Implementing a Dynamic Street-Children's Program: Successes and Challenges

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Abstract

The article has discusses the successes and challenges of implementing a dynamic street children's program in Mzuzu Malawi – using a developmental life-course framework blending psychodynamic approaches, risk-factor approaches, and strain and control theories of crime and delinquency. The framework has helped the programme implementation team consider not only the phase and stage of the child's development in their provision of care, but also the influence that early childhood dynamics of parent-child, parent-parent and child-parent-environment; life-events; peers and neighbourhoods have at each of the developmental stages of child and adolescent development, and how they can influence the child's behaviour in both positive and negative ways. The article also discusses successes and suggests ways of addressing the identified challenges.

Background information

Mzuzu city is an administrative capital of the northern province of Malawi, which has seen a steady rise in the number of vulnerable children roaming the streets – often begging and pick-pocketing; patronizing informal video houses, scavenging for food and other items of interest. In sporadic occasions they are either part of a street begging family or are sent by their guardians to beg. In the majority cases these children are male. The majority are not necessarily homeless – even where they choose to spend their day and nights in the streets; rather, they come from unstable homes – defined here as one or all of the following: socio-economically compromised homes; single-parent homes, step-family homes, child-headed homes, and elderly headed homes. The elderly normally take up carer roles as grandparents following the loss of their sons and daughters to Acquired Immune Deficiency Syndrome (AIDS). Determined to mitigate the problem of vulnerabilities among children exposed to street life in early childhood, St John of God Community Services – a non-governmental and non-profit Irish based organisation providing Mental Health Services to residents of Mzuzu and the surrounding areas – established the Umoza Street Children's Programme with nine major areas of concentration: 1. Re-socialization/re-enculturation; 2. Repatriation and social re-integration; 3. Rehabilitation; 4. Remedial teaching/education; 5. Pre-vocational skills; 6. School placement as seen fit; 7. Individual and group counselling and psychotherapy; 8. Child-parent and parent-parent interventions and; 9. social/recreational interventions.

The Umoza Street Children Programme was established in 1998 as a community based program that supported street children and their known households with material support in terms of food rations, clothes and settlement; it also provided scholarships for them to start school or return to school after dropping out. In 2002 the objectives of the programme were re-defined to offer a variety of centre and community based support services to children and their families or what has remained of their families. Currently the programme has seventy-eight (78) children; over 90% are boys and all from unstable families- socio-economically compromised; step-families; often headed by single-parent; and where male figures are present, they are perpetual alcohol abusers and absent fathers.

The criteria for admission are (a) children fifteen years and below sourced out in the streets and (b) children fifteen years and below referred by a partner organisation in another city meeting the first criteria. The age criteria takes into consideration theoretical guidelines as to which ages are ideal for behavioural and personality change. Pre-teen years are considered as formative within the Umoza framework. Identification of street-children is normally a pro-active process where the Umoza care team conduct day and night street patrols in market places and bus stations to identify potential vulnerable children. Once the team is satisfied with the situation, they request for a visit at home and or invite the child at the centre for preliminary assessment – especially when they perceive resistance for a home visit. Rarely does the programme admit children who come voluntarily professing to be street-children; nevertheless for such children, and those indentified by the team, admission into the programme takes place once all necessary psycho-social assessments are exhausted. This is done to ensure that only children of severe compromised family backgrounds are taken in, and as a protective factor for children from relatively adjusted families who may find the programme attractive only because they are still children looking at the fun side of it, but only to acquire low self-image and self-esteem in the long-term once they learn that they have an identity they never had in the first place. However in future, the proposition is to revise the criteria so that children fifteen years and below brought by their families for problem behaviours (delinquency/conduct problems) can be included especially if one considers that the problem of street children might not be infinite. So far, all children with child and adolescent related psychological problems outside the street-life criteria are seen on a consultation basis by mental health officers.

Theoretical framework/Model

The implementation of programmes at Umoza is primarily influenced by a developmental life-course framework blending psychodynamic approaches, risk-factor approaches, and strain and control theories of crime and delinquency. The tendency to choose a street life-style is understood as a form of addressing a deprivation – physical and emotional; but it is also perceived as a tendency towards delinquency and conduct problems – especially when we consider that the majority of the children attending the Umoza have histories of unstable childhoods, disruptive behaviour, defiance or anti-authority attitudes, thieving, aggression and violence and running away from home. The programme implementation endeavours to address deprivation and psychosocial issues understood to be emanating from complex parent-child; parent-parent and child-parent-environment dynamics. It is presumed that these dynamics interact with individual factors and set the children on a street-life path. Thus in discussing the successes and challenges of implementing this programme, children are continually considered on the basis of early childhood dynamics, family structure, neighbourhood factors and peer relations.

It is vital that a programme addressing the needs of children

from such complex psychosocial backgrounds be grounded in some form of a theoretical framework that can provide both a diagnostic and prognostic understanding of problem behaviours at hand, but also as a containing process when dealing with situations of uncertainty. A developmental life-course approach is relevant in this regard because it examines the emergence of problem behaviours at different developmental ages and stages and the role that life-events play on the course of development[1]. The objective of a life-course perspective of juvenile delinquency for example is to account for the obstacles and challenges, describing what they may be, explaining them, understanding them and where possible intervening on them[2-4]. Thus other than being just a theoretical framework, it informs diagnostic, control and intervention measures[2,5-7].

The framework also examines how early childhood dynamics can influence the development of prosocial and dysfunctional behaviours[8,2,9,7]the Umoza team understands this fact. The team is constantly aware of how individual factors in childhood interact with parent factors bringing about individual differences[10]. There is an attempt to understand and isolate such issues at every level of assessment into the programme. Childhood is seen as the critical period in human development, in as far as human personality development is concerned[10-12]. It is during early childhood, and early middle childhood, that children are perceived to develop a fundamental moral framework that will guide them in their entire lives[12]. During this time, strong and effective parenting is what leads to the development of self-control.[10,13,14] A development of a secure attachment between a child and primary caretakers during early childhood is seen to be a basic foundation on which all future individual behaviours can be understood[7,15]. It is in such environments that a child would be likely to learn how to be loved and love back, how to trust and trust back and how to conform to the values of society as well as learn to value human relationships.

The role that parents play throughout childhood is very important in providing the child with skills with which to interact with the world. It so happens however, that not all children are born and bred in ideal situations. Some children are born when their parents are not ready for them emotionally and economically[15]; others are born in extremely neglectful, abusive and violent environments[16]; and some may be born with extremely difficult moods[17,2,18]. These negative life-events may cause the natural bonding energy between the child and primary caretakers and between the child and the environment to be diminished, resulting in an insecure attachment - which is a precondition for most of the challenging behaviours including disruptive behavioural problems, attention and hyperactive problems, antisocial behavioural problems and juvenile delinquency [2,13,17,20]. In the case of Umoza, the family and especially parents are central socialisation agents and normally inform both assessments and intervention processes. Care providers appreciate the fact that, early attachment bonds for the majority of the children in the programme had been compromised and therefore they attempt to put in place intervention models to be consistent with such a formulation. While some of the children in the program have had planned births, others were not; and even for the planned ones, parents had not been in relative good health socio-economically, to look after them – potentially compromising self-control competencies in the absence of other protective factors.[21,22,23]

Home disturbances have been used widely to discuss delinquent potentialities that emanate from a weak childhood bond between the child and family[7,15,25]. In most cases, such studies have also faulted broken homes and their potential contribution to norm violation. Insecurely attached children are believed to emanate from divorce homes, single-parent homes, as well as violent and abuse prone homes[7]. In other cases however, the concept of a broken home extends to all families in diverse hardships[26]. Other studies have also indicated that family structure and processes influence the likelihood of later delinquent behaviour[27]. Thus both structure and processes have direct and indirect effects on delinquency, providing both protective roles and facilitating delinquent behaviour.

The majority of children in Umoza programme come from relatively bigger families – considered here as seven people per household and above. Within the family structural domain larger families, as opposed to smaller ones, may be vulnerable to delinquency through their link with high levels of strain and stress[27]. When a family is large, it may be susceptible to emotional and behavioural problems – as its members react in a dysfunctional manner to diminishing economic resources, due to the ensuing competition[7]. Naturally such strain and stress may not only induce aggression and abuse in family members, it may also induce punitive or overly permissive parenting[28]. In homes where parents are overly permissive, the development of a coherent rule-structure or self-control is compromised[10] creating vulnerability for offending behaviour and norm violation in general[28]. Within the family structural model, the successful socialisation of children is also believed to be best achieved with both parents - who are genuinely interested in the welfare of their children and who have economic means to attend to their needs. Previously, most studies have focused on the bond between the mother and child during early childhood[7-15]; and yet, there is a need for the availability of a father to support the mother as she looks after the child[28].

The role of a father is thought to be equally crucial in socialising children and particularly so, male children[1,15]. Male children growing up in the absence of the father are believed to be deprived of an identification figure and also the rule-giving mode; such children can be susceptible to developing a weak moral structure, which is one of the strong preconditions for law violation. For this reason, single-parent homes are sometimes linked to juvenile delinquency - normally because the single-parent is overwhelmed by responsibilities, which compromise quality parenting[1,7]. Where quality is not compromised, it seems there are no differences in the behavioural outcomes between children of both-parent homes and single-parent homes[7]. Because of the majority of children in Umoza being males and with histories of absent and compromised fatherly roles, the program has been tailored to have a key male figure as project coordinator and a key female figure to offer maternal presence and perform substitute socialisation roles of the absent parent figures in formative years.

Besides unstable homes and compromised parenting, several life events colour the children's histories and are partly their reasons for choosing a street life-style. Examples of life events include dysfunctional family relationships, separations, divorce and deaths of close relations or parental figures due to AIDS. While it is normal for children to experience some kind of strain and stress in the course

of their development[30], where major changes occur in the absence of protective factors, they may have a negative impact on life-course development including leading to the development of maladaptive behaviours[30,1]and in the case where children are growing up in an environment where parents are in perpetual conflict, they not only become victims of the conflict but also get socialised into it[15] and acquire delinquent propensities in the absence of protective factors[2]. The absence of a father through divorce and death has a special link to child maladaptive behaviour especially when literature show that the majority of women in Malawi are under-employed and work in jobs that do not generate salaries[31]. The absence or death of a father is perceived to create a huge financial vacuum especially in societies where men have control over economic resources[15].

Economic hardships can be a source of strain for the single, unemployed mother which can cause emotional conflicts and lead to child abuse and maltreatment[32], which is positively linked to delinquency[16]. These affect the single-mother's ability to adequately look after or control children, and this inadequacy in turn predisposes such children to antisocial behaviours[33]. Gender role socialisation is a central developmental process of middle childhood[33] (p990). Children begin to identify themselves with activities and roles that are consistent with their gender, and parents also tend to have an inclination to socialise their children based on gendered roles[33]. One can therefore argue that in single-parent families, there might be a socialisation gap for children who are growing up with an opposite-sex parent; they may not adequately socialise the child to the best of the gendered roles. From the control theory of Gottfredson and Hirschi[14], this should impact on the development of self-control, and put children at risk of developing antisocial and delinquent behaviours. However sometimes even when children have good parents, and good social and economic resources, they can still be at risk of developing delinquency because of other trajectories like exposure to delinquent peers and exposure to delinquent neighbourhoods[3].

The majority of children in Umoza are in the middle childhood and fewer in the early adolescent phases; all of them come from the crowded, impoverished city neighbourhoods, the labour force of the city. According to Ingoldsby and Shaw[34], "middle childhood may represent a critical developmental period during which children are at heightened risk for neighbourhood-based effects on antisocial behaviour problems". Poor and highly populated neighbourhoods have for a long time been considered fertile learning settings for offending behaviours.[35,36] Research does, "show that the majority of juvenile crime occurs in densely populated urban neighbourhoods, namely those nearest the city centres and those characterised by poverty, low economic opportunity, high residential mobility, physical deterioration, and disorganisation"[34]. So far, the possibility of a poor neighbourhood influencing juvenile delinquency is perceived to be even higher for children of dysfunctional parents and family structure.[34,5,22]

Finally, during middle childhood, children become preoccupied with succeeding in their activities and avoiding failure. Where the child is succeeding, such activities posses reinforcing attributes of the child's self-concept; and where the child is failing, one may get demoralised and develop a low self-esteem[37]. When children feel that their skills are valued by parents and friends, they grow in self-confidence and self-esteem; in contrast, when they feel that their skills are inadequate, they might get discouraged or become frustrated[30]. Children with low self-esteem may interpret failure as acts of rejection[2,38]; and because of this feeling of rejection, such children may then select into delinquent groups where they may feel accepted or fit.[30,32,38] The likelihood of this happening increase when there are fewer protective factors[22]. The Umoza programme implementation team is aware of these dynamics and uses a variety of behavioural approaches and techniques to grow and nourish the children's confidence and self-esteem. The programme uses numerous reward systems which have increased the tendency for children to want to do well always.

Discussions

Over 70% of children in the Umoza programme are in their middle-childhood (ages 8-12). Owing to developmental dynamics of this age and those of early childhood, the implementation of programmes follow closely issues discussed in the framework concerning this age group.[30,32] The assessments are situated in the life-course model paying attention to detail on life-events at different stages of life – attachment issues, deprivation, absence of parents and or disciplinary role models, abuse and neglect and delinquent peers and neighbourhoods.[30,1,7] Because of the majority of children being male and with fatherless and or compromised fatherly family backgrounds – the programme has a male project coordinator, as a father figure (assigned a title of uncle) and a female figure that plays maternal roles (assigned a title of mother). Their presence is to lead the team in creating a home-like environment which allows these children opportunities to re-enact problematic behaviour in an environment that will not judge them; tolerate and contain their behaviours and facilitate reparation. The rest of the male and female staff are assigned uncle and aunt titles or sister or brother depending on their age and the role they play i.e. professional role vs. volunteer role. Older children at least 14 years and above are also allowed to take up big brother/big sister roles to the younger ones. All care providers stand in place of mothers, fathers, uncles, aunts, elder siblings et cetera, that are absent or might be absent in the lives of children attending Umoza programmes. Such transference based dynamics are equally significant for specialised cadres of psychologist, social workers and counsellors that work with the children. In general, the role of care-providers is to sensitively and consistently take up the positive role of father/mother (since most of these children had not experienced good-enough fatherly/motherly care); to take up positive disciplinary roles; to take up positive mentoring and modelling roles; to take up positive moralizing roles; to take up the enculturation roles and to resolve child-child and child-family issues through individual, group and family therapy and using positive parenting skills programmes.

So far, since the project started it has made strides by exploiting perceived maintaining factors of the street-life and increasing the protective factors. The program has worked on addressing the children's basic needs of food and clothing before moving to address psychosocial issues. It has also introduced centre-based programmes running for six days in a week and deliberately designed to make them pre-occupied and counter other negative agents that compete for the child's attention, like delinquent peers

and boredom. Centre programmes run from noon every Monday to Friday (as morning is spent in schools) and ends in the late afternoon. On Saturdays programmes run from eight in the morning to noon. However during vacations, programmes run from morning to late afternoon. The project has put in place numerous recreational activities to compete with the attractions of the city and delinquent peers– it provides nutritional needs at lunch hour and tea/porridge at three o'clock in the afternoon; it offers computer lessons and gaming; it has amenities like ablutions, hot showers available for children when they need it; it provides materials for children to take their dirty clothes and linen from home for laundry. It has a children's library and plenty of books and games for children to choose from. Games include soccer, Chess, Table Tennis, Mini Soccer, Snooker but to mention but a few. Children also receive computer and French lessons, tailoring and carpentry and motor vehicle mechanics orientation as pre-vocational skills. All these are done to mitigate the time the children do nothing, which can encourage them to engage in norm offending activities but also as a way of intervening on their deprivations.

Children that have never been to school are provided with remedial classes and then placed in mainstream primary schools within their neighbourhoods once they successfully complete the objectives of these classes. Once in the mainstream school, a special needs teacher collaborates with respective school authorities to monitor attendance and performance. The program sponsors the child with all school necessities and offers attractive age-appropriate rewards for successful children. The children in the programme are currently among the best performers in their classes – the majority consistently appearing on their class' top ten lists. To a great extent the motivation to do well has emanated from the rewards that they receive and the fact that many have been sent to reputable private boarding secondary schools dependent on them passing their primary examinations and where they fail to access a place in public secondary schools. Boarding secondary schools even for an average Malawian can be a luxury; often they are a preserve of the bright students (for the public ones) and students from affluent families (for the private ones). Thus full sponsorship to boarding secondary schools is a self-esteem booster to children in the programme as it situates them in the status of either the bright or the affluent. And within the developmental life-course theories, such intervention measures are compensatory and protective in nature as they address physical and emotional deprivations – which are a risk factor for delinquency.[8,2,7] The children's exclusive access to the best of sports, for example tennis and pool, has catapulted them to a position of privilege and made them enviable in the community. To an extent this has created a paradox of an advantaged disadvantaged – and raised arguments among the team members whether or not the programme is encouraging or rewarding delinquency in the eyes of the street children's neighbours and or friends and siblings who had not chosen a street-life in the first place. For example, by any standards, the program is providing more than an average Malawian child receives from their families let alone the child from their neighbourhoods. Even for the average Malawian – access to such recreation materials as tennis (currently the best child tennis team in Mzuzu with regional trophies), pool table, mini-soccer, music classes, art classes; and school items like backpacks, books, pens and pencils, clothes and shoes are things that they only dream about. Other team members point out to the fact that already, there had been an increased number of neighbourhood children who had seen the 'disadvantaged children become advantaged', queuing up at the centre gate seeking admission. In other instances it is parents and guardians begging that their awards too be admitted into the program. Often they already know the admission criteria i.e. to be consistently found in the streets and to be below the age of 15 and insist that their children qualify for these criteria. There is a sense that some children may have found their way into the program through convenient street-life style – stage managed to access the life-changing programmes of the project.

Numerous repatriations and re-unification processes have taken place for children who had been banished or disowned. Some had been adopted into the city away from their rural homes by their extended family members who then turn out to be abusers pushing the child into the streets. Others have been victims of child and farm labour. In these cases, Umoza has taken up the responsibility of locating the families and repatriating the children to ensure smooth integration. Before this process takes place there is cognisance of the potential for these children to have deep rooted conflicts with their relatives; consequently comprehensive assessments are done both at the centre and the repatriation destination – unless this child has been handed over to another child organization. Sometimes few trips to the destination are required before the actual repatriation to appreciate the psychosocial environment of repatriation and re-integration. Such a process is done to prepare both the child and guardians accept each other without feeling coerced and also to ensure the child will function appropriately within acceptable standards of the community and society as a whole. This may also include working through child-family issues by the expert team of psychologists, social workers and or counsellors.

Therapy and support skills are a major ingredient for the successful implementation of the programme. Besides individual and group therapies for children and also guardians, children also run a children's parliament or court where they deliberate on issues affecting them and make decisions under the guidance of the care-provider. They are also allowed to vote for child-of-the-week in different categories and suggest possible rewards for such children. Often rewards are a trip somewhere with a team member, a certificate of recognition, a photo taken with staff and taken home for filing etc. Such small activities have been noted to tremendously increase the self esteem and prosocial behaviours. Parents and guardians attend fortnightly support groups for positive-parenting programmes, although a number of them are also on individual counselling sessions every now and then.

Challenges

The first deals with anger and aggression by the guardians directed at the child, staff and Umoza. Programme members have encountered and dealt with what they have formulated as issues of envy and aggression towards the children and the program/organisation emanating from the relatives or guardians. Often these guardians have biological children they consider sedate – and would had pushed the orphaned children they keep into the street-life because of acts of favouritism, abuse and neglect – so that the perceived

affluence of the once 'condemned child' has is presumed to induce aggressive and jealousy attitudes both towards the child and the organisation – understood as envy in the triangulation dynamics of Umoza-the child-and the guardian. In one instance the guardian became so abusive to a child for attending the programmes even when the evidence of behavioural change was overwhelming; the project failed to address the guardian's envy/anger and had to transfer the child into a foster context instead. Other factors that were thought to perpetuate the guardian violence were formulated to be the food security program – where the organisation distributes farm inputs to all guardians with the child in Umoza so they can support the family. In this respect, team members felt that by accessing these inputs through the child's position – the child might have been perceived by the guardian to hold a position of power (like reversal roles where the father becomes the child and vice versa) in the object-relations, and hence the anger, envy or jealousy and the abuse and violence that ensured. Possibly these dynamics did indeed unconsciously empower the child through success stories of the program and the benefits the family had. Such issues may need to be examined in therapy with guardians where necessary and possibly empower the family more to empower the child.

The second challenge is the concerns raised by team members on their observation that children seem to spend the majority of their time at school and the centre (Monday to Friday) – as a protective measure (which is a positive move considering they spent most of the time in the streets) and less time at home; but also because street-life is sometimes formulated as an escape from a violent and conflict laden home environment[7]. However the question is asked: if the other objective is to help the child and family repair their contaminated relationships, when are they supposed to be bonding with family when the majority of time is spent with Umoza? And if the objective is greater integration, when do they get to do the family chores? Assuming that the home has other children who are not in the program – does not this situation fuel envy, anger and jealousy for the Umoza child from those who stay at home and possibly do house chores when the Umoza one is away? May not such dynamics cause resentment and possibly defiance and delinquency for the other children? No study has been done on the child that remains at home so far versus the children in Umoza. However future recommendations are to have this study done. To address this potential problem, another possible recommendation is to establish community based recreational centres instead (which will accommodate all children and not just street-children and possibly prevent street-identity in this mix); there is also a need to balance centre-based activities and home-based ones. Social-work and psychology teams have also been encouraged to have to do more assessments on this area in future.

The fourth challenge is the expertise of staff at Umoza and their understanding of issues that street children grapple with. Much as service providers are encouraged to be sensitive in the way they relate and socialize with children and their families and be vigilant to object-relations in the staff-child and child-child relations, aggression and violence has still continued to colour the lives of some children. Some team members have addressed these issues casually as they would use cultural schemas and not those of the theoretical framework – including for example the situations of unconsciously re-enacting the role of perpetrator in the

child-staff object relations. These gaps in understanding and operation have been understood to emanate from the mix in career backgrounds of the Umoza team with few professionals and volunteers. Thus some kind of empathic failure by the non-professionals/volunteers to stay the course with the complex life-course issues at hand is expected. This area requires continuous training of team members and volunteers at the in-service level and professional training to working with children of trauma backgrounds. Debriefing contexts are also encouraged as therapy and learning processes.

The fifth challenge is to do with the evidence on the ground that admission numbers of from the neighbourhoods have increased tremendously in the past two years from around fifty to the current number. The arguments are that either the street-child problem is getting worse or the Umoza program is negatively contributing to the increase through its own successes and attractive programmes (see above). Thus this has raised the question of street-life authenticity of some of the children. However, it is largely undeniable that all the children around the St John of God area of operations are under-privileged – so that their only difference is that some had chosen a delinquent path and thus qualified for the criteria, while others stayed at home as good boys and stayed outside of the criteria. The assumption is that the quality services that have been provided to the formerly bad boys in Umoza and turning them into super boys – computer lessons; tennis; school bags; shoes and clothes and placements in the boarding schools etc. have created a hype for the good ones outside and made every boy in the neighbourhood a potential street-child, just so they can share the cake. The formerly unattractive identity of a street-child may suddenly become the most chased after identity position. Further, in the triangulation dynamics pointed out elsewhere, this may be spilling over to the non-delinquent children in the home – who may develop deep rooted envy for the child in the programme or worse turn delinquent themselves so they also have a share of the resources. The program already has a set of siblings that were admitted into the program at different months or years – the cause and effect issues are difficult to pin down. Thus this is the more reason to redefine the project operations and possibly move the activities to neighbourhoods by creating youth recreational centres or clubs – which will see all children accessing it without having to access the resources through a delinquent path.

The sixth challenge is the provision of basic resources directly to the child as opposed to the guardian in our course of addressing deprivation in the child. This has in other respect disempowered some guardians further and possibly perpetuating Umoza and child power over the family/guardians. The majority of the guardians have experienced Umoza as a 'God Send' for being perceived to have taken exclusive responsibility of the child's needs and thus relieved them the burden, other than seeing the program as collaborator in child care. Having lived a life of extreme poverty, some parents have abdicated their parenting and provision roles to Umoza programme – so that any other need has been redirected to the programme. A need for a uniform, books, pencils, clothes, medications for a sick child, all these have been directed to Umoza. The folly may be in the programmes non-assertiveness to clarify what it can and cannot do or the public image it may have created (through its aesthetics of buildings; superb flower lawns) to the community that it can meet each and every child's need.

To ensure that the programme is fully community based, resources may need to be re-directed to the household more and build a collaborative or partnership approach of balanced power.

The seventh and last challenge concerns adolescents in the Umoza program. The concern is two-fold: firstly, adolescence as a storm and stress phase and hence the possibility of identity crisis and acting out as they enter the deliberation phase and possibly reject the street-child identity; secondly, the position of the post-fifteen year exit or non-admission criteria for the street children. Adolescence is normally a period of substantial development in physical, cognitive and abstract skills.[13] It is a phase when young people begin to establish their self-identities. Most of the changes, during this and other phases interact with environmental factors.[2,10] For example, according to Matsueda & Heimer, during this phase, "physical and hormonal changes can create impulses, needs, or desires, which trigger role-taking; yet, whether or not such impulses are acted upon is determined by the meaning that adolescents give to such impulses". It is important to acknowledge that besides the cognitive attributes of meaning, external factors of culture and history play a major role.[36] Thus besides psychobiological influences, adolescents begin to construct the world around them based on value judgements - characteristics which they acquire through socialisation[36]. Umoza teens should therefore be able at this phase to give meaning to social identities created for them since such information is readily available in the society[36]. The programme will thus need to understand that some crises during this phase may result from children re-evaluating their position in the program versus what society say about the program. Like the role of family, and particularly the role of parents, the role of Umoza would be to proactively address these challenges. So far the issue of those outside the age criteria and late adolescents in general is being handled well by giving them more leadership roles or assigning them volunteer roles in different organisational departments during vacation, so they can experience how it feels to work, but also allow them to give back something to the organisation for sponsoring them – other than letting them grow up thinking they just got everything for free; because if they did, such feelings may in the long run affect their self-concept and self-esteem.

Conclusion

The article has discussed the successes and challenges of implementing a dynamic street children's program in Mzuzu Malawi – using a life-course framework of understanding, explaining and intervening on child and adolescent problem behaviours. The framework has helped the Umoza team of St John of God Community services consider not only the phase and stage of the child's development in their provision of care, but also consider the influence that early childhood dynamics of parent-child, parent-parent and child-parent-environment; life-events; peers and neighbourhoods have at each of the developmental stages of child and adolescent development; which have potential to influence the child's behaviour in both positive and negative way. Through this systematic process, they are able to appreciate the interactional patterns of the children and formulate appropriate goals to mitigate problem behaviours. The article has also spelled out successes and suggested ways of addressing the current challenges.

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