.

However, it has not only been pointed out by this thesis, but also by the evaluation report that one of the most prevalent challenges is to increase the capacity of caregivers and foster carers to fulfill their responsibilities to the children under their care in the realms of care, protection and provision.

Even though the report concludes that the child care skills of caregivers has tremendously improved and that they were using these skills to provide better care to the children, some gaps have been identified.

It has been shown by the interviews conducted with the caregivers, that it remains a challenge to deal with children who need special attention, may it be as they have mental health issues, have medical problems or are addicted to certain substances.

Special trainings would be required to provide fitting care to those children. It should further be critically mentioned, that specialized care for those children can often be provided only by professionals who have absolved respective studies (e.g. psychotherapists, medics,.. etc.). (REPSSI 2010) Special trainings can enhance but not fully replace this specialized knowledge. Therefore, it should be considered to engage specialists who support the caregivers on a specialized level. Also institutionalized programs which help social workers to cope with challenges they face during the work has would enhance the quality of care provided.

Chapter V

Conclusions & Recommendations

5.1 Conclusions

5.1.1 General conclusions

In Chapter IV the theoretical framework of emotional support in the re-integration process has been put into contrast with the results of the interviews conducted with the children, the social workers and the management at Retrak. Especial focus was put on the question how Rogers' theory of a therapeutic relationship as well as the relevant factors vested in the attachment theory of time and trust are being transposed in the social work of caregivers.

It could be identified that the social workers as well as the management level is aware of the theoretical framework and that efforts are put into transforming the theoretical findings into the social work practice. Under consideration of the attachment theory and the crucial impact of spending time with clients to create a trustful relationship, a focus of the interviews was put on how it is ensured that enough time is invested in the children.

Both the social workers and the children stated, that spending time is a major factor in the re-integration process, as only through speaking to each other allows children to open up and to overcome their traumatic experiences. In practice this is done through one-on-one counselling.

Due to understaffing, financial discrepancies and lack of experts, social workers pointed out that they can neither provide sufficient one-on-one counselling nor afford to engage psychologists, psychotherapists or other experts who could provide specified therapeutic support. On the side of the children, it could be also identified that they feel that not sufficient time is spent with them, whereas in this aspect a gender gap prevails: a majority of the girls stated that they want to spend more time with the social workers.

Under the aspect of creating a trustful relationship to each other, the one-on-one counselling takes an important role. During these sessions children can open up, talk about their traumatic experiences, their future plans and strategies to achieve them.

As social workers claimed that during these sessions they are striving to encourage the children and build their self-esteem. Social workers therefore take the position as "substitute mother/father" creating thereby a family-like attachment to the children. Various studies have shown, that creating such attachment is a major factor for a successful re-integration (REPSSI 2010) .

During the session the social workers strive to encourage the children in order to give them positive feedback and create an optimistic picture of the future for the children.

When talking to them, the social workers pointed out that they either feel with the children, try to put themselves in “their shoes” or impersonate someone the children can rely on.

Social workers explained that they want to be easily approachable for the children, even though a minority of the children claimed that the social workers are not available whenever necessary. When talking to the children, the social workers pointed out, that no hierarchical structure prevails, but that children should see the social workers as one of them. Therefore, dress codes were abolished and social workers join the children for the meals.

These aspects contribute to creating a therapeutic relationship according to Roger, in which a focus on positive regard, empathy and congruence is put.

However, both, the children and the social workers declared that the therapeutic relations cannot be fully transposed and thereby the re-integration process is hindered.

From the children’s perspective especially age and gender gaps could be identified.

While the female children pointed out that more one-on-one counselling sessions would be necessary, a relevant part of the male in the age group of 14-17 felt not loved and understood by the social workers; therefore some of the boys answered that they try to settle problems with themselves or within their group of friends.

Resultantly, the interviews showed that the caregivers’ work is dominated by creating a loving and trustful relationship with the children. This is done in the awareness, that the children only make use of their potentials and overcome their traumas, which leads to their re-integration if they have persons, whom they can trust and turn to resolve their problems.

However, traumatic experiences make it necessary that experts, such as psychotherapists and psychologists work with the children to enable them to overcome their past and start a better life. Underfinancing prohibits such professional help; to overcome this barrier financing structures should be found. Until then caregivers should focus on providing especial support to those children who tend to close up towards adults, i.e. such children who are in the phase of puberty, who are abuse addictive substances or who have been severely traumatized and have problems to trust adults.

5.1.2 Conclusions on the support of the Ugandan Government

Even though guidelines for psychosocial support of vulnerable groups are in place (OVC policy), a comprehensive strategy for the emotional support of street children has not been yet enacted. Despite the guidelines in place that ensure that basic aspects of emotional support are considered in the work, it may be beneficial to implement a guideline which specifically focuses on the emotional needs of street children.

Conglomerating, all vulnerable groups in the guidelines may lead to the need to generalize the recommendations. This again, may result that the specifics of the work with street children are not sufficiently considered.

However, as street children have very distinct backgrounds, which differentiate them from other vulnerable groups, a specific focus on their needs may result in better and faster re-integration.

It should be further noted, that the trainings on the standards are non-mandatory. In order to ensure that the service providers are working on the same base of knowledge and know-how it should be considered to provide for mandatory trainings.

5.2 Recommendations

5.2.1 Introduction

It can be demonstrated that Retrak has a positive impact, as the children are not longer concerned with surviving in life threatening circumstances and have to worry about existential questions. Furthermore, the emotional state has been stabilized in such a way, that children are concerned with self-actualization.

However, even if Retrak has a positive impact on the children's life, several factors exist, which are currently not considered to such an extent as it would be necessary. By this fact the re-integration process is slowed down and may not reach such success as it potentially could.

One of the highest goals in the therapeutic work is to enable the child's potential of self-actualization. The children should desire to fulfil their potential and to succeed at their highest possible capacity.

Self-actualization takes place, when individuals reach their respective potential and achieve their life goals. In particular, in order to achieve self-actualization the person's "ideal self" must be congruent with their "self-image".

The current work of Retrak is focused on providing basic support for the children and creating bonds with them. As the latter factor can be extremely time-consuming – especially under the consideration that

children have made traumatic experiences with adults and therefore tend to mistrust them – the step towards self-actualization may often be put in the background.

Self-actualization requires a large amount of positive feedback, of spending time with the children to identify their strengths and abilities, to coach them on methods how to make use of them and to provide respective resources and education.

Nevertheless, this process is time-consuming. Under the current situation of under-staffing, heavy workloads and lack of experts in different fields of science, social workers are often left in a situation in which they cannot provide the support which would be needed by the children.

In the following section, recommendations have been made for the current situation on how to enhance the relationship between social workers and children and to deepen the emotional bonds between them. The purpose of these recommendations is to give the social workers guidelines to better engage with the children and create a trustful relationship. By doing so, the time of creating bonds can be reduced, so that more time can be spent on achieving self-actualization.

Besides these immaterial factors, naturally enough also fiscal aspects would need to be considered. Sufficient staff and experts could definitely improve the work with the children.

5.2.2 List of Recommendations for Social Workers

- 1) Smile at the children more often. Smiling at the children does not only give them the feeling of being acknowledged but also shows affection towards the children.
- 2) Hold eye contact. Making visual connection can strengthen the bond between the caregiver and the child as well as help to gain the trust of a child. Even though some children might feel uncomfortable with holding eye contact with others, in particular with adults, it reflects the genuine interest in their wellbeing by the caregivers. By just looking the child into the eye, the caregiver signalizes to the child, that he /she is important and that someone is there for him/her, to whom she/he can talk to.
- 3) Greet the children. Every social worker, in particular social workers who do spend a great amount of time at the office, should greet the children and make eye contact when they pass the children every day. This shows them care and respect, which in return has a positive impact on their self-worth.
- 4) Touch and hug the child if they are comfortable with it. Despite an emotional bond, a physical bond can be created in order to strengthen the child's sense of security. (REPSSI 2011, p. 37)

- 5) Approach the children and ask open questions (i.e. how are you feeling / how can I help?) more frequently. Make sure you go to the children before they even have to come to you to ask for help. The children will feel more secure and cared for.
- 6) Ensure regular one-on-one interaction in order to identify also the needs of the children who do not seek help from the caregivers. It is of utmost importance to approach especially those children who do not ask for assistance as those children tend to be more at risk to go back to their own harmful coping mechanisms or even to run away. (Often children do not confront the caregivers with personal problems if they feel that they cannot be helped by the caregivers).
- 7) Pay special attention to the needs of the children aged 14-17. Adolescents tend to hide their problems, as they might feel too embarrassed to ask for help. Many children in this age group think that it is expected that they are “mature enough” to handle their problems themselves. Hence, they tend to keep their problems for themselves. [William (15):“I just go to bed and sleep”] Many are not trying to find a solution for their problems with the caregivers as they see it as “pointless” to discuss it with them. Usually they seek advice from their peer group. However, the advice and “help” they get from their peers, can in fact endanger the child by choosing harmful life decisions.
- 8) Give more private space to the children. Children especially those in the phase of puberty might need their private space to think, reconsider, make decisions ... etc.
- 9) Generalizations of children’s behaviour patterns, problems and life stories should be avoided. The uniqueness of the child needs to be foregrounded. Every child has the right to be fully listened to and not to be put in a “category” (referring to the children saying that the caregivers don’t listen fully to them when their issue is similar to other children’s issues).
- 10) Do not postpone the issues of the children. Several children mentioned that their issues and problems were postponed [Jack (12): “They always make me wait, they just say ‘Come back tomorrow’ ”]. Postponing the issues of the children might cause further harm and the loss of trust towards the caregivers.
- 11) Listen attentively – even though the counselling sessions are also used for drawing “Action Plans” it is crucial to give the child the needed time and space just to talk about whatever he/she wants to talk about without directing the child to an Action Plan. Hence it is recommended to separate the counselling sessions into two kinds of counselling forms: (a) One of a therapeutic nature to give the

child the needed attention to his problems and issues, the needed comfort, care, empathy and willingness just to listen and understand the child fully without giving any guidance or pushing the child towards finding solutions for his/her problems. (b) The second counselling form can be of a counselling nature: drawing an Action Plan with the child and giving guidance to the child what options he/ she has to achieve the goals the child has set for himself/herself.

It is recommended that the counselling sessions of counselling nature only take place after the sessions of therapeutic nature have been completed and the child feels ready and strong enough to face his challenges and to take a solution-based approach.

The children have to be mentally prepared before they are able to take action in the decision-making process concerning their own lives. Consequently, the emotional issues and needs have to be faced first before children are able to take rational aspects into account to make reasonable and positive decisions about their paths of life.

- 12) Be on the lookout for signs in the children's behaviour, which tell that they may need additional support or protection.
- 13) Don't be authoritarian, explain to the children the reasons behind your actions and that they are in the child's best interest and apologize to the children in case they are hurt by your actions.
- 14) Don't use threats to discipline the children. A high amount of children mentioned that the caregivers threaten them to *chase* them *out* of Retrak in case they do not comply with the rules of Retrak (i.e. no drug abuse, no use of violence, etc.). As a result, several children constantly feared to get chased away in case they misbehaved. As threats have a negative impact on the emotional and psychological health of the children, they need to be avoided. Positive discipline strategies can help to discipline the children in an adequate and encouraging way.
- 15) Include self esteem and self awareness raising tools such as using the resilience building tool developed by Edith Grotberg as part of her program "Building Blocks for Resilience": I have, I am, I can (REPSSI 2011, p.32) in order to make the children aware of their capabilities, strengths and resources. Such tools can encourage the children to think positively about their future and to make positive life decisions.
- 16) Incorporate self-expressing activities on a regular basis so that the children can express their emotions and learn how to handle their emotions in an adequate non self-destructive way. Such activities can furthermore lead to further identifications of the children's individual needs and disclosure of potential gaps in the care the children receive.

17) Encourage children to give feedback of the care they receive at Retrak on a regular basis; at least every other week as Retrak receives constantly new children. It should be noted that activities such as the above-mentioned self-expressing activity serve as a tool to receive indirect feedback. However, to guarantee a high level of quality it is crucial to receive direct feedback from the children regularly.

18) Incorporate workshops about the loss of beloved people to give full recognition and adequate support after such a great loss. Most of the children have lost one or both of their parents and due to their harsh life circumstances in their past they had never the time and space to grieve for their parents and to learn how to deal with the pain and the loss of their parent(s).

Unresolved grieving experiences might lead to complicated grief reactions such as depression, sleep disturbances, restlessness or over activity, increased levels of crying, absent-mindedness, violent and aggressive behaviour, petty crime, social withdrawal and self-harm as a result of anger and rage. (REPSSI 2011)

Such workshops can therefore be seen as preventive measurements towards substance abuse, violence or choosing other negative life paths that might put the children at risk. If the social workers enable to children to handle their grief they support the children not only mentally but practically as well as they are more likely to make positive life choices because they might not feel the need anymore to suppress their anger and grief by being violent, using drugs, ... etc.

19) Incorporate Anti-violence Activities. As almost all of the children experienced domestic violence and physical abuse as a form of punishment, many of these children use violence as a problem solving strategy. Within Anti-violence Activities the children have the opportunity to learn how to solve problems without using violence.

5.2.3 List of Recommendations for Retrak's leading personnel

1) Introduce a self-check assessment to social workers. In this way social workers are able to become aware of their current state of coping capacity and their stress resistance. (REPSSI 2011, p.7)

2) Introduce self-reflective exercises to the social workers in order to promote reflecting critically on the own practice and to understand what motivates them in their work with children. (REPSSI 2011, p.57)

This promotes not only the personal work motivation of the social worker but also the work quality.

3) Promote the personal development of the social workers. Within the work with children and youth, it is of utmost importance to gain better self-knowledge about one-self in order to become more aware

of the personal strengths and weaknesses at the work place. In this way the confidence of the social workers can be also enhanced, as working with children and youth requires a great amount of confidence. Confidence in this context is considered as the ability to meet the child at his level, to let the child see that also the social workers are individuals with flaws and worries. There it is important not to be afraid to hide behind a professional mask. Such a confident approach is observed as genuine by the children and mostly appreciated by them as seeing the flaws and the “real person” behind the social worker has a therapeutic effect on them. Needless to say that in this way the caregiver also appears more approachable towards the children and seeing the “imperfection” of the caregivers might encourage them to work on their own flaws as the caregiver can be seen as role models. It should be noted, that often it is the person itself and not the professional social worker, who is able to reach out to the children and encourage them to make positive life decisions.

- 4) Provide stress coping strategies by introducing basic stress management techniques, including local (traditional) relaxation techniques. (REPSSI 2010, p.13) The more relaxed and stress free the social workers are, the better the quality of their work will be. Such activities can also serve as an information pool as the social workers have the opportunity to exchange personal worries, ideas, obstacles, and problems with regard to the burden of the work with fellow workers.
- 5) Provide access to supervision to the caregivers for their personal needs. As a matter of fact, social workers are exposed to a high level of stress due to the overload of work they have to face and particularly with regards to all the incriminatory cases they have to deal with day by day. This might lead to showing stress symptoms or even a burn out syndrome. Therefore coaches for their own mental stability are of utmost importance.
- 6) Provide preventive measures with communities against domestic violence. As physical abuse was the most common reason for the children to run away from home, preventive measures in this field area need to be applied.
- 7) Ensure that each child receives 3 counselling sessions a week as the OVC policy recommends. Several children pointed out to receive much less counselling session but would like to have more. Even a caregiver admitted that the children are neglected with regard to the lack of time, as the social workers have to balance the administrative work and address the needs of the children at the same time.
- 8) Have social workers at the centre who are constantly there for the children. As many social workers are gone for a certain amount of time due to their fieldwork, children are left alone with their needs as

those social workers who they have built a trust relationship might not be there. Likewise, the same wardens are not constantly at the centre due to their rotating shift work meaning that the children can not address them with their issues and have to wait one week before they can do so again. Even though the centre manager or the teacher might be at the centre constantly, they might not be the persons of trust for every child and therefore the child's issues will not be addressed immediately. Even though the child's issues might not be urgent from an objective point of view, they might be of utmost importance for the child thus not addressing the child's needs instantly might put them at risk as they can run away easily when their needs are not met completely in the centre.

9) Provide further trainings for emotional and psychosocial support.

5.2.4 Conclusion

It is crucial that caregivers look at their own psychosocial wellbeing and explore their own personal issues first. As an interviewed social worker pointed out: “ *A sick person can not help another sick person.*”(Social worker 1)

These issues should be addressed to ensure that the psychosocial interaction with the children is of value. As already mentioned, only caregivers who are mentally and emotionally strong themselves are able to support the children effectively. Otherwise the negative energy and behaviour will be transferred to the children, which is counterproductive for the emotional and psychosocial development of the children.

To ensure that caregivers can practice their work efficiently, supervision is of utmost importance. Service providers have to be supervised by other competent professionals who can guide them and help them to overcome potential obstacles in their fieldwork.

Supervision serves inter alia as an implemental tool to help service providers to be more relaxed and confident in their work, which again increases the quality of social work practice with the children.

In fact, effective supervision comprises the support of the service providers in a holistic manner. It is recommended to primarily provide support with regard to the caregivers' personal needs and only after doing so, to address the professional obstacles; this as the personal issues might cause potential flaws in their social work practice.

As REPSSI pointed out in the interview “*You can only give what you have*”- referring to the caregivers' capacity to provide efficient support for the children- service providers can not offer the elements of competent psychosocial interaction, if they have never experienced them themselves.

Hence, caregivers need supervisors who are sensitive and empathetic to help them to develop a caregiver's career path and also to support him/ her emotionally. (REPSSI 2011, p.62)

Referring to the discussion with REPSSI, numerous caregivers are lacking factors that are crucial for a successful psychosocial interaction with the children. Thus, caregivers should be introduced in their education to the basic elements of love, appreciation, kindness, patience, genuineness, trust,... etc. to ensure an efficient social work intervention.

In other words, a more holistic approach should be taken with regard to the caregivers' training and education in order to ensure that the caregivers are competently skilled to interact with children in vulnerable situations.

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APPENDICES

APPENDIX A: Tools

Tool 1: Focus Group Discussion Guide – Children in Preparation for Reintegration

Identifying the Emotional Wellbeing & Perceptions of Children with regard to the Provision of Emotional and Psychosocial Support at Retrak

IDENTIFICATION PARTICULARS

DISTRICT _____

SUBCOUNTY _____

VENUE OF INTERVIEW (PLACE NAME) _____

NAME OF INTERVIEWER: _____

DATE OF INTERVIEW ___/___/2016

SEX OF INTERVIEWEE: Male _____ Female _____

PSEUDONYM OF INTERVIEWEE _____

Introduction

Hello, my name is Paria Eslaminejad. I am trying to learn more about what children being prepared for reintegration need so that the Organisation Retrak can offer better services and support through their programs.

If you want to be in my study, I will ask you some questions about your life, your feelings and how you are doing overall. Some of the questions might be a bit personal and you may find them difficult to answer. But you do not have to answer any questions that you do not feel comfortable with, and you may end this talk at any time you want to.

Other people will not know if you are in my study. Everything you say today is confidential, so no one else will know what you have said, not even your caregivers at Retrak. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. The interview will take about 2 hours. Do you have any questions now? Would anyone like an adult to join us now? Would anyone like to leave? Do we all agree to keep everything that is said here just between the people in this group?

Icebreaker: ‘All those’

Instructions to facilitator: Ask if everyone in the group knows each other. Each child can share his/her name and age.

Propose a quick game of ‘All those’, especially if participants seem uncomfortable to start the discussion right away. Participants stand and form a circle. One person calls: “All those wearing socks, change your places”. This continues with other calls such as “All those who are 10 years old” etc. The game brings out the common things between different children, and people move around and feel refreshed.

Exercise 1: ‘River of Life’ activity (plenary)

This exercise explores children’s understanding of the risks, vulnerabilities, and key actors, which lead to their current emotional & psychosocial state. (Identifying their emotions in the past)

Now we are going to make a drawing of a river together. Let’s draw a picture of a boy/girl who lives in an organization like this. What shall we call him/her? *(Have children propose a name)* This river will represent his/her life, all the way from the day s/he was born until today. Various points on the river

represent different stages in life. Let's think about how to represent the important people in his/her life, like parents, grandparents, siblings, teachers, social workers, caregivers. Streams that join or leave the river could be important experiences he/had before living here (such as family or community events or personal changes) or also people that have contributed to how his/her life is. Rough water could mean a time when he/she experienced some difficulties. The river can run straight or it can twist to show turning points. Stones or sticks or animals could represent obstacles or dangers or also positive things. *(Note to facilitator: demonstrate with a brief example on a sheet of paper)*

1. Who are the most important people in this river of life drawing? Why are they so important?
2. Can you explain a bit more about these important events? Why are they so important?

(Probe: be sure that reasons for feelings are clear, ask children to explain why the boy/girl experienced certain things; interrogate the reasons behind each turn and feature in the river)

Exercise 2: Balloon and rock drawing (individual)

This exercise explores children's current emotional and psychosocial state.

I'd like you to think now about all the good things and bad things about your life and where you are living now. Can you take a moment to think of at least one good thing that made you happy and at least one bad thing that made you sad – but don't tell me yet!

1. Let's draw a picture here of you. Are you an artist and can do this yourself, or would you like some help?
2. Can you all take a pen and draw or write in balloons above the picture of you all the good things in your life now? Imagine that the balloons are helping the person go upwards. Please draw as many as you can. Note: Each balloon represents one issue.
3. Now, when you are finished with the balloons, draw or write in a rock below the person all the bad things about your life living here now? Imagine that the rocks are pulling the person downwards. Please draw as many as you can. Note: Each rock represents one issue.
4. Can you explain why you have put these good things here? Do you have any stories you can share with me that will help me understand? Use your siblings or friends as examples if that helps.
5. Can you explain why you have put these bad things here? Do you have any stories you can share with me that will help me understand?
6. Now that we have the balloons and the rocks, which direction do you think the person is moving overall when they are living here? Are they going up, and things getting better, or going down, and things getting worse? Why is this? What could change?

Discussion A: Analysis of Time, Trust & Therapeutic Relationship with the Service Providers

1. How would you describe the relationship you have towards your caregivers at Retrak?
 - a. Do you trust them?
 - b. If you have a problem, would you go to one of the caregivers to find a solution?

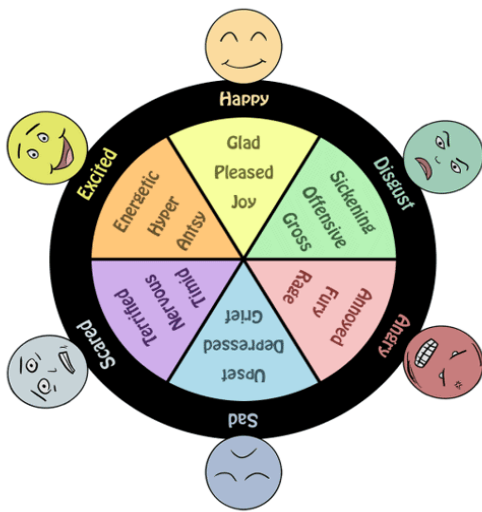
2. When your caregivers help you, do you feel that they have a genuine, real interest in your personal wellbeing?
 - a. Is it easy to ask them for help? Are they easily approachable?
3. When you think about your caregivers at Retrak, what kind of feelings do they give to you?
 - a. Do you feel appreciated and loved by your caregivers?
 - b. Do you feel judged by your caregivers?
4. How do you feel about spending time with the caregivers at Retrak?
 - a. Is it important for you to spend time alone with the caregivers (e.g. to discuss personal issues,... etc.?)
 - b. Would you like to spend more time with the caregivers?
5. How do you feel after you have shared your emotions/stories/problems with them?
 - a. Do you feel better or worse?
6. How do the caregivers react when you share your emotions with them?
 - a. Do you feel fully listened to and understood by them?
 - b. If you tell them something personal, do you feel that they are really trying to understand how you feel?
7. When the caregivers did something that hurt you, do they apologize to you?
 - a. Do they give reasons why they acted like they did?
 - b. Do they share their own emotions with you?

Discussion B: Understanding of Emotional & Psychosocial State

This discussion explores the positive and negative changes children have experienced, by comparing their perceptions of their emotional wellbeing and environment before and after being under the care of Retrak, and gives children the opportunity to raise suggestions about the care they are currently receiving. The facilitator draws the 'wheel of emotions' on a large piece of paper and introduces each emotion to the children.

Illustration 5: Ekman's Basic Emotions

Emotion Wheel



Provided by TherapistAid.com © 2015

(Source: Therapist Aid 2015)

Now I would like you to think about some changes regarding your emotions and your environment that might have happened since you came to stay here. These can be good changes or sometimes they can be bad changes. Look at each emotion and think about when you felt the last time like that. If you want to, we can discover together what triggered each emotion in you in the past and what triggers them now.

1. When you look at this picture called "Wheel of emotions" you see different people who show various emotions. To which emotion do you relate the most nowadays? To which one did you relate the most in the past?
2. Fear: What did you fear the most in the past? What do you fear now? To whom do you go to now if you are scared?
3. Anger: What made you really angry in the past? Now? How did you release your anger in the past and how do you do it now?
4. Happiness: What made you happy in the past and what makes you happy now? With whom do you usually share your happiness?
5. Sadness: What made you sad in the past? What makes you sad now? To whom did you go to when you were sad? To whom do you go to now?
6. Disgust: About what have you been disgusted in the past? Now? Who helps you to overcome this disgust?
7. Excitement: About what were you excited before? Now? With whom do you usually share your excitement?

8. Stress: What things caused you stress before? Now? Why do you think these things have changed?
9. Support (formal and informal): Has the way you deal with your emotions and stress changed since you came here and got support?
10. Self-esteem: Did you feel self-confident in the past? Now? (What helped you to gain more self-esteem?)
11. Which of these changes have been the most important or made the biggest difference in your day to day life? Why?

Is there anything more you would like to add?

Thank you for your time.

Tool 2: In-depth Interview Guide – Children in Preparation for Reintegration

Identifying the Perceptions of Children with regard to the Provision of Emotional and Psychosocial Support at Retrak

IDENTIFICATION PARTICULARS

DISTRICT _____

SUBCOUNTY _____

VENUE OF INTERVIEW (PLACE NAME) _____

NAME OF INTERVIEWER: _____

DATE OF INTERVIEW ___/___/2016

SEX OF INTERVIEWEE: Male _____ *Female* _____

PSEUDONYM OF INTERVIEWEE _____

Introduction

Hello, my name is Paria Eslaminejad. I am trying to learn more about what children being prepared for reintegration need so that the Organisation Retrak can offer better services and support through their programs.

If you want to be in my study, I will ask you some questions about your perceptions about Retrak and its service, your feelings and how you are doing overall. Some of the questions might be a bit personal and you may find them difficult to answer. But you do not have to answer any questions that you do not feel comfortable with, and you may end this talk at any time you want to. The questions we will ask are only about what you think. There are no right or wrong answers. This is not a test. We will use some games and drawings to answer some of the questions.

Other people will not know if you are in my study. Everything you say today is confidential, so no one else will know what you have said, not even your caregivers at Retrak. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. The interview will take about 1 hour. Do you have any questions now? Do you want to participate in my study?

All of the following interview questions address my study objectives, which are as follows:

- I. To provide an overview on how emotional and psychosocial support is currently realized by the reintegration program of Retrak
- II. To identify which aspects of emotional and psychosocial support are of especial importance for children in the reintegration process.
- III. To identify which role the aspects of trust, time and therapeutic relationship play in the preparation process for reintegration.

Part I
Emotional Wellbeing & Support

1. How would you describe your current emotional wellbeing? You can look at the Wheel of Emotions, if it helps you to find the right emotion.
 - a. How do you feel most of the times since you came to Retrak?
 - b. Do you share your emotions with the staff?
2. How would you describe the emotional support you receive at Retrak?
 - a. In what way are they supporting you emotionally?
 - b. Do you feel that there is always someone with whom you can talk and share your emotions?

Part II
Relationship towards the caregivers &
Analysis of the factors: Time, Trust & Therapeutic Relationship

3. How would you describe the relationship you have towards your caregivers at Retrak?
 - a. Do you trust them?
 - b. If you have a problem, would you go to one of the caregivers to find a solution for your problem or would you rather try to solve it by yourself?
4. When was the last time you asked your caregivers for help?
 - a. When they helped you, did you feel that they had a genuine, real interest in your personal wellbeing?
 - b. Was it easy to ask them for help? Are they easily approachable?
5. When you think about your caregivers at Retrak, what feelings do they give to you?
 - a. Do you feel appreciated and loved by your caregivers?
 - b. Do you feel judged by your caregivers?
6. How do you feel about spending time with the caregivers at Retrak?
 - a. Is it important for you to spend time alone with the caregivers (e.g. to discuss personal issues,... etc.?)
 - b. Would you like to spend more time with the caregivers?
7. How do you feel after you have shared your emotions/stories/problems with them?
 - a. Do you feel better or worse?
8. How do the caregivers react when you share your emotions with them?
 - a. Do you feel fully listened to and understood by them?
 - b. If you tell them something personal, do you feel that they are really trying to understand how you feel?
9. When the caregivers did something that hurt you, do they apologize to you?
 - a. Do they give reasons why they acted like they did?
 - b. Do they share their own emotions with you?

Part III
Relationship towards the Peer Groups

10. How would you describe your relationship towards your peer groups?
 - a. Are they your friends?
 - b. If you had a problem would you go to your friends to find a solution or would you go to your caregivers at Retrak?

Part IV
Self- esteem

11. Would you describe yourself as a self-confident person?
 - a. Has your self-esteem changed since you came to Retrak?
 - b. Do the caregivers compliment you and tell you that they are proud of you?
 - c. If yes, in what situations do they do that?

Part V
Future Perspective

12. How would you like to see yourself in the future? Please list some characteristics, that you would like to have (e.g. strong, happy, independent,... etc.)

Part VI
Recommendations

13. If you would be the manager of Retrak, what would you change to help children in your situation?
14. What would you like the caregivers to do differently?

Is there anything more you would like to add?

Thank you for your time.

Tool 3: In-depth Interview Guide –Service Providers at Retrak

Identifying the Provision of Emotional and Psychosocial Support for Children in Preparation for Reintegration

IDENTIFICATION PARTICULARS

DISTRICT _____

SUBCOUNTY _____

VENUE OF INTERVIEW (PLACE NAME) _____

NAME OF INTERVIEWER: _____

DATE OF INTERVIEW ___/___/2016

SEX OF KEY INFORMANT: Male _____ *Female* _____

POSITION/PORTFOLIO OF INFORMANT _____

INTRODUCTION

My name is Paria Eslaminejad and I am an Erasmus Mundus Student at the Makerere University.

I am writing my Master thesis on the topic of provision of emotional and psychosocial support for former street children in the preparation process for reintegration. The aim of my research study is inter alia:

I. To provide an overview on how emotional and psychosocial support is currently realized by the reintegration program of Retrak

II. To identify which aspects of emotional and psychosocial support are of especial importance for children in the preparation process for reintegration.

III. To identify which role the aspects of trust, time and therapeutic relationship play in the preparation process for reintegration.

IV. To identify recommendations on how caregivers could improve the current methods of emotional and psychosocial support in order to enhance the preparation process for reintegration.

Therefore, the purpose of this interview is:

(a) to gain a better understanding for the current social work practice at Retrak with regard to emotional and psychosocial care for children being prepared for reintegration and

(b) to understand how Retrak has implemented the national guidelines in their social work practice with children.

This interview may last about 1hr.

Participation in this study is voluntary and you have the right to withdraw from the research study at any time as well as to stop the interview at any point.

This interview will be audio recorded and your responses will remain anonymous.

Part I
Emotional & Psychosocial Care at Retrak

Overview on how Retrak's reintegration program currently realizes emotional and psychosocial support

1. What strategies interventions and tools are used for the emotional and psychosocial support? Please list.
2. What are the theoretical backgrounds to these interventions and tools do you follow?
3. Which of these strategies, interventions and tools would you consider to be key program elements? Please explain.
4. What worked well? Please elaborate.
5. From your point of view, which chances for the improvement of the emotional and psychosocial support processes exist?
6. What should be done differently? Please explain why.
7. What strategies, interventions, tools, etc., would you recommend be sustained and/or scaled up? Please provide a justification for your response.
8. What strategies, interventions, tools should be discontinued? Why?
9. What were some barriers, if any, that you encountered? Staff turnover? Lack of key support? Lack of professional assistance?
10. How did you overcome the barrier(s)?

Part II

Identifying the Implementation of the National Guidelines for Emotional and Psychosocial Support for Children in the Preparation process of Reintegration

Aspects of emotional and psychosocial support

1. Are you bound or guided by any national guidelines in your work?
2. How are these guidelines incorporated in the work of Retrak? How is it ensured that social workers comply with the guidelines?
3. Is Retrak involved in the policy-making of these guidelines? Are social workers perspectives involved in the policy-making of these guidelines?
4. Are you selective to these guidelines? Is the guideline fully transposed or do you selectively include/exclude certain aspects? If yes which?
5. How is the staff made aware of the current guidelines and their contents?
6. How do social workers include these guidelines in the social work practice?

7. Under your point of view, how does the aspect of emotional and psychosocial support contribute to the re-integration process? Which are the most important aspects for a successful re-integration.

Part III

Identifying models of practices in the provision of Emotional and Psychosocial Support at Retrak

Social Work Practice at Retrak

1. How do you ensure that you are acting in the child's best interest?
2. How do you empower the children?
3. Do children participate in the decision making process with regard to the new home where the child is going to be reintegrated?
4. How are the children's perspectives included in the decision making process?
5. How do you identify children who need additional support and how does the additional support look like?
6. Are social workers and caregivers at Retrak under supervision?
7. What is the level of education of those caregivers who work with the children on a daily base?

Role of Trust, Time and Therapeutic relationship³ in the Preparation Process for Reintegration

1. What effect, if any, do you feel the aspects of trust, time and therapeutic relationship in preparation program for reintegration had on the emotional and psychosocial state of the children?
2. Regarding the aspect of trust, how do you build a trust-relationship towards the children?
3. What are the main burdens to overcome when building a trust relationship with the children?
4. Are there any cases in which you cannot succeed in building a trust relationship?
 - a. From your point of view, what are the reasons for these failed attempts?
 - b. How do you react when you are not succeeding with building a trust relationship?
5. How do you ensure that caregivers spend sufficient time with the children on a one-to-one base in order to listen to every child's needs? (eg discussions of a personal nature in a confidential setting?)
6. From your point of view, to which extent does this one-to-one contact contribute to the re-integration process of the children?

³ For the purpose of this key informant guide, the term therapeutic relationship is defined as coined by the studies of Client-centered therapy by Carl Rogers. Referring to Rogers the core conditions of therapeutic relationship are: (1) unconditional positive regard, (2) empathy and, (3) (congruence).

7. Are some of the children reluctant to spend time with the caregivers on a one-to-one base?
 - a. How do caregivers overcome this situation?
8. How do you ensure that each of the children receive as much time as it needs with the caregivers at Retrak?
9. Would you describe the relationship between the caregivers and the children as therapeutic?
 - a. If yes, what aspects of the relationship are therapeutic?
10. A well-known psychologist named Rogers identified 3 basic elements of a successful therapeutic relationship:
 - a. The first element is unconditional positive regard meaning the children are appreciated and loved for who they are without conveying disapproval. It means complimenting the children on a regular basis so that they are able to regain their self-esteem. It also means the willingness to attentively listen without interruption or judgment or giving advice. Does your social work practice include this element of unconditional positive regard?
 - b. The second element is empathy. How do you ensure to show empathy towards the children and to meet the children's needs in an empathic way?
 - c. The third element is congruence. This means that the social workers appear genuine to the children. They don't appear as professionals towards the children but rather as human beings who have a genuine interest in the wellbeing of the children. How do you ensure to include this aspect of congruence in your practice?

Part IV Recommendations

Recommendations on how caregivers could improve the current methods of emotional and psychosocial support in order to enhance the preparation process for Reintegration

1. From your own experience what have been main challenges for supporting children on an emotional & psychosocial level in the phase of preparation for reintegration?
2. How have these challenges been addressed in the social work practice?
3. From your point of view, is there a necessity for further state interventions in order to improve the emotional & psychosocial support for street children?
4. What is the success rate for re-integration after children have run through your program?
5. Do you feel that there is a necessity to include professionals from other fields of science in your program?
6. Do you receive regular trainings on how to improve the emotional & psychosocial support processes for children? If yes, what are the main contents and how often do you receive these trainings.

Is there anything more you would like to add?

I will be analyzing the information you and others gave me and I will submit a draft report to the organization in one month. I will be happy to send you a copy to review at that time, if you are interested.

Thank you for your time.

Tool 4: Follow-up Interview Guide- Retrak's Social Worker

IDENTIFICATION PARTICULARS

DISTRICT _____

SUBCOUNTY _____

VENUE OF INTERVIEW (PLACE NAME) _____

NAME OF INTERVIEWER: _____

DATE OF INTERVIEW ___/___/2016

SEX OF KEY INFORMANT: Male _____ Female _____

POSITION/PORTFOLIO OF INFORMANT _____

INTRODUCTION

My name is Paria Eslaminejad and I am an Erasmus Mundus Student at the Makerere University. I am writing my Master thesis on the topic of provision of emotional and psychosocial support for former street children in the preparation process for reintegration. The aim of my research study is inter alia

- I. To provide an overview on how emotional and psychosocial support is currently realized by the reintegration program of Retrak
- II. To identify which aspects of emotional and psychosocial support are of especial importance for children in the preparation process for reintegration.
- III. To identify which role the aspects of trust, time and therapeutic relationship play in the preparation process for reintegration.
- IV. To identify recommendations on how caregivers could improve the current methods of emotional and psychosocial support in order to enhance the preparation process for reintegration.

Therefore, the purpose of this interview is

- (a) to gain a better understanding for the current social work practice at Retrak with regard to emotional and psychosocial care for children being prepared for reintegration and
- (b) to understand how Retrak has implemented the national guidelines in their social work practice with children.

This interview may last about 1hr.

Participation in this study is voluntary and you have the right to withdraw from the research study at any time as well as to stop the interview at any point.

This interview will be audio recorded and your responses will remain anonymous.

Social Work Practice

1. Do you receive regular trainings on how to improve the emotional & psychosocial support processes for children? If yes, what are the main contents and how often do you receive these trainings.
2. How do you ensure that every child is engaged in an activity and not left out?
3. How much time do you spend with the children on a daily basis?
4. How often do you engage a child in a one to one counselling session?
5. How does this one to one counselling session look like? Do you think, the children need more one to one counselling sessions?
6. How do you ensure that the children have the same contact person who they can refer to at any

time?

7. Do you treat each age group the same or do you take different approaches towards older and younger children? If yes, what different approaches do you take?
8. Would you say, that you show the same love and care towards the older children as to the younger children?
9. How do you ensure that the children have their privacy, from the staff or from other children? Do the older children have separated rooms from the younger children?
10. How do you handle a situation in which you have a lot to do, but a child asks you for your help? Do you sometimes postpone responding to their needs?
11. How do you handle a situation in which a child misbehaved?
12. And if a child misbehaved, do you talk to him in private or do you address the issue in front of the other children?
13. How do you ensure that you treat the children in a respectful way?
14. How do you gain the trust of the children?
15. How do you overcome a situation in which a child doesn't trust you?
16. Have you ever found yourself in a situation in which you saw yourself forced to lie to the child? If yes, how did you handle this situation?
17. How do you show empathy towards the children?
18. How do you ensure that the child feels loved and cared for and feels accepted for the person he/she is?
19. What approach do you take in helping the children to make decisions concerning their lives?
20. Do you think it is necessary to guide them, to tell them what is wrong or what is right?
21. How do you ensure that each child is feeling understood and fully listened to?
22. How do you overcome the hierarchal structure when interacting with the child? / How do you ensure to meet the child at the same level to overcome the hierarchal structure?
23. When interacting with the children do you act as a professional or do you let them know the real person you are?
24. Do you share your own emotions with them?
25. Do you apologize to the children when they feel hurt by you?
26. How do you help the children to regain their self-esteem? #
27. What do you think should be done differently in the daily Social Work practice to meet the children's needs in a holistic manner?

28. How do you prepare the children emotionally and psychologically for reintegration?
29. Would you say, that your Social Work Practice can be seen as therapeutic for the children? If yes, what aspects can be seen as therapeutic?
30. Do you receive trainings on how to improve the emotional and psychological support for these children?
31. How could the management of Retrak improve your daily Social Work practice with the children to ensure better success for reintegration?

Tool 5: Key Informant Interview Guide –Official of Ministry of Gender, Labor and Social Development

*Identifying the Guidelines for Emotional and Psychosocial Support for Children in the Preparation process of Reintegration
In Child Residential Agencies*

IDENTIFICATION PARTICULARS

DISTRICT _____

SUBCOUNTY _____

VENUE OF INTERVIEW (PLACE NAME) _____

NAME OF INTERVIEWER: _____

DATE OF INTERVIEW ___/___/2016

SEX OF KEY INFORMANT: Male _____ Female _____

POSITION/PORTFOLIO OF INFORMANT _____

INTRODUCTION

My name is Paria Eslaminejad and I am an Erasmus Mundus Student at the Makerere University.

I am writing my Master thesis on the topic of provision of emotional and psychosocial support for former street children in the preparation process for reintegration. The aim of my research study is inter alia:

(a) to identify which aspects of emotional and psychosocial support are of especial importance for children in the reintegration process and

(b) to provide a recommendation on how caregivers could improve the current methods of emotional and psychosocial support in order to enhance the preparation process for reintegration and to ensure better results in the reintegration.

Therefore, the purpose of this interview is to gain an insight look at the existing national guidelines for agencies preparing former street children for reintegration with special regard to emotional and psychosocial care.

This interview may last between 30 minutes and 1hr.

Participation in this study is voluntary and you have the right to withdraw from the research study at any time as well as to stop the interview at any point.

This interview will be audio recorded and your responses will remain anonymous.

Part I

National Guidelines for Re-integration

1. Which role does the Ministry take with regard to the National Framework for Street Children in Child Care Agencies (the “Guideline”) (eg supervisory rights, active participation in drawing up the Framework etc)?
2. Which legal quality does the Guideline have (e.g. legally binding, mere recommendation), respectively which sanctions apply in case child care agencies do not abide by the Framework (eg disciplinary measures by the Ministry, recommendations by the Ministry?)
3. Does the Guideline include the aspect of emotional and psychosocial support of street children who are currently in the re-integration phase?
 - a. If yes, which aspects are covered (if possible, kindly provide respective excerpts of the Guideline)?
 - b. How are the respective aspects defined in the Guidelines?
4. Has the Ministry actively supported agencies, such as Retrak, in the implementation of the Guidelines in their social work practice?

- a. If yes, kindly outline the main aspects of this cooperation and its outcomes.

Part II
Aspects of emotional and psychosocial support

1. Under your point of view, how does the aspect of emotional and psychosocial support contribute to the re-integration process?
2. Has the correlation between emotional and psychosocial support and the successful re-integration of street children been further scrutinized (eg by separate studies, surveys etc).
 - a. If yes, shortly describe the outcomes of these elaborations? (if possible, kindly provide the respective elaborations or excerpts thereof?)
3. Have agencies for the re-integration of street children approached the Ministry with regard to aspects of emotional and psychosocial support in their social work practice (eg requests for recommendation, how to implement this aspect; requests for further respective instructions etc)?
 - a. If yes, kindly outline the respective requests and the answers provided by the Ministry?

Part III
Recommendations on how caregivers could improve the current methods of emotional and psychosocial support

1. From your own experience, what challenges do child care agencies face when it comes to emotional & psychosocial support for former street children who are currently prepared for reintegration ?
2. What steps has the Ministry taken to help child-care agencies such as the organisation Retrak to address these challenges?
3. From your point of view, is there the necessity to improve the provision of emotional and psychosocial support for children being prepared for reintegration?
4. Does the Ministry provide any practical trainings, courses, skill-enhancement programs for caregivers with regard to emotional & psychosocial support of street children?
 - a. If yes, kindly shortly outline the main contents and parameters (duration, frequency etc).
5. Does the Ministry in any way supervise or ensure that caregivers follow a single standard when it comes to emotional & psychosocial support of street children? (E.g. regular testing, “mystery shopping”, inspections)
 - a. If yes, what are the results of this supervisions?
 - b. How are these results included in the further development of the state of the art of emotional & psychosocial support?
 - c. Are there sanctions, in case the Ministry becomes aware that in an institution these standards are violated? If yes, kindly describe these sanction mechanisms.
6. Are there currently amendments to the current state of the art of provision of emotional & psychosocial support discussed (on a political level)?
 - a. If yes, kindly describe these discussed amendments?
7. Are there currently working groups installed at the Ministry, which elaborate on the emotional & psychosocial support for street children in the re-integration phase?

- a. If yes, what are the objectives of these working groups, what is the current state of their work and when will be the works finalized?

Is there anything more you would like to add?

I'll be analyzing the information you and others gave me and submitting a draft report to the organization in one month. I'll be happy to send you a copy to review at that time, if you are interested.

Thank you for your time.

Tool 6: Key Informant Interview Guide –REPSSI Country Representative Uganda

*Identifying the Guidelines for Emotional and Psychosocial Support for Children in the Preparation process of Reintegration
In Child Residential Agencies*

IDENTIFICATION PARTICULARS

DISTRICT _____

SUBCOUNTY _____

VENUE OF INTERVIEW (PLACE NAME) _____

NAME OF INTERVIEWER: _____

DATE OF INTERVIEW ___/___/2016

SEX OF KEY INFORMANT: Male _____ *Female* _____

POSITION/PORTFOLIO OF INFORMANT _____

INTRODUCTION

My name is Paria Eslaminejad and I am an Erasmus Mundus Student at the Makerere University.

I am writing my Master thesis on the topic of provision of emotional and psychosocial support for former street children in the preparation process for reintegration. The aim of my research study is inter alia

(a) to identify which aspects of emotional and psychosocial support are of especial importance for children in the reintegration process and

(b) to provide a recommendation on how caregivers could improve the current methods of emotional and psychosocial support in order to enhance the preparation process for reintegration and to ensure better results in the reintegration.

Therefore, the purpose of this interview is to gain an insight look at the existing national guidelines for agencies preparing former street children for reintegration with special regard to emotional and psychosocial care.

This interview may last between 30 minutes and 1hr.

Participation in this study is voluntary and you have the right to withdraw from the research study at any time as well as to stop the interview at any point.

This interview will be audio recorded and your responses will remain anonymous.

Part I

Guidelines for Re-integration

1. What is REPSSI and how does it contribute to the emotional and psychosocial health of individuals- in particular vulnerable groups?
2. Which role does REPSSI take with regard to the Emotional and Psychosocial Support for Street Children in Child Care Agencies?
3. Does REPSSI provide recommendations in particular for the emotional and psychosocial support of street children who are currently in the re-integration phase?
 - a. If yes, which aspects are covered (if possible, kindly provide respective excerpts of the Guideline/ Recommendation)?
 - b. How are the respective aspects defined in the Guidelines?
4. What strategies interventions and tools are recommended for the emotional and psychosocial support for former street children in the re-integration phase? Please list.
 - a. Please elaborate on the strengths and limitations of these strategies interventions and tools?
5. What are the theoretical backgrounds to these interventions and tools that you recommend to

Child Care Agencies working with street children?

6. Do you emphasize in your recommendations to the Child Care Agencies on the importance of spending enough time with each child individually, building a trust relationship to each child and the quality of therapeutic relationship between the staff members and the children?
 - a. If yes, please explain how the elements of time, trust and therapeutic relationship are incorporated in the recommendations for Child Care Agencies.
7. A well-known psychologist named Rogers identified 3 basic elements of a successful therapeutic relationship:
 - a. The first element is unconditional positive regard meaning the children are appreciated and loved for who they are without conveying disapproval. It means complimenting the children on a regular basis so that they are able to regain their self-esteem. It also means the willingness to attentively listen without interruption or judgment or giving advice. Does REPSSI's guidelines include this element of unconditional positive regard?
 - b. The second element is empathy. Does REPSSI's recommendation include showing empathy towards the children and to meet the children's needs in an empathic way?
 - c. The third element is congruence. This means that the social workers appear genuine to the children. They don't appear as professionals towards the children but rather as human beings who have a genuine interest in the wellbeing of the children. How do is this aspect of congruence implemented in the guidelines for Child Care Agencies working with Street children?
8. Has REPSSI actively supported agencies, such as Retrak, in the implementation of the Guidelines in their social work practice?
 - a. If yes, kindly outline the main aspects of this cooperation and its outcomes.

Part II

Aspects of emotional and psychosocial support

1. Under your point of view, how does the aspect of emotional and psychosocial support contribute to the re-integration process?
2. Has the correlation between emotional and psychosocial support and the successful re-integration of street children been further scrutinized (eg by separate studies, surveys etc).
 - a. If yes, shortly describe the outcomes of these elaborations? (if possible, kindly provide the respective elaborations or excerpts thereof?
3. Have agencies for the re-integration of street children approached REPSSI with regard to aspects of emotional and psychosocial support in their social work practice (eg requests for recommendation, how to implement this aspect; requests for further respective instructions etc)?
 - a. If yes, kindly outline the respective requests and the answers provided by REPSSI?

Part III

Recommendations on how caregivers could improve the current methods of emotional and psychosocial support

1. From your own experience, what challenges do child care agencies face when it comes to emotional & psychosocial support for former street children who are currently prepared for reintegration ?

2. What steps has REPSSI taken to help child care agencies such as the organisation Retrak to address these challenges?
3. From your point of view, is there the necessity to improve the provision of emotional and psychosocial support for children being prepared for reintegration?
4. Does REPSSI provide any practical trainings, courses, skill-enhancement programs for caregivers with regard to emotional & psychosocial support of street children?
 - a. If yes, kindly shortly outline the main contents and parameters (duration, frequency etc).
5. Does REPSSI in any way supervise or ensure that caregivers follow a single standard when it comes to emotional & psychosocial support of street children? (Eg regular testing, “mystery shopping”, inspections)
 - a. If yes, what are the results of these supervisions?
 - b. How are these results included in the further development of the state of the art of emotional & psychosocial support?
6. How does REPSSI train its personnel on these strategies and interventions?
 - a. How does REPSSI follow up on their trainees?
7. Are there currently working groups installed at REPSSI, which elaborate on the emotional & psychosocial support for street children in the re-integration phase?
 - a. If yes, what are the objectives of these working groups, what is the current state of their work and when will be the works finalized?

Is there anything more you would like to add?

I'll be analyzing the information you and others gave me and submitting a draft report to the organization in one month. I'll be happy to send you a copy to review at that time, if you are interested.

Thank you for your time.

APPENDIX B: Consent/assent form for legal guardian and child aged 12-17

Information Sheet and Guardian Consent Form

Introduction

My name is Paria Eslaminejad and I am an Erasmus Mundus Student at the Makerere University. I am writing my Master thesis on the topic of provision of emotional and psychosocial support for former street children in the preparation process for reintegration.

Purpose of the study

The aim of my research study is inter alia:

- I. To provide an overview on how emotional and psychosocial support is currently realized by the reintegration program of Retrak
- II. To identify which aspects of emotional and psychosocial support are of especial importance for children in the reintegration process.
- III. To identify which role the aspects of trust, time and therapeutic relationship play in the preparation process for reintegration.
- IV. To identify recommendations on how caregivers could improve the current methods of emotional and psychosocial support in order to enhance the preparation process for reintegration

Therefore, the purpose of the Indepth Interview & Focus Group Discussion is

- (a) to gain a better understanding for the current social work practice at Retrak with regard to emotional and psychosocial care for children being prepared for reintegration and
- (b) to identify the children's perceptions of the emotional and psychosocial care they receive at Retrak.

Study Procedures

I am interested in talking to the child aged 12-17 years. If you agree to let the child participate in this research, she/he will be asked to share information about her life in an in-depth interview or a Focus Group Discussion about the following subjects: her emotional & psychosocial wellbeing, her street life experiences, protection from harm, the care of Retrak, and expectations for her future. The Interview will last about an hour and the Focus Group Discussion about 2 hours.

Possible Risks

It is possible that a few questions from the interview may make the child feel uncomfortable. He/she does not have to answer any question if he/she does not want to. Professionals will ensure the emotional wellbeing during the interview, as they will interfere at any point of the interview in case the child's wellbeing is endangered in any form.

Benefits of the Study

There is no direct benefit to you or the child from being in this study. We hope the results of this study will help to improve the emotional and psychosocial wellbeing of children under the care of agencies and enhance the reintegration process.

Confidentiality

We will not share the child's information with anyone else. Any notes with child's name will only be accessible to the research team. All personal information that the child shares with us will be kept secret.

The child will not be identifiable in any publications or presentations resulting from this study. Any

identifying information will be destroyed after the analysis of the data.

Voluntary Participation

It is your decision whether or not to give permission for the child to be in this study. If you give permission for the child to participate, we will also explain everything on this form to him/her and ask him/her if he/she is willing to participate. Even if you give permission, he/she can choose not to participate if he/she does not want to. How much he/she participates is his/her decision, and he/she will not be penalized if he/she stops being in the study.

Withdrawal from the Study

The child can stop being in this study at any time. If the child is uncomfortable with what is being discussed, he/she may leave. If he/she chooses to stop being in the study at any time, it will not affect any benefits he/she would receive if she stayed in the study.

Questions about the study

Do you have any questions?

If you have any additional questions after this interview you may contact me or my supervisor : Paria Eslaminejad- 0758849330 / Dr. Eddy Walakira-0772 490 330

Consent Form

Guardian Consent for a Minor to Participate in Research

As the Legal Guardian, I voluntarily agree to allow the child to participate in this study. If I decide that I would like to withdraw my consent and the child's participation from the study, I may do so at any time.

Signature of the Legal Guardian: _____ Date: _____

Signature of the Interviewer: _____ Date: _____

Information Sheet and Minor Participant Assent Form

Introduction

My name is Paria Eslaminejad and I am an Erasmus Mundus Student at the Makerere University. I am writing my Master thesis on the topic of provision of emotional and psychosocial support for former street children in the preparation process for reintegration. The aim of my research study is inter alia

- I. To provide an overview on how emotional and psychosocial support is currently realized by the reintegration program of Retrak
- II. To identify which aspects of emotional and psychosocial support are of especial importance for children in the reintegration process.
- III. To identify which role the aspects of trust, time and therapeutic relationship play in the preparation process for reintegration.
- IV. To identify recommendations on how caregivers could improve the current methods of emotional and psychosocial support in order to enhance the preparation process for reintegration

Therefore, the purpose of the interview/ Focus Group Discussion is

- (a) to gain a better understanding for the current social work practice at Retrak with regard to emotional and psychosocial care for children being prepared for reintegration and
- (b) to identify the children's perceptions of the emotional and psychosocial care they receive at Retrak.

The interview may last about 1hr and the Focus Group Discussion about 2 h.

The interview and the Focus Group Discussion will be audio-recorded.

There is no right or wrong answer, just say what you remember happened to you. Everything you say is confidential. I will not put your name on the questionnaire. Instead you can choose an imaginary name that I can use. None of your friends or any other person will know what you tell me.

If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time if you feel uncomfortable to continue.

Confidentiality and consent:

Your participation: participation in this study is completely voluntary. You can chose not to participate or to leave the study at any time. You do not have to answer questions that make you feel uncomfortable. No matter what you decide, it will not change your relationship with the researchers, and affect your ability to access services from the organization Retrak or any other organizations in your community.

You are being asked to take part in this study because you are in the preparation for reintegration under the care of Retrak. Your honest answers to the questions will help us better understand the situation of children being prepared for reintegration.

Risks and discomforts: There are a few risks associated with participating in this study. It is possible that you might feel uncomfortable or sad talking about some topics. You will not need to response to any question that makes you feel uncomfortable, or talk about issues that embarrass you or make you sad. Any time you can tell the interviewer to change the subject, stop the interview, or ask to stop participating in the study. If you would like information about any topics that come up during the interview, the interviewer will help you find a trained adult to go to for advice or information.

Benefits of the study: If you agree to participate in this study, there will be no direct benefit to you. This means you will not receive any money or gift for your participation. However, we believe information gathered in this study will help children like you who are in the process of preparation for reintegration as

the aim is to enhance the service provided for you.

Confidentiality: We will not share anything you tell us with anyone else in this community. Your name will not appear on the questionnaire and will not be linked in any way to the study findings. We will protect all information about you and your participation in this research.

Contacts and Questions: You may ask any questions you have now. If you have any additional questions after this interview you may contact me or my supervisor: Paria Eslaminejad – 0758849330/ Dr. Eddy Walakira-0772 490 330

STATEMENT OF PERSON OBTAINING INFORMED CONSENT

I have fully explained this study to the participant. I have discussed the study purpose and procedures, the possible risks and benefits, and that their participation is completely voluntary. I have invited the participant to ask questions and I have given complete answers to all the participant's questions.

Signature of person obtaining informed consent

Date

ASSENT OF PARTICIPANT

I understand all of the information in this Assent Form

I have received complete answers to all my questions

I freely and voluntarily agree to participate in this study

Yes |_____| (*if you change your mind about this at any point, please let the researcher know*)

NO |_____|

Your date of birth (as much as you know)

Signature of participant _____ Date ____/____/2016

APPENDIX C: Informed Consent

The following is a presentation of how I will use the data collected in the interview.

In order to insure that projects meet the ethical requirements for good research I promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the project.
- Interviewees have the right to decide whether they will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or access it.

The interview will be recorded as this makes it easier for me to document what is said during the interview and also helps me in the continuing work with the project. In my analysis, some data may be changed so that no interviewee will be recognized. After finishing the project, the data will be destroyed. The data I collect will only be used in this project.

You have the right to decline answering any questions, or terminate the interview without giving an explanation.

You are welcome to contact me or my supervisor in case you have any questions (e-mail addresses below).

Student name & e-mail: _____

Supervisor name & e-mail _____

Interviewee: _____

Date: _____

APPENDIX D: Non-plagiarism declaration

I, Paria Eslaminejad hereby declare that the Dissertation titled ‘Experiencing emotional and psychosocial support during preparation for re-integration: A study of street children under the care of Retrak Uganda’ submitted to the Erasmus Mundus Master’s Programme in Social Work with Families and Children:

- Has not been submitted to any other Institute/University/College
- Contains proper references and citations for other scholarly work
- Contains proper citation and references from my own prior scholarly work
- Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize, and will result in a failing grade (F) in the programme.

Date (dd/mm/yyyy): 06/06/2016

Signature:

Name (in block letters): **PARIA ESLAMINEJAD**